

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|--|--|--|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088273 | | 2 Total pages filed: 37 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | | FIRST Ebony M. | | MI |
| | NICKNAME | | LAST Turner | | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 923 Mansfield, TX 76063 | | ZIP CODE | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 |
| | Date Hand-delivered or Date Postmarked | | | | |
| | Receipt # | | Amount | | |
| | Date Processed | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | | FIRST Akilah | | MI |
| | NICKNAME | | LAST Curtis | | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 619 Cobblestone Lane Irving, TX 75039 | | APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Representative District 96 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|---|---|
| 13 C / OH NAME Turner, Ebony M. (Mrs.) | 14 Filer ID (Ethics Commission Filers) 00088273 |
|---|---|

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|---|--|--------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | | |
|---|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 50.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 32,386.01 |
| ----- EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 12,501.55 |
| ----- CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 3,283.50 |
| ----- OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

| | | |
|---|--|--|
| 17 AFFIDAVIT | | |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;">Mrs. Ebony M. Turner</div><div style="border-bottom: 1px solid black; width: 400px;"></div></div> <p style="text-align: center;">Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"><div>Signature of officer administering</div><div>Printed name of officer administering</div><div>Title of officer administering oath</div></div> | | |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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|--|---|---|
| 18 FILER NAME Turner, Ebony M. (Mrs.) | | 19 Filer ID (Ethics Commission Filers) 00088273 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 12,886.01 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 19,500.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 12,501.55 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/25 Rpt: 4/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) .Mid-Cities Stonewall Democrats <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180 | 7 Amount of Contribution (\$) \$262.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akinjagunla, Funmi <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76084 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Nurse | | Employer (See Instructions) Texas Health Huguley |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alee, Natoya <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 76084 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Leah <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75077 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) IBM |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Tara <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-1676 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/25 Rpt: 5/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos, Brittany <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Educator | | 9 Employer (See Instructions) Grand Prairie ISD |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aramino, Marisela <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Office Clerk | | Employer (See Instructions) Tarrant County Constable |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Area Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armenta, Susana <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Melanie <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Counselor | | Employer (See Instructions) Mansfield ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/25 Rpt: 6/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barwinkel, Paulette <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Tarla <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Gilmer ISD |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben, Lenyca <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Stylist | | Employer (See Instructions) www.EpicGlam.com |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben, Lenyca <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Stylist | | Employer (See Instructions) www.EpicGlam.com |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binford, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/25 Rpt: 7/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brantley, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) ISD |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, David <hr/> Contributor address; City; State; Zip Code Dublin, TX 76446 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunkley, Corliss <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Specialist | | Employer (See Instructions) TEA |
| Date 08/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunkley, Corliss <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Specialist | | Employer (See Instructions) TEA |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunkley, Corliss <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Specialist | | Employer (See Instructions) TEA |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/25 Rpt: 8/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burks, Johntae 6 Contributor address; City; State; Zip Code Crowley, TX 76036 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) Molina Healthcare |
| Date 07/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byars, Kecia Contributor address; City; State; Zip Code MCKINNEY, TX 75071 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Marika Contributor address; City; State; Zip Code Arlington, TX 76002 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Mansfield ISD |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Captain, Bobby Contributor address; City; State; Zip Code Arlington, TX 76001 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Janet Contributor address; City; State; Zip Code Lake in the Hills, IL 60156 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/25 Rpt: 9/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Beverly <hr/> 6 Contributor address; City; State; Zip Code Edwardsville, IL 62025 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockerell, LaVonne <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-8462 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Julie <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosslin, James <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Hotel exec | | Employer (See Instructions) Choice hotels |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Akilah <hr/> Contributor address; City; State; Zip Code Irving, TX 75039 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Finance Manager | | Employer (See Instructions) Vistra Corp |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/25 Rpt: 10/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Alecia <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Claims adjuster | | 9 Employer (See Instructions) IOS |
| Date 08/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Alecia <hr/> Contributor address; City; State; Zip Code Arlington, TX 76014 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Claims | | Employer (See Instructions) Agworkers |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawkins, Tyshika <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Instructional Coach | | Employer (See Instructions) STRIDE K12 |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLong, Donna <hr/> Contributor address; City; State; Zip Code Groves, TX 77619 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denholm, John <hr/> Contributor address; City; State; Zip Code Spring, TX 77373 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/25 Rpt: 11/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esprey, Nikkee <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Asst Dean for Academic Success | | 9 Employer (See Instructions) Baylor University School of Law |
| Date 08/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Every State Blue-Texas <hr/> Contributor address; City; State; Zip Code Washington, DC 20001 | Amount of Contribution (\$) \$541.51 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Carisma <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76084 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Vice President of Communications | | Employer (See Instructions) JP Morgan Chase |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fingers, SHERYL (Ms.) <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76002 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Strategy Director | | Employer (See Instructions) Cook Children's |
| Date 08/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Kendra <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) RN | | Employer (See Instructions) Teleflex |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/25 Rpt: 12/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Kendra <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) RN | | 9 Employer (See Instructions) Teleflex |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forgacova, Klaudia <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Corporate Trainer | | Employer (See Instructions) Gartner |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Manuel A <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-3866 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Lopez, Norma <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) N/A |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayden, Crystal <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76120 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/25 Rpt: 13/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayden, Crystal <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76120 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Lawyer | | 9 Employer (See Instructions) Self-Employed |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayden, Crystal <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76120 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self-Employed |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayden, Crystal <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76120 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self-Employed |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillis, Monique <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Librarian Teacher | | Employer (See Instructions) Arlington ISD |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki <hr/> Contributor address; City; State; Zip Code Austin, TX 78739 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self: Goodwin & Goodwin Real Estate |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/25 Rpt: 14/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Lisa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75207 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) Dallas County |
| Date 07/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grubbs, Amy <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Therapist | | Employer (See Instructions) Self-Employed |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagan, Shawan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Healthcare Revenue Cycle Director | | Employer (See Instructions) Ascension |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagan, Shawan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) JPS Health Network |
| Date 09/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagan, Shawan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) JPS Health Network |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/25 Rpt: 15/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagan, Shawan <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76002 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Healthcare | | 9 Employer (See Instructions) JPS Health Network |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Sandra <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Danielle <hr/> Contributor address; City; State; Zip Code grand prairie, TX 75052-2452 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) Walmart |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Kelly <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heckman, Francine <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/25 Rpt: 16/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Charlotte <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Kendal <hr/> Contributor address; City; State; Zip Code Aurora, CO 80010 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) University of Houston |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Steven <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Administrative Officer | | Employer (See Instructions) Veterans Affairs |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Clayton <hr/> Contributor address; City; State; Zip Code Burbank, CA 91505 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Firefighter | | Employer (See Instructions) ESFD |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Susan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/25 Rpt: 17/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Bene (Ms.) <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78747 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Workforce Ops Mgr | | 9 Employer (See Instructions) AT&T |
| Date 08/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Calvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Calvin Demond <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 07/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kenya <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Bookkeeper | | Employer (See Instructions) Misd |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Terrance <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) IT Engineer | | Employer (See Instructions) MeridianLink |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/25 Rpt: 18/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Christopher 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) Mansfield ISD |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Mary Ann Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Mansfield ISD |
| Date 08/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sandra Contributor address; City; State; Zip Code Kennedale, TX 76060 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Constable | | Employer (See Instructions) Tarrant County |
| Date 07/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Misha Contributor address; City; State; Zip Code Houston, TX 77021 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Ministry Director | | Employer (See Instructions) Good Hope |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Njeri Contributor address; City; State; Zip Code Frisco, TX 75033 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) L & L Law Group |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/25 Rpt: 19/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, John (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Hubbard, TX 76648 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Financial Advisors | | 9 Employer (See Instructions) Love Wealth Management LLC |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, John (Mr.) <hr/> Contributor address; City; State; Zip Code Hubbard, TX 76648 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Financial Advisors | | Employer (See Instructions) Love Wealth Management LLC |
| Date 07/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Alma Rosa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) City of San Antonio |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Michael <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Michael <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/25 Rpt: 20/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megahan, Angelia "Mom" <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megahan, Angelia "Mom" <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 08/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgett, Andrea <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) MISD |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Alwilda <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nanassy, Devereaux <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08002 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/25 Rpt: 21/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odunsi, Suwebatu <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) GI alliance |
| Date 07/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojo, Olayinka <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) Fort worth ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/25 Rpt: 22/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojo, Olayinka <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75150 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Educator | | 9 Employer (See Instructions) Fort worth ISD |
| Date 07/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Shameika <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) MISD |
| Date 08/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Jennifer <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Administrator | | Employer (See Instructions) MISD |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radzwion, Terrence <hr/> Contributor address; City; State; Zip Code MANSFIELD, TX 76063-0335 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) The Home Depot |
| Date 08/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Natalie <hr/> Contributor address; City; State; Zip Code Waco, TX 76707 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Executive Secretary | | Employer (See Instructions) Waco ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/25 Rpt: 23/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rike, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rike, Ray <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rischer, Shaniqua <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Shaniqua Rischer |
| Date 08/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robins, Andrea <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) Crowley ISD |
| Date 08/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Alejandro <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) UTA |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/25 Rpt: 24/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kenneth (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76002 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) Tarrant County |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sapp, Della <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Unemployed | | Employer (See Instructions) |
| Date 09/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78752 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Musician/Teacher | | Employer (See Instructions) Self |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrock, Susan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Weddings by Susan |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alisa <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Commissioner | | Employer (See Instructions) Tarrant County |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/25 Rpt: 25/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skye Walker, Cari'lin <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-2691 | 7 Amount of Contribution (\$) \$2.50 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Volunteer Activist |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Brandi <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Brandi Stephens |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Gayland <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/25 Rpt: 26/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turk, Bryan <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Claims Adjuster | | 9 Employer (See Instructions) Allstate Insurance |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turk, Bryan <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Claims Adjuster | | Employer (See Instructions) Allstate Insurance |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Janice <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfard, Eileen <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/25 Rpt: 27/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Charity <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Educator | | 9 Employer (See Instructions) Arlington ISD |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Barbara <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamarripa, Natalia <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Photographer | | Employer (See Instructions) Birdie Images LLC |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamarripa, Natalia <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) badejo, margaret <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Provider | | Employer (See Instructions) Manna health care PLLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/25 Rpt: 28/37 |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) badejo, margaret <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Provider | | 9 Employer (See Instructions) Manna health care PLLC |
| Date 09/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bamgboye, damilola <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Accounting Director | | Employer (See Instructions) Radco |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norris, charlotte <hr/> Contributor address; City; State; Zip Code elgin, TX 78621 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 29/37 | |
| 2 FILER NAME Turner, Ebony M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088273 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/20/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agave Democratic Infrastructure Fund 7 Contributor address; City; State; Zip Code Austin, TX 78763 | 8 Amount of contribution (\$) \$6,500.00 | 9 In-kind contribution description Polling |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Michelle Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of contribution (\$) \$6,500.00 | In-kind contribution description Spa Campaign Event |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner | | Employer (FOR NON-JUDICIAL) (See instructions) Revive | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 08/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Michelle Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of contribution (\$) \$6,500.00 | In-kind contribution description Spa Campaign Event |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner | | Employer (FOR NON-JUDICIAL) (See instructions) Revive | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/8 Rpt: 30/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/21/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$36.47 | 7 Payee address; City; State; Zip Code 440 Terry Ave. N. Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hanger Bags |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/27/2024 | Payee name Andujar, Amaya | |
| Amount (\$) \$70.00 | Payee address; City; State; Zip Code 8109 Wesson Road Arlington, TX 76002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/16/2024 | Payee name Andujar, Amaya | |
| Amount (\$) \$178.00 | Payee address; City; State; Zip Code 8109 Wesson Road Arlington, TX 76002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign shirts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/8 Rpt: 31/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/13/2024 | 5 Payee name Bankem Printing | |
| 6 Amount (\$) \$650.00 | 7 Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, TX 76014 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 09/20/2024 | Candidate/Officeholder name Payee name Bankem Printing | |
| Amount (\$) \$325.00 | Office sought Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, TX 76014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post cards |
| Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 08/28/2024 | Candidate/Officeholder name Payee name Bankem Printing | |
| Amount (\$) \$660.00 | Office sought Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, TX 76014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers and yard signs |
| Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 3/8 Rpt: 32/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/19/2024 | 5 Payee name Best Name Badges | |
| 6 Amount (\$) \$33.39 | 7 Payee address; City; State; Zip Code 1700 NW 65th Ave. #4 Plantation, FL 33313 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Name Badge |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/09/2024 | Payee name Dallas Morning News | |
| Amount (\$) \$3,367.47 | Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/14/2024 | Payee name Debbie Donut | |
| Amount (\$) \$10.99 | Payee address; City; State; Zip Code 26 E. Debbie Lane Mansfield, TX 76063 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for Block walking |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 4/8 Rpt: 33/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/26/2024 | 5 Payee name FedEx | |
| 6 Amount (\$) \$44.14 | 7 Payee address; City; State; Zip Code 1401 Interstate 20W Arlington, TX 76017 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Map |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/27/2024 | Payee name Hobby Lobby | |
| Amount (\$) \$17.31 | Payee address; City; State; Zip Code 122 Highway 287 South Mansfield, TX 76063 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Poles |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/01/2024 | Payee name Kroger | |
| Amount (\$) \$59.78 | Payee address; City; State; Zip Code 3001 Matlock Road Mansfield, TX 76063 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Spa Campaign Event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 5/8 Rpt: 34/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/14/2024 | 5 Payee name Lamar Companies | |
| 6 Amount (\$) \$3,235.00 | 7 Payee address; City; State; Zip Code P.O. Box 746966 Atlanta, GA 30374-6966 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Billboard |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/19/2024 | Payee name Mansfield NOW LLC | |
| Amount (\$) \$850.00 | Payee address; City; State; Zip Code 413 W. Main St Waxahachie, TX 75165 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Half-page Ad |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/01/2024 | Payee name QT | |
| Amount (\$) \$16.41 | Payee address; City; State; Zip Code 2805 NE Green Oaks Blvd. Grand Prairie, TX 75050 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Spa Campaign Day Snacks |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/8 Rpt: 35/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 07/31/2024 | 5 Payee name Sam's Club | |
| 6 Amount (\$) \$19.44 | 7 Payee address; City; State; Zip Code 1740 FM 157 Mansfield, TX 76063 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks for Spa Campaign Event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/29/2024 | Payee name Smoke 'N Ash BBQ | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 5904 S Cooper St. Suite 110 Arlington, TX 76017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/20/2024 | Payee name Staples | |
| Amount (\$) \$82.44 | Payee address; City; State; Zip Code 1781 U.S. 287 Frontage Rd Mansfield, TX 76063 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ink cartridge |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 7/8 Rpt: 36/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 08/16/2024 | 5 Payee name Tarrant County Democratic Party | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 685 John B. Sias Memorial Pkwy #400 Fort Worth, TX 76134 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Fundraiser |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/31/2024 | Payee name Texting for Less | |
| Amount (\$) \$137.56 | Payee address; City; State; Zip Code 354 State St. #104 Hackensack, NJ 07601 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Message Campaign |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/20/2024 | Payee name United States Postal Service | |
| Amount (\$) \$145.60 | Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card stamps |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/8 Rpt: 37/37 | 2 FILER NAME Turner, Ebony M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088273 |
| 4 Date 09/21/2024 | 5 Payee name United States Postal Service | |
| 6 Amount (\$) \$562.55 | 7 Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card stamps |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/19/2024 | Payee name Xavier Jordan Photography | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 5404 Shady Springs Trail Fort Worth, TX 76179 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |