

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00062790	<b>2</b> Total pages filed: 43	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Christopher G.	MI	<b>OFFICE USE ONLY</b>
	NICKNAME Chris	LAST Turner	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 182093  Arlington, TX 76096			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William D.	MI	
	NICKNAME Dan	LAST Dipert	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7301 W. Pioneer Pkwy.  Arlington, TX 76013			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(817)	543-3700		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 09/27/2024	THROUGH	Month    Day    Year 10/26/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 101		<b>12</b> OFFICE SOUGHT (if known) State Representative District 101	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Turner, Christopher G. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00062790
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<b>COMMITTEE TYPE</b>  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> Texas REALTORS Political Action Committee
		<b>COMMITTEE ADDRESS</b> 1115 San Jacinto Ste 200 Austin, TX 78701
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Cantu, Leslie
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> PO Box 2246  Austin, TX 78701

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	102,665.69
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,982.61
	4. TOTAL POLITICAL EXPENDITURES	\$	263,627.64
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	451,181.14
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 The Honorable Christopher G. Turner  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

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<b>18 FILER NAME</b> Turner, Christopher G. (The Honorable)		<b>19 Filer ID</b> 00062790	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	102,415.69
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	250.00
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	\$	230,068.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	33,468.23
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	91.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,510.49

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/17 Rpt: 4/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Shirley	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016-3806		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appleman, Gordon (Mr.)	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2750		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson & Knight L.L.P.
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Association of Texas Professional Educators PAC	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78752-3747		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF RailPAC	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76161-0039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balsom, Jim	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76002		
Principal occupation / Job title (See Instructions) Senior Manager		Employer (See Instructions) Signify Health

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/17 Rpt: 5/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearbacker PAC	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-8000		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beef PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Amarillo, TX 79106-4617		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2656		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breckenridge, Mary (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76001-8431		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Tender Heart Home Health
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Amy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2837		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bresnen & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/43
2 FILER NAME Turner, Christopher G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062790
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, Sally	7 Amount of Contribution (\$)  \$200.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75214-5604	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Centene Corporation PAC	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Saint Louis, MO 63105-1813	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chevron Employees PAC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  San Ramon, CA 94583-0716	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u> ) Comcast Corporation PAC (COMPAC)	Amount of Contribution (\$)  \$1,500.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00002089</u> ) Communications Workers of America (CWA COPE PAC)	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  Washington, DC 20001-2760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/17 Rpt: 7/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711 ) Constellation Energy Corporation Employee PAC	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20001-2133		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Jeff	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1150		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Republic Title
Date 10/18/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00074096 ) Dow Inc. Political Action Committee (DOWPAC)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Midland, MI 48642-4815		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$) \$15.69
Contributor address; City; State; Zip Code  Arlington, TX 76002-2869		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunning, Thomas M (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Dallas, TX 75201-7943		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/17 Rpt: 8/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eason, Lynette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edwards, Chet <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710-1052	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Edwards Davis Stover & Associates
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Entre Strategic Partners LLC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-7905	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Focused Advocacy Political Action Committee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-6773	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foley & Lardner LLP <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-3340	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/17 Rpt: 9/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gambrell, Denise (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75051-1233	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace & McEwan Consulting LLC Political Fund	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701-5001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg Traurig P.A. PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701-4236	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75039-2478	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Harold D (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109-5558	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Attorney		Law Office of Harold D. Hammett

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/17 Rpt: 10/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haverlah, Sandra (Ms.)	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-7533		
<b>8</b> Principal occupation / Job title (See Instructions) Policy Consultant		<b>9</b> Employer (See Instructions) Self-employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland & Knight Texas PAC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Dallas, TX 75201-2532		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Invenergy Investment Company LLC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Chicago, IL 60606-4630		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Sampson LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78760-7428		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00303024 ) Lockheed Martin Employees PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Arlington, VA 22202-4110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/17 Rpt: 11/43
2 FILER NAME Turner, Christopher G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062790
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lunderby, Ryan	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Southlake, TX 76092-3465	
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) Dominion Apartments
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Massingill, G Sealy	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2758	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PRI Houston
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, James	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Streetman, TX 75859-7162	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire, Michael	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205-3126	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Andrew's Distributing
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342 ) McGuireWoods Federal PAC Fund	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Richmond, VA 23219-3956	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/17 Rpt: 12/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Raymond	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Raymond M Meeks
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery Jr., Don D	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75204-2634		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Association of Benefit and Insurance Professionals - Texas PAC	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Cranford, NJ 07016-2464		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navejar, Rosa	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76107-3077		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Rios Group Inc.
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Automobile Dealers PAC	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Irving, TX 75062-2781		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/17 Rpt: 13/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAC Of The Independent Insurance Agents Of Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00016683</u> ) Pfizer PAC <hr/> Contributor address; City; State; Zip Code  New York, NY 10017-5703	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poinsett PLLC PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2134	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sampson Public Affairs LLC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749-5202	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schlansker, Jane (Ms.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-5918	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) InterStar Public Relations

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/17 Rpt: 14/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shackelford, Phil <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77840-1829	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self employed
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-1955	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) President CEO		Employer (See Instructions) Accident & Injury Chiropractic
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staples-Wherry, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76018-1684	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tenaska Employees Texas PAC <hr/> Contributor address; City; State; Zip Code  Omaha, NE 68154-5212	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/17 Rpt: 15/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Academy of Family Physicians PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727-6207		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Apartment Association PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701-1951		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association of Life and Health Insurers Life Insurance PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association of Pawn Brokers PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-1618		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Building Branch AGC PAC Account	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2656		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/17 Rpt: 16/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Court Reporters Association Funds Available for Involved	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Athens, TX 75751-7379		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Dental Association Political Action Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78704-3644		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Farm Bureau Friends of Agriculture Fund Inc.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Waco, TX 76702-2689		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Land Title Association PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Austin, TX 78703-4775		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC (TexPAC)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-1624		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/17 Rpt: 17/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Mortgage Bankers PAC	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-2668		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas REALTORS Political Action Committee	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Austin, TX 78768-2246		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Society of Architects Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78702-2754		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas State Association of Fire Fighters Action Committee	Amount of Contribution (\$) \$1,200.00
Contributor address; City; State; Zip Code  Austin, TX 78745-1173		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78767-0788		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/17 Rpt: 18/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas United Automobile Workers (UAW) CAP	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75247-6901		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00142711 ) The Boeing Company Political Action Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Arlington, VA 22202-4208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885 ) The Home Depot Inc. Political Action Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Washington, DC 20004-1346		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Political Action Committee of the Texas Hospital Association	Amount of Contribution (\$) \$3,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365 ) Toyota Motor North America Inc. PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Washington, DC 20004-2801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/17 Rpt: 19/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00008268 ) Transport Workers Union Political Contributions Committee	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20001-2790		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Gary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75228		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Union Pacific Corporation Fund for Effective Government	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Washington, DC 20005-6621		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verizon Good Government Club - TX	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2557		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vistra Employee PAC of Vistra Corp	Amount of Contribution (\$) \$3,500.00
Contributor address; City; State; Zip Code  Irving, TX 75039-2479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/17 Rpt: 20/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 09/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Jared <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76162-4002	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) City Council Member		<b>9</b> Employer (See Instructions) Self employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/43	
2 FILER NAME Turner, Christopher G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062790	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas REALTORS Political Action Committee	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description Fundraising event advertising
	7 Contributor address; City; State; Zip Code  Austin, TX 78768-2246	<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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 22/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name AL Media
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<b>6</b> Amount (\$) \$23,622.00	<b>7</b> Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name AL Media
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Amount (\$) \$17,522.00	Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655
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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 advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name AL Media
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Amount (\$) \$17,522.00	Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655
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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 advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/8 Rpt: 23/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	Date 10/25/2024	<b>5</b>	Payee name AL Media		
<b>6</b>	Amount (\$) \$17,522.00	<b>7</b>	Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/23/2024		Payee name AMM Political Strategies		
	Amount (\$) \$12,810.46		Payee address; City; State; Zip Code 507 N Sylvania Ave  Fort Worth, TX 76111-2317		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone calls and texts		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/21/2024		Payee name American Express		
	Amount (\$) \$43,267.36		Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10281-5525		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 24/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/25/2024	<b>5</b> Payee name Criminal Justice Reform Caucus	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2601 N Stanton St Ste A El Paso, TX 79902-3116	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Dallas AFL-CIO	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1408 N Washington Ave Ste 240 Dallas, TX 75204-5168	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor day program ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name First Data Merchant Services	
Amount (\$) \$36.86	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 25/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/03/2024	<b>5</b> Payee name First Data Merchant Services	
<b>6</b> Amount (\$) \$546.06	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name First Data Merchant Services	
Amount (\$) \$26.95	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Gutierrez, Sarah	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 26/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 09/30/2024	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$267.75	<b>7</b> Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name NGP Van	
Amount (\$) \$469.04	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Ngo, Vanna	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 27/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
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<b>4</b> Date 09/30/2024	<b>5</b> Payee name Peterson, Kelly
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2024	Payee name Rodman, Megan
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Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign fundraising consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Stephanie Swan Photography
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 4906 Oldfield Dr  Arlington, TX 76016-6266
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign event photography
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 7/8 Rpt: 28/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	Date 10/24/2024	<b>5</b>	Payee name Texas Democratic Party		
<b>6</b>	Amount (\$) \$20,900.00	<b>7</b>	Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761-5707		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/25/2024		Payee name Texas Democratic Party		
	Amount (\$) \$63,000.00		Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761-5707		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/25/2024		Payee name Turner, Chris		
	Amount (\$) \$91.00		Payee address; City; State; Zip Code 3060 Nadar  Grand Prairie, TX 75054-6792		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G Reimbursement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 29/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
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<b>4</b> Date 10/25/2024	<b>5</b> Payee name Turner, Chris
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<b>6</b> Amount (\$) \$489.71	<b>7</b> Payee address; City; State; Zip Code 3060 Nadar  Grand Prairie, TX 75054-6792
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name Voice of Vietnamese Americans
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 2625 W Pioneer Pkwy Ste 811 Grand Prairie, TX 75051-3539
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/12 Rpt: 30/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution American Express		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Agave Democratic Infrastructure		(b) Payee address; City, State, Zip Code PO Box 51037 Austin, TX 78763	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$2,000.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Boots on the Ground PAC		(b) Payee address; City, State, Zip Code PO Box 301074 Austin, TX 78703-0018	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$135.30	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Dominos Pizza		(b) Payee address; City, State, Zip Code 130 E Bardin Rd Arlington, TX 76018-5260	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Pizza for UTA meet and greet event	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/12 Rpt: 31/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$1,401.93	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Driskill Hotel		(b) Payee address; City, State, Zip Code 604 Brazos St Austin, TX 78701-3212	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging in Austin for hearings	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name For All Texans		(b) Payee address; City, State, Zip Code PO Box 33079 Washington, DC 20033-0079		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$1,450.00	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Heart Led Digital		(b) Payee address; City, State, Zip Code 134 S Cypress Ave Columbus, OH 43222-1404		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Digital communications consulting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 3/12 Rpt: 32/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$5,000.00	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Kristian Carranza Campaign		(b) Payee address; City, State, Zip Code PO Box 831436 San Antonio, TX 78283-1436	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Laurel Swift Campaign	(b) Payee address; City, State, Zip Code 7627 Woodridge Dr San Antonio, TX 78209-2941			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Contribution			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$500.00	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Linda Garcia Campaign	(b) Payee address; City, State, Zip Code 1908 Haddock Dr Mesquite, TX 75149-3847			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Contribution			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 4/12 Rpt: 33/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$5,000.00	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Mihaela Plesa Campaign		(b) Payee address; City, State, Zip Code PO Box 796311 Dallas, TX 75379-6311	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$8.04	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Renaissance Hotel - Dallas		(b) Payee address; City, State, Zip Code 2222 N Stemmons Fwy Dallas, TX 75207-2802		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Food/Beverage Expense		(b) Description Lodging in Dallas for campaign fundraising event		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Solomon Ortiz Jr Campaign		(b) Payee address; City, State, Zip Code PO Box 286 Corpus Christi, TX 78403-0286		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 5/12 Rpt: 34/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$2,000.00	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$3,746.63	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Texas Live!	(b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Event Expense	(b) Description Fundraising event venue and catering			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$49.65	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024		
<b>PAYEE</b>	(a) Payee name Uber	(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Transportation Equipment And Related Expense	(b) Description Ground transportation			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 6/12 Rpt: 35/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$34.85	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$44.95	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$41.08	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 7/12 Rpt: 36/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$54.80	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$12.64	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$2.39	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 8/12 Rpt: 37/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$20.54	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$34.54	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$2.86	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 9/12 Rpt: 38/43	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b>	PAYMENT	(a) Amount Charged \$33.72	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$36.97	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$41.00	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/12 Rpt: 39/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b> PAYMENT	(a) Amount Charged \$28.36	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024
<b>7</b> PAYEE	(a) Payee name Uber	(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$172.90	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024
<b>PAYEE</b>	(a) Payee name UnaVida	(b) Payee address; City, State, Zip Code 3699 Mckinney Ave Ste 307 Dallas, TX 75204-4553	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Lunch for staff after campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$3,858.15	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024
<b>PAYEE</b>	(a) Payee name UnaVida	(b) Payee address; City, State, Zip Code 3699 Mckinney Ave Ste 307 Dallas, TX 75204-4553	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign event catering
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 11/12 Rpt: 40/43		<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39	
<b>6</b> PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 10/25/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name Josey Garcia Campaign		(b) Payee address; City, State, Zip Code 702 Richland Hills Dr Unit 760578 San Antonio, TX 78245-4520	
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$400.00	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name UTA Shorthorn		(b) Payee address; City, State, Zip Code PO Box 19038 Arlington, TX 76019-0001	
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense		(b) Description Newspaper advertising	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b>		(a) Amount Charged \$1,107.54	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024	
<b>PAYEE</b>		(a) Payee name Renaissance Hotel - Dallas		(b) Payee address; City, State, Zip Code 2222 N Stemmons Fwy Dallas, TX 75207-2802	
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Event Expense		(b) Description Lodging in Dallas for campaign fundraising event	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 12/12 Rpt: 41/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,657.39
<b>6</b> PAYMENT	(a) Amount Charged \$92.00	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid 10/21/2024
<b>7</b> PAYEE	(a) Payee name Dominos Pizza	(b) Payee address; City, State, Zip Code 130 E Bardin Rd Arlington, TX 76018-5260	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Pizza for UTA meet and greet event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 42/43	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
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<b>4</b> Date 09/29/2024	<b>5</b> Payee name AT&T
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<b>6</b> Amount (\$) \$76.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name Apple
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Amount (\$) \$14.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apple News+ Subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 43/43
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 10/05/2024	<b>5</b> Name of person from whom amount is received American Express	<b>8</b> Amount (\$) \$19.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	<b>7</b> Purpose for which amount is received Wifi fee credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/09/2024	Name of person from whom amount is received American Express	Amount (\$) \$10.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/25/2024	Name of person from whom amount is received American Express	Amount (\$) \$761.83
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Account interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/25/2024	Name of person from whom amount is received Bank of America	Amount (\$) \$719.66
	Address of person from whom amount is received; City; State; Zip Code  Tampa, FL 33622	
	Purpose for which amount is received CD account interest <input type="checkbox"/> Check if political contribution returned to filer	