CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00088273	,	2 Total pages fi	led: 27
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER	Mrs.	Ebony M.				
NAME	-				Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/27/2024	
		Turner				
			T \/.	710 0005	Date Hand-delivered o	yr Data Dastmarkad
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CI	ΙΥ;	ZIP CODE	Date Hand-delivered t	Dale Posiliarkeu
MAILING	P.O. Box 923				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Mansfield, TX 76063					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER	Ms.	Akilah				
NAME	-					
	NICKNAME	LAST		SUFFIX		
		Curtis				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP'	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	619 Cobblestone Lane					
(Residence or Business)	Irving, TX 75039					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER PHONE	(817) 658-9844					
PHONE						
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff		mpaign treasurer
					appointment (offi	
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Yea			Month Day	Year	
COVERED	09/27/2024	T	HROUGH	10/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024					
			General	Special		
				-		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 96	
	!			1		
		GO ·	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Vers	ion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 27

13 C / OH NAME	Turner, Ebony M. (Mı	s.) 1	4 Filer ID (E 00088273	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without th I officeholders are required to report this information of	e candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	—	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 8,019.00
EXPENDITURE TOTALS				
		\$ 7,949.19		
CONTRIBUTION BALANCE	REPORTING PE			\$ 3,339.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty o true and correct and includes all under Title 15, Election Code.	of perjury, that the acco information required to	ompanying report is be reported by me
		Mrs. E	bony M. Turner	
			Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	, and and	uuy
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	,	Version V4.1.0.48da51f7

SUBTOTALS - C/OH	FORM OVER SHEE	C/OH T PG 3 3 of 27	
18 FILER NAME Turner, Ebony M. (Mrs.)	19 Filer ID 00088273	(Ethics Commiss	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL	. AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,019.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	7,949.19
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		•	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Turner, Ebo	ny M. (Mrs.)		00088273
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/27/2024	Akajiuba, Peter		\$10.00
	6 Contributor address; City; State; Zip Code		
	Arlington, TX 76017		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
entrepreneu	r	Exotic Sporty Cars	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/26/2024	Bates, Brandi		\$25.00
	Contributor address; City; State; Zip Code		1
	Mansfield, TX 76063		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Educator		MISD	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2024	Ben, Lenyca		\$25.00
	Contributor address; City; State; Zip Code		1
	Adverter TV 76001		
Drivinglage	Arlington, TX 76001		<u> </u>
Principal occu Stylist	ipation / Job title (See Instructions)	Employer (See Instructions www.EpicGlam.com	;)
-			T
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/20/2024	Bowens, Jorien		\$10.00
	Contributor address; City; State; Zip Code		
	Midlothian, TX 76065		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Educator		State of Texas	<i>''</i>
			Least of Contribution (\$)
Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Bradley, Tammi)	Amount of Contribution (\$) \$25.00
TUIZJIZUZH			ψ20.00
	Contributor address; City; State; Zip Code		
	North Little Rock, AR 72117		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	s)
Consultant	,	NTT DATA	<i>,</i>
		<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/14 Rpt: 5/27 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Turner, Ebony M. (Mrs.) 00088273 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/07/2024 Brooks, Arleen \$25.00 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76017 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **R&D** Manager Food industry Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 Brotherhood of Locomotive Engineers & Trainmen \$250.00 Contributor address; City; State; Zip Code Decatur, TX 76234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/06/2024 Bunkley, Corliss \$25.00 Contributor address; City; State; Zip Code Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Specialist TEA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2024 \$100.00 Cardoza, Jo Anna Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP of Marketing Odeh Restaurant Group Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/27/2024 \$100.00 Coleman, Esterlyn Contributor address; City; State; Zip Code Grand Prairie, TX 75052 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Revenue Operations** Abiya Enterprise

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/27	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Turner, Ebor	ny M. (Mrs.)			00088273	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/16/2024	Colston, Sean				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76117				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Colston Law PLLC			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/25/2024	Crutchfield, John				\$100.00
		Contributor address; City; State; Zip Code		1		
		MANSFIELD, TX 76063				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real estate		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/28/2024	Curtis, Akilah				\$100.00
		Contributor address; City; State; Zip Code		1		
		Irving, TX 75039	1			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Finance Mar	1ager	Vistra Corp	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	_
	09/27/2024	Daniel, Alecia				\$5.00
		Contributor address; City; State; Zip Code]		
		Mansfield, TX 76063		Ĺ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Claims adjus		AGW			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2024	Daniel, Alecia				\$20.00
		Contributor address; City; State; Zip Code				
		Manafald TV 76060				
		Mansfield, TX 76063	1 <u>/0 hastaatiaa</u>	Ĺ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Claims adjus	ster	AGW			

SCHEDULE	A1
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The Ins	struction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 4/14 Rpt: 7/27	
2 FILER N	AME		3	Filer ID (Ethics Commission	n Filers)
Turner,	Ebony M. (Mrs.)			00088273	·
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/27/20				, where the second s	\$20.00
	6 Contributor address; City; State; Zip Code		·		·
	Arlington, TX 76001				
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Instructi	onal Coach	STRIDE K12			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/18/20					\$20.00
	Contributor address; City; State; Zip Code		·		Ŧ -
	Arlington, TX 76001				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Instruction	onal Coach	STRIDE K12			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
10/01/20	—				\$250.00
			.		
	Desoto, TX 75115				
· ·	occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner		Side by side ent			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/30/20	024 Garrett, Audrey				\$50.00
	Contributor address; City; State; Zip Code		"		
	Arlington, TX 76017		<u> </u>		
-	occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Not Emp	loyed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
09/30/20	024 Gayden, Crystal				\$10.00
	Contributor address; City; State; Zip Code]		
	Fort Worth, TX 76120		<u> </u>		
	occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Lawyer		Self-Employed			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/27	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Turner, Ebor	ny M. (Mrs.)			00088273	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/28/2024	Gooden, Angela				\$100.00
		6 Contributor address; City; State; Zip Code				
		Pearland, TX 77584				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director		Texas Children's Hospit	al		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/10/2024	Griffin Reed, Andrea				\$50.00
		Contributor address; City; State; Zip Code				
		BURLESON, TX 76028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Court reporte	er	Tarrant County			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/06/2024	Hanratty, Linda				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76185-0412				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/24/2024	Heinz, Erin				\$100.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Photographe	er	Erin Heinz Photography			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2024	Hellen, Kim				\$10.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Teacher		Killeen ISD			
I						

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/27	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Turner, Ebor	ny M. (Mrs.)			00088273	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/27/2024	Horn, Ana				\$10.00
		6 Contributor address; City; State; Zip Code				
		MANSFIELD, TX 76063-9108				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Executive		Brushfire			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Ingram, Sabrina				\$50.00
		Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/27/2024	Jackson, Rose				\$50.00
		Contributor address; City; State; Zip Code		1		
		F				
		Mansfield, TX 76063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Loan Officer		Rate Mortgage			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/30/2024	Jacobs, Bene (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		AUSTIN, TX 78747				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Workforce O	ps Mgr	AT&T			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/14/2024	Jones, Elfreda				\$25.00
		Contributor address; City; State; Zip Code		1		
		F				
		Kennedale, TX 76060		1		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Financial An	alyst	U S Dept of Housing an	dι	Jrban Development	
⊢			1			
1						

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/27	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Turner, Ebor	ny M. (Mrs.)			00088273	,
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	10/07/2024	Lee, Sandra				\$1,800.00
		6 Contributor address; City; State; Zip Code		1		
		Kennedale, TX 76060				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Constable		Tarrant County			
	Date	Full name of contributor out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	09/29/2024	Lemmond, byron				\$7.00
				1		
		Katy, TX 77449-7504				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID		Г	Amount of Contribution (\$)	
	10/02/2024	Lemmond, byron	π)			\$7.00
	10/02/2024	-				¢1.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77449-7504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	-,		
╞	Date			Г	Amount of Contribution (\$)	
	10/26/2024	Full name of contributor out-of-state PAC (ID Lloyd, Kimberly	#:)		Amount of Contribution (\$)	\$250.00
	10/20/2024					φ250.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76006				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CPA		Self-Employed	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	#00.00
	09/27/2024	Lowe, Diane				\$20.00
		Contributor address; City; State; Zip Code				
		Arlington TV 76017				
	Deine in 1	Arlington, TX 76017				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	20 	Not Employed			

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/27		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Turner, Ebor	ny M. (Mrs.)			00088273		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	₇	Amount of Contribution (\$)		
	10/01/2024	Mann, Ursula	/	Ι.	Amount of Contribution (+)	\$25.00	
						φ20.00	
		6 Contributor address; City; State; Zip Code					
		Tavistock Tavistock PL19 8EH United Kingdom	i				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Team Leade	۲	Citizens Advice				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
	10/22/2024	Martin, Monica				\$25.00	
	10, 11 , 11, 1			\mathbf{I}		T-	
		Contributor address; City; State; Zip Code					
		Grand Prairie, TX 75054	1				
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	HR		BEK				
F	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Γ	Amount of Contribution (\$)		
	10/09/2024	Minton, Danny				\$100.00	
				ł			
		Arlington, TX 76016					
\vdash	Dringing occu	-	Employer (See Instructions	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Sales		Sirius Medical				
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)		
	10/03/2024	Montana, Alma				\$50.00	
		Contributor address; City; State; Zip Code		1			
		Arlington, TX 76012					
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)			
	Hearing Offic		TDCJ	,			
	-			.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	10/17/2024	Morgan, Lynn				\$500.00	
		Contributor address; City; State; Zip Code		1			
		Arlington, TX 76001					
\vdash	Principal occu	I pation / Job title (See Instructions)					
	Staff Accoun		U.S. Securities and Exc		nge Commission		
\vdash							

L								
	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/27			
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)		
	Turner, Ebor	лу М. (Mrs.)			00088273	-		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)			
	09/27/2024	Neal, Mavis				\$10.00		
		6 Contributor address; City; State; Zip Code		1				
		Fort Worth, TX 76123	i					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	ons)				
	Aeronautics		Lockheed Martin					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	09/27/2024	Newth, Beverly				\$25.00		
		Contributor address; City; State; Zip Code						
		MANSFIELD, TX 76063						
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	Not Employe		Not Employed	5)				
╞				Τ	Amount of Contribution (¢)			
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: Newth, Beverly)		Amount of Contribution (\$)	\$25.00		
	10/00/2024					Φ20.00		
		Contributor address; City; State; Zip Code						
		MANSFIELD, TX 76063						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Not Employe	ed and the second se	Not Employed					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	10/25/2024	Oglesby, Charles	ſ			\$25.00		
		Contributor address; City; State; Zip Code						
		Fort Worth, TX 76140		Ļ				
		pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Not Employe		Not Employed	-				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	=		
	10/05/2024	Owens, Tmitri				\$250.00		
		Contributor address; City; State; Zip Code						
		Fort Worth, TX 76119						
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>				
	FSO		US Dept of State	5)				
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/14 Rpt: 13/27 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Turner, Ebony M. (Mrs.) 00088273 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/03/2024 Pipkins, Bernard \$100.00 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$1,000.00 **Represent Texas** Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/05/2024 Richardson, Brooke \$150.00 Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) youth and children director westminster presbyterian Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/05/2024 \$25.00 Rodgers, NaKedra Contributor address; City; State; Zip Code FORT WORTH, TX 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst **Texas Health** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/29/2024 \$250.00 Rose, Toni Contributor address; City; State; Zip Code Dallas, TX 75241 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self-Employed

	The Instrue	ction Guide explains how to comp	olete this fo	erm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/27	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Turner, Ebor	ıy M. (Mrs.)				00088273	ŕ
4	Date	5 Full name of contributor out-of-si	tate PAC (ID#:)	7	Amount of Contribution (\$)	
	10/14/2024	Siegle, Caryl					\$25.00
		6 Contributor address; City; State; Zip Co	de				
		Mansfield, TX 76063					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	;)		
	Not Employe	d		Not Employed			
	Date	Full name of contributor out-of-si	tate PAC (ID#:)		Amount of Contribution (\$)	
	10/17/2024	Siegle, Caryl					\$50.00
		Contributor address; City; State; Zip Co					
		Mansfield, TX 76063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d	Not Employed				
F	Date	Full name of contributor out-of-s)		Amount of Contribution (\$)		
	10/25/2024	Siegle, Caryl	· · · · · · · · · · · · · · · · · · ·			\$25.00	
		Contributor address; City; State; Zip Co	de				
		Mansfield, TX 76063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe	d		Not Employed			
	Date	Full name of contributor out-of-si	tate PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2024	Sierra Club Political Committee of T	exas				\$500.00
		Contributor address; City; State; Zip Co	de				
		Austin, TX 78756					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-si	tate PAC (ID#:)		Amount of Contribution (\$)	
	09/27/2024	Smith, Wendy					\$25.00
		Contributor address; City; State; Zip Co					
		Mansfield, TX 76063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d		Not Employed			

	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/27	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Turner, Ebor	ıy M. (Mrs.)				00088273	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	10/08/2024	Spurlock, Delores					\$100.00
		6 Contributor address; City; State; Zip Code					
		Cedar Hill, TX 75104					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Researcher			UT Austin			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/30/2024	Stelljes, Laurie					\$20.00
		Contributor address; City; State; Zip Code					
		5-4 Month TV 76100					
	Drizainal agou	Fort Worth, TX 76109		Employer (See Instructions			
	Not employe	pation / Job title (See Instructions)		Not employed	5)		
╘				-			
	Date		AC (ID#:)		Amount of Contribution (\$)	# F0.00
	10/01/2024	Stephenson, Jerrye				\$50.00	
		Contributor address; City; State; Zip Code					
		Mesquite, TX 75149					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Not Employe	d		Not Employed			
F	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/23/2024	Tally, Jean					\$25.00
		Contributor address; City; State; Zip Code					
		Arlington, TX 76001					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physical ther	apist		Therapy 2000			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/30/2024	Thomas, Amanda					\$10.00
		Contributor address; City; State; Zip Code					
		Created Ducinia, TX 75054					
⊢	Deine in 1	Grand Prairie, TX 75054		Freedom (Contraction in			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
⊢	Educator		Mansfield ISD				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/27	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Turner, Ebor	ny M. (Mrs.)			00088273	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Turner, Kristina				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063	•			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Educator		ESC Region 11			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Tyson Jr, Ezekiel				\$100.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75224-2206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Vaughn, Janine				\$100.00
		Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Global Sales		AT&T			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Vaughn, Janine				\$5.00
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Global Sales		AT&T			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/30/2024	Walker, Bridgett				\$100.00
		Contributor address; City; State; Zip Code]		
⊢		Waxahachie, TX 75167	1	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr. Asset Ma	unager	Amazon			
I I						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 17/27	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[Turner, Ebor	ny M. (Mrs.)		ľ	00088273	11 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Walter, Marva				\$25.00
		6 Contributor address; City; State; Zip Code				
		Arlington, TX 76002				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	High School	Administration	Grand Prairie ISD			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Walton, Lashica				\$350.00
		Lancaster, TX 75134				
⊢	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		pation / Job title (See instructions)		5)		
	Attorney		Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Wood, Diana				\$50.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Diana Wood			
	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/25/2024	Wrenn-Smith, Lola	/			\$25.00
	10/20/2024					Ψ <u>2</u> 0.00
		Contributor address; City; State; Zip Code				
		ARLINGTON, TX 76002				
⊢	Dringing ago		Employer (Cap Instructions	$\frac{1}{1}$		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Supervision	Officer	Dallas County			
I						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							quipment & Related Expense		
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/10 Rpt: 18/27	Turner, Ebon	y M. (Mrs.)					00088273	``````````````````````````````````````	
4	Date 09/30/2024	Payee name Amazon								
6	Amount (\$)	Payee address	; City;	State; Zip	Code					
	\$30.47	440 Terry Av Seattle, WA	e. N.							
8	PURPOSE OF EXPENDITURE	Category _{(See} Advertising E	Categories listed at the top	of this schedule)	(b)		ı, TX,	officeholder living	plete Schedule T. j expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Office	eholder name	Office s	ought			Office he	eld	
	Date	Payee name								
	10/02/2024	Amazon								
	Amount (\$) \$31.10	Payee address 440 Terry Av		State; Zip	Code					
		Seattle, WA	98109							
	PURPOSE OF EXPENDITURE	Category _{(See} Advertising E	Categories listed at the top XPENSE	of this schedule)	(b)		ı, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office s	ought			Office he	eld	
	Date	Payee name								
	10/08/2024	Amazon								
	Amount (\$) \$29.70	Payee address 440 Terry Av		State; Zip	Code					
		Seattle, WA	98109							
	PURPOSE OF EXPENDITURE	Category _{(See} Advertising E	Categories listed at the top	of this schedule)	(b)		I, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office s	ought			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 2/10 Rpt: 19/27		Turner, Ebony M. (Mrs.)					00088273			
4	Date	5	Payee name								
	10/09/2024		Andujar, Amaya								
6	Amount (\$)	7	Payee address; City;	State; Zi	p Cod	e					
	\$115.00		8109 Wesson Road								
		Arlington, TX 76002									
•	PURPOSE		-								
8	OF		Category (See Categories listed at the top of	f this schedule	e)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Advertising Expense					, officeholder living expense			
						Campaign T-	shi	rts			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offic	e soug	ht		Office held			
	Date		Payee name								
	10/22/2024		Bankem Printing								
	Amount (\$)		Payee address; City;	State; Zi	p Cod	e					
	\$250.00		2357 S. Collins St.								
			Arlington, TX 76014								
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule	e) (b) Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.			
						Yard Signs	1, IX,	, officeholder living expense			
						raiu Siglis					
				0.0							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	e soug	nt		Office held			
	•										
	Date		Payee name								
	10/25/2024		Bankem Printing								
	Amount (\$)		Payee address; City;	State; Zi	p Cod	e					
	\$475.00		2357 S. Collins St.								
			Arlington, TX 76014								
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule	e) (b) Description					
	OF EXPENDITURE		Advertising Expense		<i>`</i>		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						n, TX,	, officeholder living expense			
						5000 Flyers					
	Complete ONLY if direct		Candidate/Officeholder name	Offic	e soug	ht		Office held			
	expenditure to benefit C/OI	-1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment											
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 3/10 Rpt: 20/27		Turner, Ebony M. (Mrs.)					00088273				
4	Date	5	Payee name									
	10/21/2024		Debbie Donut									
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le						
	\$10.99		26 E. Debbie Lane		•							
		Mansfield, TX 76063										
8	PURPOSE	(0)										
0	OF	(a)	Category (See Categories listed at the to Food/Beverage Expense	op of this sched	dule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Foou/Deverage Expense					, officeholder living expense				
						Block walking	gΕ	vent Food				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	Jht		Office held				
	Date		Payee name									
	10/01/2024		Edwards and Patterson Signs									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$1,365.03		203 S. Belt Line Rd.									
			Irving, TX 75060									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sched	dule)	(b) Description						
	EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
						Highway Sig		, uncertoider hving expense				
	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice sou	iht		Office held				
	expenditure to benefit C/OF			0.		,		0				
	Date	<u> </u>	Payee name									
	10/06/2024		Facebook									
				Ctoto	Zip Co	10						
	Amount (\$) \$75.00		Payee address; City;	State;	ZIP CO	je						
	\$75.00		1 Hacker Way									
			Menlo Park, CA 94025									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sched	dule)	(b) Description						
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
						Facebook Ac		, officeholder living expense				
						Facebook Al	12					
		Ļ	Condidate/Officeholder reme		floo	.bt		Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	Jrit		Office held				
	-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								equipment & Related E			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 4/10 Rpt: 21/27			ny M. (Mrs.)						00088273		
4	Date	5	Payee name									
	10/09/2024		Facebook									
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de					
	\$75.00		1 Hacker W	ay								
		Menlo Park, CA 94025										
8	PURPOSE	(a)	Category (s	o Catogorios listod	at the top of this sch	odulo)	(b)	Description				
	OF		Advertising			euule)			outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		5					Check if Austin	, тх,	officeholder living	expense	
								Facebook Ad	S			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	10/11/2024		Facebook									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$75.00		1 Hacker W	ay								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense							plete Schedule T.	
										officeholder living) expense	
								Facebook Ad	S			
			Condidate (Offi							Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluale/Om	ceholder name		Office sou	ynı			Office he	eiu	
		1										
	Date		Payee name									
	10/14/2024		Facebook									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$75.00		1 Hacker W	ay								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		Check if travel	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE									officeholder living) expense	
								Facebook Ad	S			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/Oł											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed a The Instruction Guide explains how to complete this form.						quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/10 Rpt: 22/27			ny M. (Mrs.)					00088273		
4	Date	5	Payee name								
	10/15/2024		Facebook								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$75.00		1 Hacker W	ay							
		Menlo Park , CA 94025									
8	PURPOSE	(a)	Category (c)	ee Categories listed a	t the ten of this esh	odulo)	(b) Description				
-	OF	,	Advertising		at the top of this sch	edule)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		, averaeing	Expense			Check if Austi	n, TX,	, officeholder living	g expense	
							Facebook A	ds			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght		Office h	eld	
	Date		Payee name								
	10/16/2024		Facebook								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$75.00		1 Hacker W	av		•					
				,							
			Menlo Park	, CA 94025							
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising	Expense					ide of Texas. Com		
							Facebook A		, officeholder living	j expense	
							Facebook A	15			
	Complete ONLY if direct		Candidato/Offi	ceholder name		Office sou	abt		Office h	ald	
	expenditure to benefit C/OI		Januluale/Olli		C C		JII		Onice In	siu	
	_	_									
	Date		Payee name								
	10/17/2024		Facebook								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$75.00		1 Hacker W	ay							
			Menlo Park	, CA 94025							
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising		·	ŕ	Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE		-	·					, officeholder living	g expense	
							Facebook A	ds			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght		Office he	eld	
	expenditure to benefit C/Oł	-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed a The Instruction Guide explains how to complete this form.						quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	-					3	Filer ID	(Ethics Commission File	rs)
	Sch: 6/10 Rpt: 23/27			ony M. (Mrs.)						00088273		
4	Date	5	Payee name									
	10/20/2024		Facebook									
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de					
	\$150.00		1 Hacker W	/ay								
		Menlo Park , CA 94025										
8	PURPOSE	(a)	Category (S	ee Categories lister	I at the top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Advertising			ŕ					plete Schedule T.	
							Ļ	-		officeholder living) expense	
							F	acebook Ad	S			
_			Condidate (Offi							Office by	-14	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Jandidate/OIII	ceholder name	e C	Office sou	gnt			Office he	90	
	Date		Payee name									
	10/21/2024		Facebook									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$83.00		1 Hacker W	/ay								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (S	ee Categories listed	I at the top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Advertising	Expense							plete Schedule T.	
							Ļ	acebook Ad		officeholder living	j expense	
									3			
	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	Office sou	nht			Office he	h	
	expenditure to benefit C/OF						gin			Chiec h	514	
	Date											
	10/25/2024		Payee name Facebook									
					Ctoto	; Zip Co	do					
	Amount (\$) \$92.00		Payee addre	-	State,	, zip co	ue					
	\$92.00		1 Hacker W	ay								
			Menlo Park	, CA 94025								
	PURPOSE	(a)	Category (S	ee Categories lister	I at the top of this sch	iedule)	(b) D	escription				
	OF EXPENDITURE		Advertising	Expense				_			plete Schedule T.	
	EXPENDITORE						Ē			officeholder living	l expense	
							F	acebook Ad	S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	e C	Office sou	ght			Office he	eld	
		-										

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Over Polling Exp se Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		·	·	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/10 Rpt: 24/27	urner, Ebony M. (Mrs.)			00088273					
4	Date 10/13/2024	Payee name OWe'S								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$170.58	901 Highway 287 N Mansfield, TX 76063								
8				h) Description						
ð	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Poles and zip ties									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held					
	Date	Payee name								
	10/06/2024	Rogers, Bryan								
	Amount (\$)	Payee address; City;	State; Zip Coo	e						
\$400.00 1100 East Lamar										
		187								
		arlington, TX 76011								
	PURPOSE	_	-f this ashadula)	b) Description						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign Jingle Creation										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office soug	ht	Office held					
	Date	Payee name								
	09/29/2024	exting for Less								
	Amount (\$)	Payee address; City;	State; Zip Coo	e						
	\$483.05	54 State St.	,p							
		104								
		lackensack, NJ 07601								
	PURPOSE			b) Description						
	OF EXPENDITURE	Category (See Categories listed at the top advertising Expense	of this schedule)	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense ES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense			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)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 8/10 Rpt: 25/27	Turner, Ebony M. (Mrs.) 00088273										
4	Date	5	Payee name									
	10/18/2024		Texting for Less									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$702.06	354 State St.										
		#104										
			Hackensack	NJ 07601								
8	DUDDOCE						<u>(h)</u> p					
ð	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.								alete Schedule T		
	EXPENDITURE		Auventising	Expense			F			officeholder living		
							T	ם ext Message				
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held											
	Date		Payee name									
10/22/2024 Texting for Less												
Amount (\$) Payee address; City; State; Zip Code												
	\$1,367.41		354 State S	t.								
#104												
	Hackensack, NJ 07601											
	PURPOSE	(2)					(h) D	operintion				
								plete Schedule T.				
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense								expense				
	Text messages											
	Complete ONLY if direct	Candidate/Officeholder name Office sou					ght			Office he	ld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									—
	10/01/2024			es Postal Serv	ice							
	Amount (\$)	⊢	Payee addres	s; City;	State	; Zip Co	de					—
	\$560.00		401 Tom La			•						
				<i>,</i>								
			Dallas, TX 7	5260								
	PURPOSE	(a)		e Categories listed a	t the top of this sch	edule)	(b) D	escription				
OF Post card stamps Check if travel outside of Texas. Complete Schedule T.												
								_		officeholder living	expense	
							Р	ostcard post	ιay	C		
		Ļ	Condidate /Off	abaldar			abt				Id	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuidate/Offi	ceholder name	(Office sou	ynt			Office he	iu.	
	-											

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Giff/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2		=					3	Filer ID	(Ethics Commission Filers)	
1	Sch: 9/10 Rpt: 26/27	1			с)				ľ			
	-		Turner, Ebony M. (Mrs.) 00088273									
4	Date	5	Payee name									
	10/02/2024		United States Postal Service									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$448.00		401 Tom Landry Hwy									
			Dallas, TX	75260								
8	PURPOSE	(a)	Category (S	ee Categories	listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Post card s	tamps							nplete Schedule T.	
										, officeholder livin	ig expense	
								Post card pos	sta	ge		
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									leld		
	Date		Payee name									
	10/11/2024 United States Postal Service											
_	Amount (¢)	-	Payoo addro	City	r Stata	· Zin Co	do					
	Amount (\$) Payee address; City; State; Zip Code											
	\$224.00 752 N. Main St.											
	Mansfield, TX 76063											
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description											
	OF Dost card stamps									nplete Schedule T.		
EXPENDITURE Check if Austin, TX, officeholder living expense							g expense					
Post card postage												
	Complete ONLY if direct	. (Candidate/Off	iceholder n	ame	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
_	Data		-									
	Date		Payee name		Com io o							
	10/15/2024		United Stat	es Postal	Service							
	Amount (\$)		Payee addre	ess; City	; State	; Zip Co	de					
	\$112.00 752 N. Main St.											
	Mansfield, TX 76063											
	BUBBAAF						<i>a</i> >					
	PURPOSE OF	(a)			listed at the top of this sch	nedule)	(b)	Description		de ef Teures Com	unlate Ochechula T	
	EXPENDITURE Post card stamps											
	Check if Austin, TX, officeholder living expense Post card Postage											
								1 031 UUIU FU	Jid	90		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder n	ame	Office sou	ght			Office h	iela	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
_			1_						
1	Total pages Schedule F1: Sch: 10/10 Rpt: 27/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3	Filer ID 00088273	(Ethics Commission Filers)				
4	Date 10/17/2024	5 Payee name United States Postal Service							
6	Amount (\$) \$44.80	 Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063 							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Post card stamps (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Post card Postage								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office h	ield				
	Date 10/21/2024	Payee name United States Postal Service							
	Amount (\$) \$280.00	Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063							
	PURPOSE OF EXPENDITURE		n, TX						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office h	ield				