

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088273	2 Total pages filed: 27				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Ebony M.	MI	OFFICE USE ONLY			
	NICKNAME	LAST Turner	SUFFIX		Date Received ELECTRONICALLY FILED 10/27/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 923 Mansfield, TX 76063			Date Hand-delivered or Date Postmarked			
	Receipt #	Amount		Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Akilah	MI				
	NICKNAME	LAST Curtis	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 619 Cobblestone Lane Irving, TX 75039						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	658-9844					
8 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)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	09	27	2024		10	26	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 96			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Turner, Ebony M. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00088273
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	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)	\$ 8,019.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,949.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,339.56
OUTSTANDING LOAN TOTALS	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.

Mrs. Ebony M. 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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18 FILER NAME Turner, Ebony M. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00088273
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,019.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,949.19
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akajiuba, Peter <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76017	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) entrepreneur		9 Employer (See Instructions) Exotic Sporty Cars
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Brandi <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) MISD
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben, Lenyca <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Stylist		Employer (See Instructions) www.EpicGlam.com
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowens, Jorien <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) State of Texas
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Tammi <hr/> Contributor address; City; State; Zip Code North Little Rock, AR 72117	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) NTT DATA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Sean	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76117		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Colston Law PLLC
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutchfield, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code MANSFIELD, TX 76063		
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Akilah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Irving, TX 75039		
Principal occupation / Job title (See Instructions) Finance Manager		Employer (See Instructions) Vistra Corp
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Alecia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Claims adjuster		Employer (See Instructions) AGW
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Alecia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Claims adjuster		Employer (See Instructions) AGW

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawkins, Tyshika	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76001	
8 Principal occupation / Job title (See Instructions) Instructional Coach		9 Employer (See Instructions) STRIDE K12
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawkins, Tyshika	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Instructional Coach		Employer (See Instructions) STRIDE K12
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Felicia	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Desoto, TX 75115	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Side by side ent
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Audrey	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayden, Crystal	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76120	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooden, Angela <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Texas Children's Hospital
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin Reed, Andrea <hr/> Contributor address; City; State; Zip Code BURLESON, TX 76028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Court reporter		Employer (See Instructions) Tarrant County
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanratty, Linda <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76185-0412	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinz, Erin <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Erin Heinz Photography
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellen, Kim <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Killeen ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Ana <hr/> 6 Contributor address; City; State; Zip Code MANSFIELD, TX 76063-9108	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Brushfire
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Sabrina <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Rose <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Rate Mortgage
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Bene (Ms.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78747	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Workforce Ops Mgr		Employer (See Instructions) AT&T
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elfreda <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) U S Dept of Housing and Urban Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sandra <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060	7 Amount of Contribution (\$) \$1,800.00
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions) Tarrant County
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Kimberly <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Diane <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Ursula <hr/> 6 Contributor address; City; State; Zip Code Tavistock Tavistock PL19 8EH United Kingdom	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Team Leader		9 Employer (See Instructions) Citizens Advice
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Monica <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) BEK
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Danny <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Sirius Medical
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montana, Alma <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Hearing Officer		Employer (See Instructions) TDCJ
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Lynn <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) U.S. Securities and Exchange Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Mavis <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Aeronautics		9 Employer (See Instructions) Lockheed Martin
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newth, Beverly <hr/> Contributor address; City; State; Zip Code MANSFIELD, TX 76063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newth, Beverly <hr/> Contributor address; City; State; Zip Code MANSFIELD, TX 76063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby, Charles <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Tmitri <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) FSO		Employer (See Instructions) US Dept of State

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipkins, Bernard	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Mansfield, TX 76063		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Represent Texas	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Brooke	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) youth and children director		Employer (See Instructions) westminster presbyterian
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, NaKedra	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76123		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Texas Health
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Toni	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Dallas, TX 75241		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegler, Caryl	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Mansfield, TX 76063		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegler, Caryl	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegler, Caryl	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra Club Political Committee of Texas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Delores <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) UT Austin
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stelljes, Laurie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Jerrye <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tally, Jean <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical therapist		Employer (See Instructions) Therapy 2000
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Amanda <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Mansfield ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Kristina	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Mansfield, TX 76063		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) ESC Region 11
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson Jr, Ezekiel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75224-2206		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Janine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Global Sales		Employer (See Instructions) AT&T
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Janine	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Global Sales		Employer (See Instructions) AT&T
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Bridgett	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Waxahachie, TX 75167		
Principal occupation / Job title (See Instructions) Sr. Asset Manager		Employer (See Instructions) Amazon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/27
2 FILER NAME Turner, Ebony M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Marva <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76002	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) High School Administration		9 Employer (See Instructions) Grand Prairie ISD
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Lashica <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75134	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Diana <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Diana Wood
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrenn-Smith, Lola <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Supervision Officer		Employer (See Instructions) Dallas County

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 18/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 09/30/2024	5 Payee name Amazon	
6 Amount (\$) \$30.47	7 Payee address; City; State; Zip Code 440 Terry Ave. N. Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hanger Bags
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Amazon	
Amount (\$) \$31.10	Payee address; City; State; Zip Code 440 Terry Ave. N. Seattle, WA 98109	
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 Mailing Labels
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Amazon	
Amount (\$) \$29.70	Payee address; City; State; Zip Code 440 Terry Ave. N. Seattle, WA 98109	
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 Mailing Labels
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 19/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/09/2024	5 Payee name Andujar, Amaya	
6 Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 8109 Wesson Road Arlington, TX 76002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name Bankem Printing	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, TX 76014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Bankem Printing	
Amount (\$) \$475.00	Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, TX 76014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 5000 Flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 20/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/21/2024	5 Payee name Debbie Donut	
6 Amount (\$) \$10.99	7 Payee address; City; State; Zip Code 26 E. Debbie Lane Mansfield, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walking Event Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Edwards and Patterson Signs	
Amount (\$) \$1,365.03	Payee address; City; State; Zip Code 203 S. Belt Line Rd. Irving, TX 75060	
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 Highway Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2024	Payee name Facebook	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Facebook Ads
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.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 21/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/09/2024	5 Payee name Facebook	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name Facebook	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name Facebook	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 22/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/15/2024	5 Payee name Facebook	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park , CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Facebook	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park , CA 94025	
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 Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Facebook	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park , CA 94025	
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 Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 23/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/20/2024	5 Payee name Facebook	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park , CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Facebook	
Amount (\$) \$83.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park , CA 94025	
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 Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Facebook	
Amount (\$) \$92.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park , CA 94025	
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 Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 24/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/13/2024	5 Payee name Lowe's	
6 Amount (\$) \$170.58	7 Payee address; City; State; Zip Code 1901 Highway 287 N Mansfield, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Poles and zip ties
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2024	Payee name Rogers, Bryan	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1100 East Lamar #187 Arlington, TX 76011	
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 Jingle Creation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2024	Payee name Texting for Less	
Amount (\$) \$483.05	Payee address; City; State; Zip Code 354 State St. #104 Hackensack, NJ 07601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messages
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.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 25/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 10/18/2024	5 Payee name Texting for Less	
6 Amount (\$) \$702.06	7 Payee address; City; State; Zip Code 354 State St. #104 Hackensack, NJ 07601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name Texting for Less	
Amount (\$) \$1,367.41	Payee address; City; State; Zip Code 354 State St. #104 Hackensack, NJ 07601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name United States Postal Service	
Amount (\$) \$560.00	Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas, TX 75260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post card stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcard postage
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.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 26/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
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4 Date 10/02/2024	5 Payee name United States Postal Service
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6 Amount (\$) \$448.00	7 Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas, TX 75260
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post card stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card postage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2024	Payee name United States Postal Service
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Amount (\$) \$224.00	Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post card stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card postage
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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 10/15/2024	Payee name United States Postal Service
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Amount (\$) \$112.00	Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post card stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card Postage
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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.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 27/27	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
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4 Date 10/17/2024	5 Payee name United States Postal Service
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6 Amount (\$) \$44.80	7 Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post card stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card Postage
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9 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 United States Postal Service
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Amount (\$) \$280.00	Payee address; City; State; Zip Code 752 N. Main St. Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post card stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post card postage
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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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