# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp		1 Filer ID (Ethics Commi 00062790		2 Total pages	s filed: 48		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Christopher G.		MI	OFFICE Date Received	USE ONLY		
	NICKNAME Chris	LAST Turner		SUFFIX	ELECTRONI 01/15/2025	CALLY FILED		
	Clins	rumer						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AP P. O. Box 182093	T / SUITE #; CITY	<b>Y</b> ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked  Amount		
Change of Address	Arlington, TX 76096				Date Processed			
					Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William D.		MI				
	NICKNAME Dan	LAST Dipert		SUFFIX				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO Portion of the Po	O BOX PLEASE);	AP	Γ / SUITE #; CIT <sup>*</sup>	Y; S	STATE; ZIP CODE		
(Residence or Business)	Arlington, TX 76013							
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (817) 543-3700	NE NUMBER E	XTENSION					
8 REPORT TYPE	X January 15 July 15	30th day before 8th day before e		Runoff  Exceeded modified	appointment (c	campaign treasurer officeholder only) Attach C/OH-FR)		
				reporting limit				
9 PERIOD COVERED	Month Day Year 10/27/2024		ROUGH	Month Day 12/31/20				
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	Pri X Ge	imary eneral	ELECTION TYPE Runoff Special	Other			
11 OFFICE	OFFICE HELD (if any) State Representative Dis	strict 101		12 OFFICE SOUGH State Represe	HT (if known) ntative District 10	01		
GO TO PAGE 2								

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 48

13 C / OH NAME	<b>14</b> Filer ID 00062790	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	cepted or political expenditu y have been made without to red to report this information	the candidate's or offic	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
<del>_</del>	GENERAL					
		COMMITTEE ADDRES	SS			
	SPECIFIC					
		COMMITTEE CAMPA	IGN TREASURER NAME			
		COMMITTEE CAMPA	IGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	\$	0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR	GUARANTEES OF LOANS	5)	\$	61,658.39
EXPENDITURE TOTALS		\$	2,418.84			
	4. TOTAL POLITIC	AL EXPENDITURES			\$	132,279.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	404,891.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT		true	vear, or affirm, under penalty e and correct and includes al ler Title 15, Election Code.			
			The Honorab	ole Christopher G. T	urner	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness my	hand and seal of office.			
Signature of office	er administering	Printed name of o	fficer administering	Title of office	er administeri	ng oath

### **SUBTOTALS - C/OH**

## FORM C/OH **COVER SHEET PG 3**

				3 of 48
<b>18</b> FILER NAME Turner, Christopher G. (The F	onorable)	<b>19</b> Filer ID 00062790	`	nmission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		<u> </u>	SUBT	OTAL AMOUNT
1. X SCHEDULE A1: MC	NETARY POLITICAL CONTRIBUTIONS		\$	61,133.39
2. X SCHEDULE A2: NC	\$	525.00		
3. SCHEDULE B: PLE	DGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOA	NS		\$	
5. X SCHEDULE F1: PO	\$	116,761.61		
6. SCHEDULE F2: UN	PAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PU	RCHASE OF INVESTMENTS FROM POLITICAL	L CONTRIBUTIONS	\$	
8. X SCHEDULE F4: EX	PENDITURES MADE BY CREDIT CARD		\$	15,152.94
9. X SCHEDULE G: POL	ITICAL EXPENDITURES FROM PERSONAL FU	JNDS	\$	365.13
10. SCHEDULE H: PAY	MENT FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-	POLITICAL EXPENDITURES FROM POLITICAL	_ CONTRIBUTIONS	\$	
12. X SCHEDULE K: INTE	\$	2,939.92		
			•	

	MONEI	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 4/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	າ Filers)
4	Date 12/06/2024	5 Full name of contributor X Abbott Laboratories Employee 6 Contributor address; City; State;		.00040279	7	Amount of Contribution (\$)	\$500.00
8	Principal occi	Dunwoody, GA 30338-2307  upation / Job title (See Instructions)		9 Employer (See Instructions	.)		
6				a Employer (See mondonors)	)		
	Date 12/13/2024	Full name of contributor  Ancira, Jesse  Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Taylor, TX 76574-4925  upation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 12/07/2024	Full name of contributor  Balsom, Jim  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing agg	Arlington, TX 76002-5416		Employer (See Instructions	_		
	Manager Manager	pation / Job title (See Instructions)		Hilton Worldwide	·)		
	Date 12/14/2024	Full name of contributor  Bridges-Chumley, Lorraine  Contributor address; City; State;  Grand Prairie, TX 75052-0438				Amount of Contribution (\$)	\$26.13
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 12/06/2024	Full name of contributor  Cain, Randy C.  Contributor address; City; State; Austin, TX 78763-5352	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Randy Cain Attorney at		N	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 5/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 12/13/2024	<ul><li>5 Full name of contributor</li><li>Career Colleges &amp; Schoo</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-2435					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor CenterPoint Energy Incor Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77210-4567 pation / Job title (See Instructions	8)	Employer (See Instructions	 s)		
	Date 12/09/2024	Full name of contributor Charter Communications Contributor address; City; S Austin, TX 78701-5007				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 12/07/2024	Full name of contributor Chino, Vera Contributor address; City; S Houston, TX 77055-6719				Amount of Contribution (\$)	\$5.43
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	5)		
	Date 12/06/2024	Full name of contributor Congress Avenue Partne Contributor address; City; S Austin, TX 78701-2665				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 6/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 11/26/2024	<ul> <li>Full name of contributor</li></ul>	,	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Fort Worth, TX 76110-1150 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
•	Attorney			Republic Title of Texas	·)		
	Date 11/21/2024	Full name of contributor out-of-state PAC Dow, Jim  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1819 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Consultant	,		Cross Oak Group	,		
	Date 12/12/2024	Full name of contributor out-of-state PAC Dukes, Thomas  Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78209-5532					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/02/2024	Full name of contributor out-of-state PAC Dunn, Louise  Contributor address; City; State; Zip Code  Arlington, TX 76002-2869	,	)		Amount of Contribution (\$)	\$15.69
	Principal occu Retired Teac	pation / Job title (See Instructions) her		Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC EYE PAC Of The Texas Ophthalmological A Contributor address; City; State; Zip Code  Austin, TX 78701-1667	Assn.			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 7/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 12/06/2024	<ul> <li>Full name of contributor</li></ul>	· · · · · · · · · · · · · · · · · · ·	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2444				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/06/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 12/07/2024	Full name of contributor out-of-state PAC ( Fickling, Karl  Contributor address; City; State; Zip Code	) )		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Seminary Ac	,	B. H. Carroll Seminar	٥,		
	Date 12/06/2024	Full name of contributor out-of-state PAC ( Friends of UT Southwestern Medical Center Contributor address; City; State; Zip Code  Dallas, TX 75230-1330	r PAC		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC ( Friends of the University PAC Contributor address; City; State; Zip Code  Austin, TX 78763-0552	  ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 8/48
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062790
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$25.00
8	Principal occu	Grand Prairie, TX 75051-1233 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Retired	salor, cos lite (coc monasticity)	Ĭ	Retired	,,	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Garnett, Richard  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$250.00
		Fort Worth, TX 76109-5233				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)	
	Date 12/06/2024	Full name of contributor X out-of-state PAC (ID#: C General Motors Company PAC Contributor address; City; State; Zip Code	000	0076810 )		Amount of Contribution (\$) \$1,000.00
	Principal occu	Washington, DC 20001-1427 pation / Job title (See Instructions)		Employer (See Instructions	;) 	
	i illoipai oooa	salor, cos litte (coc monasticite)		Employer (Geo mendeners)	,,	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Graydon Strama Lucio Group Contributor address; City; State; Zip Code  Austin, TX 78701-1841		)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Hale, Barbara  Contributor address; City; State; Zip Code  Hurst, TX 76053-4516		)		Amount of Contribution (\$) \$26.13
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
		·				

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 9/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commissio 00062790	n Filers)
4	Date 12/07/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$250.00
_	Deignigal	Fort Worth, TX 76116-1676	_	Franks or (Cook looks on			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 12/06/2024	Full name of contributor				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78703-2266 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Attorney	pation / oob title (oce monactions)		Self employed	''		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: HillCo PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701-2458					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Incline P&C Group PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2185		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Automobile Dealers PAC (INDEPAGE Contributor address; City; State; Zip Code  Austin, TX 78750-2228				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 10/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 12/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701-1683				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Jackson Walker Services L.L.P PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-4042  Ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Jocelyn Dabeau Government Affairs Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$350.00
	Principal occu	Austin, TX 78731-6134	Employer (See Instructions	)		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Kelley, Clay M.  Contributor address; City; State; Zip Code  Arlington, TX 76013-1002	)		Amount of Contribution (\$)	\$250.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions claykelley.com	)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_Longbow Consulting Partners LLC Contributor address; City; State; Zip Code  Austin, TX 78701-2683	)		Amount of Contribution (\$)	\$350.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 11/48		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Turner, Chris	stopher G. (The Honorable)				00062790		
4	Date 12/07/2024	<ul> <li>Full name of contributor</li></ul>	D#:	)	7	Amount of Contribution (\$)	\$52.00	
		Arlington, TX 76014-3127						
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)			
	Date	Full name of contributor  ut-of-state PAC (II	D#:	)		Amount of Contribution (\$)		
	11/24/2024	Maxwell, James					\$300.00	
		Contributor address; City; State; Zip Code						
		Streetman, TX 75859-7162						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Retired			Retired				
	Date	Full name of contributor  ut-of-state PAC (II	D#:	)		Amount of Contribution (\$)		
	10/31/2024	McGinley, Lynn					\$103.75	
		Contributor address; City; State; Zip Code						
		Duncanville, TX 75137-2820						
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	Executive Di				Inc dba Children First Counseling			
	Date	Full name of contributor  ut-of-state PAC (II	D#:		) Amount of Contribution (\$)			
	10/28/2024	Menifee, VanDella	D#			Amount of Continuation (4)	\$25.00	
	10/20/2024	Contributor address; City; State; Zip Code			ł		Ψ20.00	
		Contributor address, City, State, 21p Code						
		Grand Prairie, TX 75052-8571						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Retired			Retired				
	Date	Full name of contributor  ut-of-state PAC (II	D#:	)		Amount of Contribution (\$)		
	12/07/2024	Missner, Michele					\$25.00	
		Contributor address; City; State; Zip Code			1			
		Auctin TV 70721 4075						
	Dringing!	Austin, TX 78731-4875		Employer (See Instructions	, 			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/48	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 12/06/2024	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78746-5776 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	Employer (See mstructions	·)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Morin, Julie Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00
		Houston, TX 77005-1127		L		
	•	pation / Job title (See Instructions) usiness Development	Employer (See Instructions Daily Court Review	S)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Niemann & Niemann LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-2165				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Pascal, Matthew Contributor address; City; State; Zip Code Hudson, CO 80642-7983	)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Republic Amusements	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Patricia Shipton Governmental Affairs  Contributor address; City; State; Zip Code  Austin, TX 78701-2157			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/16 Rpt: 13/48			
2	FILER NAME Turner, Christopher G. (The Honorable)					Filer ID (Ethics Commission Filers) 00062790	
4	Date 12/14/2024			7	Amount of Contribution (\$) \$250	00	
_	Dringing	Fort Worth, TX 76104-2221	_	Franksian (Cookastustians			
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Prime Therapeutics LLC Employee State PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500	00		
	Dringing! goog	Eagan, MN 55121-2498 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	»)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Red Rock Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000	00		
		Austin, TX 78701-2114					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Ron Lewis & Associates  Contributor address; City; State; Zip Code  Austin, TX 78701-2157		)		Amount of Contribution (\$) \$500	00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_Rose, Erskine  Contributor address; City; State; Zip Code  Arlington, TX 76018-5117				Amount of Contribution (\$) \$100	00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	1	Total pages Schedule A1: Sch: 11/16 Rpt: 14/48			
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)
4	Date 12/14/2024			7	Amount of Contribution (\$)	\$100.00	
_		Arlington, TX 76018-5117	اء	5 1 (0 1 1 1	<u></u>		
8	Principal occu Retired	pal occupation / Job title (See Instructions)  ed  9 Employer (See Instruction Retired			5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Rydman, John  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00		
Houston, TX 77006-2316  Principal occupation / Job title (See Instructions)  Employer (See Instruction			 ;)				
CEO Spec's							
	Date Full name of contributor out-of-state PAC (ID#:)  11/20/2024 Smith, Cheryl Ann  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
		Grand Prairie, TX 75052-4581					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Solomon, Maxine  Contributor address; City; State; Zip Code  Arlington, TX 76002-3605			Amount of Contribution (\$)	\$50.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Southern Glazer's PAC of Texas  Contributor address; City; State; Zip Code  Austin, TX 78701-1696			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 12/16 Rpt: 15/48			
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)		
4	Date 10/31/2024  5 Full name of contributor out-of-state PAC (ID#:) Texans for Reasonable Solutions PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00			
		Austin, TX 78741-6931						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction		9 Employer (See Instructions	)					
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Texas Association of Crane Owners PAC  Contributor address; City; State; Zip Code  Austin, TX 78716-3164			Amount of Contribution (\$)	\$500.00			
	Principal occupation / Job title (See Instructions)  Employer (See Instruction			)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Texas Bankers Assn. Bankers PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	<u> </u>	Austin, TX 78701-2321						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code Austin, TX 78711-3182	)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code  Austin, TX 78767-0279			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/16 Rpt: 16/48		
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)	
4	Date 12/06/2024			7	Amount of Contribution (\$)	\$3,750.00	
_		Austin, TX 78701-1624					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Texas Optometric PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78705-2004 pation / Job title (See Instructions)	Employer (See Instructions				
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	')			
	Date 12/06/2024 Full name of contributor out-of-state PAC (ID#:) Texas Pharmacy Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78757-8034					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2342			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas REALTORS Political Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78768-2246	)		Amount of Contribution (\$)	\$10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 14/16 Rpt: 17/48		
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 12/06/2024 Texas Sands PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4,500.00	
•	Dringing! good	Austin, TX 78701-4093	O Employer (See Instructions			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Austin, TX 78767-0788  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	Date Full name of contributor x out-of-state PAC (ID#: C00123612 )  11/20/2024 Textron Inc. Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
	Principal occu	Providence, RI 02903-2525	Employer (See Instructions	<u> </u>		
	· 	, , ,				
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Titus, Jean Ann  Contributor address; City; State; Zip Code  Dallas, TX 75225-3963		)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Tuthill, David  Contributor address; City; State; Zip Code  Dallas, TX 75230			Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 15/16 Rpt: 18/48			
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission Fil 00062790	ers)	
4	Date 12/13/2024			7	Amount of Contribution (\$) \$1,	000.00	
_		San Antonio, TX 78288-0001					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/07/2024 Valenzuela, Terry  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.00		
		Arlington, TX 76011-7957		Ĺ			
	Principal occupation / Job title (See Instructions) Employer (See Instruction  Toolmaker General Motors						
	Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Walton, Polly  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.13		
		Arlington, TX 76012-4935					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701-2434			Amount of Contribution (\$) \$1,	000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date  Full name of contributor out-of-state PAC (ID#:)  11/01/2024 Wilhelm, Franya  Contributor address; City; State; Zip Code  Arlington, TX 76012-2052			Amount of Contribution (\$)	\$26.13		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	·)			

	MONET	ARY POLITICAL CONTRIBUTION			SCHEDULE	<b>■ A1</b>	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Sc Sch: 16/16 R		
2	FILER NAME Turner, Christopher G. (The Honorable)				Filer ID (Ethic	cs Commission	Filers)
4	Date 12/05/2024  5 Full name of contributor out-of-state PAC (ID#:)  Zachry Construction Corporation PAC  6 Contributor address; City; State; Zip Code				Amount of Con	tribution (\$)	\$500.00
		San Antonio, TX 78265-3240					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/48 3 Filer ID (Ethics Commission Filers) FILER NAME Turner, Christopher G. (The Honorable) 00062790 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 12/04/2024 Texas REALTORS Political Action Committee \$250.00 Advertising for fundraising 7 Contributor address; City; State; Zip Code event Austin, TX 78768-2246 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 12/04/2024 Texas REALTORS Political Action Committee \$275.00 | Fundraising event Contributor address; City; State; Zip Code food/beverage Austin, TX 78768-2246 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials Exp Legal Services  The Instruction Guide	Sa		ges/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
Ļ	<del>-</del>	a =u == ····		c capiallis 110V	v to com	piete tina lumi.	la =" :-	/E(1):
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 1/13 Rpt: 21/48		istopher G. (The H	lonorable)			00062790	
4	Date	5 Payee name						
L	11/07/2024	AMM Politic	cal Strategies					
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Z	Zip Cod	e		
	\$48,479.10	507 N Sylva	ania Ave					
		Fort Worth,	TX 76111-2317					
8	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedul	ıle) (I	b) Description		
	OF EXPENDITURE	Advertising					outside of Texas. Com	
	LAI LINDITORL					ш	, TX, officeholder living	g expense
						Voter calls ar	na texting	
9	Complete ONLY if direct		ceholder name	Offic	ce sougl	ht	Office he	eld
L	expenditure to benefit C/OI	<u> </u>						
	Date	Payee name						
L	12/30/2024	American E	xpress					
	Amount (\$)	Payee addre	ss; City;	State; Z	Zip Cod	e		
	\$9,497.93	200 Vesey	St					
			NY 10281-5525					
	PURPOSE OF	(a) Category (S	ee Categories listed at the t	op of this schedul	ile) (I	b) Description		
	EXPENDITURE	Credit Card	Payment			<u> </u>	outside of Texas. Com	
							, TX, officeholder living	y expense
						Credit card p	ayın <del>c</del> ın	
_	Complete ONLY if direct	Candidato/Offi	ceholder name	Offic	ce sougl	ht	Office he	
	expenditure to benefit C/O		conduct name	OIIIC	ce sougi	in.	Onice He	Jiu
$\vdash$	Data	Dove a resure						
	Date	Payee name	vnroce					
	12/02/2024	American E	•					
	Amount (\$)	Payee addre		State; Z	Zip Cod	е		
	\$5,247.77	200 Vesey	St					
		New York,	NY 10281-5525					
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedul	(le)	b) Description		
	OF EXPENDITURE	Credit Card	Payment			<u> </u>	outside of Texas. Com	
							, TX, officeholder living	g expense
						Credit card p	ayınenı	
	Complete ONLY if direct	Candidato/Off	ceholder name	Offic	ce sougl	ht	Office he	ald
	expenditure to benefit C/O		centituel Haille	Oili	ce sougi	ıı	Office Ne	əiu
	•							
_								

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tables 01 11 51	
1	Total pages Schedule F1:	
	Sch: 2/13 Rpt: 22/48	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	11/18/2024	Amli on 2nd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	421 W 3rd St
		Austin, TX 78701-4052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Austin apartment deposit
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to benefit C/Oi	
	Date	Payee name
	12/17/2024	Convergence Targeted Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,613.28	1221 Connecticut Ave NW
		Ste 300
		Washington, DC 20036-2687
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign holiday card printing and mailing
	0 1: 0.11.4.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	11/04/2024	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.88	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Gift/Awards/Memoriais Expense Printing Expense I ravei Out of District  Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
	Credit Card Payment		The Instruction Guide explains how to complete this	s form.				
1	Total pages Schedule F1:	2	FILER NAME	3		Filer ID	(Ethics Commission Fi	lers)
	Sch: 3/13 Rpt: 23/48		Turner, Christopher G. (The Honorable)			00062790		
4	Date	5	Payee name	•				
	11/04/2024		First Data Merchant Services					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$168.85		5565 Glenridge Connector NE					
			Ste 2000					
			Atlanta, GA 30342-1651					
8	PURPOSE	(2)		rintion				
Ü	OF	(a)	Category (See Categories listed at the top of this schedule)  Accounting/Banking	•	tsid	le of Texas. Com	olete Schedule T.	
	EXPENDITURE		7 to counting / Danking			officeholder living		
			Cred	lit card pro	ce	essing fee		
9	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	11/04/2024		First Data Merchant Services					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$24.35		5565 Glenridge Connector NE					
			Ste 2000					
			Atlanta, GA 30342-1651					
	PURPOSE	(a)	· · · · · · · · · · · · · · · · · · ·	rintion				
	OF	(س)		•	tsid	le of Texas. Com	olete Schedule T.	
	EXPENDITURE		/ lecounting/banking			officeholder living		
			Cred	lit card pro	ce	essing fee		
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	12/03/2024		First Data Merchant Services					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$135.69		5565 Glenridge Connector NE					
			Ste 2000					
			Atlanta, GA 30342-1651					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Descr	rintion				
	OF	(")			tsid	le of Texas. Com	plete Schedule T.	
	EXPENDITURE			neck if Austin, TX	Χ,	officeholder living	expense	
			Cred	lit card pro	CE	essing fee		
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	н						

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic		
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/13 Rpt: 24/48	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	12/03/2024	First Data Merchant Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.99	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/03/2024	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.87	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fee
		Crodit data producesting too
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
_	Date	Payee name
	11/08/2024	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
	<del>+=</del> ,000.00	
		Buda, TX 78610-2765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign operations consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Fees

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 25/48	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	12/18/2024	Gutierrez, Sarah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	401 Middle Crk
		Buda, TX 78610-2765
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bonus
		Bollus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	12/03/2024	Payee name
L		Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
		Buda, TX 78610-2765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign operations consulting
		Campaign operations consulting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Paragraphic Paragr
	Date 10/31/2024	Payee name Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.25	PO Box 970030
		Saint Louis, MO 63197-0030
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payroll taxes
		T dyfoil taxes
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
Ļ	Sch: 6/13 Rpt: 26/48	Turner, Christopher G. (The Honorable) 00062790
4	Date 11/30/2024	5 Payee name Internal Revenue Service
6	Amount (\$) \$184.76	7 Payee address; City; State; Zip Code PO Box 970030
		Saint Louis, MO 63197-0030
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll taxes
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2024	Internal Revenue Service
	Amount (\$) \$382.50	Payee address; City; State; Zip Code PO Box 970030
		Saint Louis, MO 63197-0030
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll taxes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/31/2024	Payee name Internal Revenue Service
	Amount (\$) \$114.75	Payee address; City; State; Zip Code PO Box 970030
		Saint Louis, MO 63197-0030
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll taxes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributi Candid	g Expense ons/ Donations Made B date/Officeholder/Politica rd Payment		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		pense ages/	Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
	ges Schedule F1:							l	Filer ID	(Ethics Commission Filers)	
	13 Rpt: 27/48		ristopher G. (The	Honorable)	)				00062790		
4 Date 11/04/2	024	5 Payee name NGP Van	e								
6 Amount		7 Payee addr	ess; City;	State	Zip Cod						
<b>6</b> Amount	\$469.04	655 15th S		Siale,	Zip Cot	ue					
	4.00.0.	Ste 650									
		Washingto	n, DC 20005-5738	3							
	POSE	(a) Category (	See Categories listed at the	top of this sche	edule)	(b)	Description				
-	)F DITURE	1	rhead/Rental Expe			ļ				nplete Schedule T.	
						I	<sup>Check if Austin,</sup> Campaign da		officeholder living		
							paigii da			-le	
	e <u>ONLY</u> if direct ure to benefit C/O		ficeholder name	O	ffice soug	ght			Office h	eld	
Date		Payee name	<del></del>								
12/03/2	024	NGP Van									
Amount (	(\$)	Payee addr	ess; City;	State;	Zip Cod	de					
	\$469.04	655 15th S	655 15th St NW								
		Ste 650									
		Washingto	n, DC 20005-5738	3	_						
_	POSE OF	1	See Categories listed at the		edule)	(b) 1	Description	outo:	do of Toyon Com	anlota Schadula T	
-	DITURE	Office Ove	rhead/Rental Expe	ense		 			officeholder living	nplete Schedule T. g expense	
							 Campaign da	ıtab	ase subscr	iption	
	e <u>ONLY</u> if direct ure to benefit C/O		ficeholder name	O:	ffice soug	ght			Office h	eld	
Date		Payee name									
11/27/2	024	Ngo, Vann									
Amount (		Payee addr		State;	Zip Coo	de					
	\$1,415.20	PO Box 54	10592								
		Grand Pra	irie, TX 75054-059	92							
	POSE OF	1	See Categories listed at the		edule)	(b)	Description	at-:	do of Toyer C	anlete Cahadula T	
	DITURE	Salaries/W	/ages/Contract Lat	oor		l I			officeholder living	nplete Schedule T. g expense	
							— Campaign sa				
	e <u>ONLY</u> if direct ure to benefit C/O		ficeholder name	O	ffice soug	ght			Office h	eld	

### SCHEDULE F1

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/13 Rpt: 28/48	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	10/31/2024	Ngo, Vanna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 540592
		Grand Prairie, TX 75054-0592
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign salary
		Sumpaigh sulary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Dete	
	Date	Payee name
	12/31/2024	Ngo, Vanna
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 540592
		Grand Prairie, TX 75054-0592
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
		Campaign salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	D
	Date 12/19/2024	Payee name Perkins, Brianne
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	912 Bluebonnet Dr
		Desoto, TX 75115-6697
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Bonus
		Donus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment										
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_							
	Sch: 9/13 Rpt: 29/48	Turner, Christopher G. (The Honorable) 00062790								
4	Date	5 Payee name								
	11/27/2024	Peterson, Kelly								
6	Amount (\$)	7 Payee address; City; State; Zip Code	_							
	\$1,000.00	1000 San Marcos St								
		Unit 176								
		Austin, TX 78702-2660								
8	PURPOSE	· · ·	_							
0	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Campaign salary								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_							
	Date	Payee name	=							
	10/31/2024	Peterson, Kelly								
	Amount (\$)	Payee address; City; State; Zip Code	-							
	\$1,000.00	1000 San Marcos St								
	Ψ1,000.00	Unit 176								
		Austin, TX 78702-2660	_							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)								
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Campaign salary								
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_							
	Date	Payee name	_							
	11/30/2024	Peterson, Kelly								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$37.06	1000 San Marcos St								
		Unit 176								
		Austin, TX 78702-2660								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.								
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense								
		Mileage reimbursement								
	0 1: 0		_							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
			_							

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Comn Credit Card Payment			Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 EII ED NAM		•	·		2	Filer ID	(Ethics Commiss	cion Filers)		
_	Sch: 10/13 Rpt: 30/48	1	ristopher G. (The Hor	norable)				00062790	(Luiics Commiss	sion i liers)		
_	Date						<u> </u>					
4		5 Payee name										
	12/18/2024	Peterson,	Nelly									
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode							
	\$5,000.00	1000 San	Marcos St									
		Unit 176										
		Austin, TX	78702-2660									
8	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description						
	OF		ages/Contract Labor	, i.i.o co.i.caa.c)		_ :	outsi	ide of Texas. Com	olete Schedule T.			
	EXPENDITURE		3			Check if Austin	, TX	, officeholder living	expense			
						Bonus						
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office he	eld			
	Data											
	Date	Payee name										
	12/31/2024	Peterson,	Kelly									
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode							
	\$1,000.00	1000 San	Marcos St									
		Unit 176										
		Austin, TX	78702-2660									
	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description						
	OF EXPENDITURE		ages/Contract Labor	,		_	outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE					Check if Austin, TX, officeholder living expense						
						Campaign sa	ılar	У				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld			
	·											
	Date	Payee name	9									
	12/31/2024	Peterson,	Kelly									
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode							
	\$245.63	1000 San	Marcos St									
		Unit 176										
		Austin, TX	78702-2660									
	PURPOSE	(a) Category (	See Categories listed at the top of	of this schodulo)	(b)	Description						
	OF		tion Equipment And F		``		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE	Expense	= 40.10	10.000		Check if Austin	, TX	, officeholder living	expense			
						Mileage reiml	bur	rsement				
	Complete ONLY if direct		ficeholder name	Office sou	ught			Office he	eld			
	expenditure to benefit C/OI	H										

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/13 Rpt: 31/48	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	11/05/2024	Robert McGinty Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	700 E Abram St
		Arlington, TX 76010-1257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Election night event contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/04/2024	Rodman, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	5503 Mercedes Ave
		Dallas, TX 75206-5821
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense  Campaign fundraising consulting
		Campaign fundraising consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/03/2024	Rodman, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	5503 Mercedes Ave
		Dallas, TX 75206-5821
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign fundraising consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	.)						
	Sch: 12/13 Rpt: 32/48	Turner, Christopher G. (The Honorable) 00062790							
4	Date	5 Payee name							
	12/13/2024	Southern University Foundation							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,500.00	3100 Cleburne St							
L		Houston, TX 77004-4501							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Candidate/Officeholder/Political Committee Contribution							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	DH							
	Date	Payee name	_						
	10/31/2024	Texas Democratic Party							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,520.00	PO Box 15707							
		Austin, TX 78761-5707							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV, officeholder living expanse.							
		Candidate/Officeholder/Political Committee Contribution Candidate/Officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	11/18/2024	Texas House Democratic Caucus							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,500.00	PO Box 12453							
		Austin, TX 78711-2453							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Caucus dues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Si  The Instruction Guide explains how		s/Contract Labor	OTHER (enter a	a category not listed above)
_		<u> </u>	v to comp			
1	Total pages Schedule F1:	P FILER NAME		-	3 Filer ID	(Ethics Commission Filers)
	Sch: 13/13 Rpt: 33/48	Turner, Christopher G. (The Honorable)			00062790	
4	Date	Payee name				
	12/20/2024	Turner, Chris				
6	Amount (\$)	Payee address; City; State; Z	ip Code			
	\$365.13	3060 Nadar				
		Grand Prairie, TX 75054-6792				
Ļ	DUDD 0.5		143			
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedu	(b)	Description		
	EXPENDITURE	Loan Repayment/Reimbursement		ш	utside of Texas. Con TX, officeholder livin	·
				Schedule G re		
				Scriedule O 16	Simbursement	
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	0 11 10 10 11 11				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	ce sought		Office h	eia
	experience to borione Gro					
	Date	Payee name				
	12/20/2024	Turner, Chris				
	Amount (\$)	Payee address; City; State; Z	ip Code			
	\$776.14	3060 Nadar				
		Grand Prairie, TX 75054-6792				
			10.			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedu	le) (b)	Description		andata Cabadula T
	EXPENDITURE	Transportation Equipment And Related		ш	utside of Texas. Con TX, officeholder livin	
		Expense		Mileage reimb		у схрепас
				will cage relinib	discilient	
_	Complete ONLY if direct	Candidate/Officeholder name Officeholder	ce sought		Office h	old
	Complete ONLY if direct	Candidate/Officerible Harrie Officerible	e sougni		Office II	eiu
	expenditure to benefit C/O					
	expenditure to benefit C/O					
	expenditure to benefit C/OI					
	expenditure to benefit C/OI					
	expenditure to benefit C/OI					
	expenditure to benefit C/OI					
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	expenditure to benefit C/OI					
	expenditure to benefit C/OI					

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

		The Inst	ruction Guide explains how	to complete	this form.	(	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 1/10 Rpt: 34/48	Turner, Christopher	G. (The Honorable)			00062790			
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 2,198.44			
6	PAYMENT	(a) Amount Charged \$1,189.67	(b) Date of Charge 12/16/2024	12/30/20		r Paid			
7	PAYEE	(a) Payee name Apple		Ms 927-4 Cupertin	Park Way 4INV o, CA 95014-064	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	ption ent for officeholde	r use			
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$139.64	(b) Date of Charge 12/16/2024	(c) Date(s)	) Credit Card Issuer 024	r Paid			
	PAYEE (a) Payee name Apple			(b) Payee address; City, State, Zip Code  1 Apple Park Way  Ms 927-4INV  Cupertino, CA 95014-0642					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Equipment for officeholder use					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$397.84	(b) Date of Charge 12/11/2024	(c) Date(s)	) Credit Card Issuer 024	r Paid			
	PAYEE	(a) Payee name  Jimmy's Food Store	2	(b) Payee 4901 Bry Dallas, T	•	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Food/bev	ption verage for staff ho	oliday party			
	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
ı									

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)				
	Sch: 2/10 Rpt: 35/48	Turner, Christopher	G. (The Honorable)			00062790				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	2,198.4	14		
6	PAYMENT	(a) Amount Charged \$541.25	(b) Date of Charge 12/04/2024	(c) Date(s) 12/30/20	Credit Card Issue 24	r Paid				
7	PAYEE	(a) Payee name  Capitol Gift Shop		Ste E1.00	ngress Ave	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	,	(b) Descrip Capitol o	ntion rnaments for cor	nstituent gifts				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH	( )		1/12/1/1						
	PAYMENT	(a) Amount Charged \$241.58	(b) Date of Charge 12/21/2024	(c) Date(s)	Credit Card Issue	r Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Go Daddy		14455 N Hayden Rd						
L		(-) O-t		Scottsdale, AZ 85260-3489 (b) Description						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Campaign website hosting						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX	x, officeholder living expense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$718.69	(b) Date of Charge 12/12/2024	(c) Date(s) 12/30/20	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name Jason's Deli			address; terstate 20 , TX 76017-5874	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Descrip District h	otion oliday party and	toy drive food				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

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

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

Candidate/Officerolder/Politica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	•	TIER (enter a category	y not listed at	oove)	
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 3/10 Rpt: 36/48		G. (The Honorable)		00062790		,	
4 CREDIT CARD ISSUER	Name of financial institution  See previous  5 TOTAL OF UN EXPENDITURE CHARGED TO CARD			\$	2,198.4	14	
6 PAYMENT	(a) Amount Charged \$229.92	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer 12/30/2024	Paid			
7 PAYEE	(a) Payee name  Michael's		(b) Payee address; 3201 Bee Caves Rd Austin, TX 78746-6771	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Frames for constituent cer	tificates			
Non-Political	Ţ	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$748.11	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer 12/30/2024	Paid			
PAYEE	(a) Payee name  Hyatt Regency		(b) Payee address; 208 Barton Springs Austin, TX 78704	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Loding in Austin for meetings				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer 12/30/2024	Paid			
PAYEE	(a) Payee name Michael's		(b) Payee address; 3201 Bee Caves Rd Austin, TX 78746-6771	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Frames for constituent cer	rtificates			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expe	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

## SCHEDULE F4

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

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

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

	The Instruction Guide explains how to complete this form.									
1	1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
	Sch: 4/10 Rpt: 37/48	Turner, Christopher	G. (The Honorable)			00062790				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,198.4	14		
6	PAYMENT	(a) Amount Charged \$108.25	(b) Date of Charge 12/03/2024	(c) Date(s) 12/30/20	) Credit Card Issue 124	r Paid				
7	PAYEE	(a) Payee name Michael's			address; e Caves Rd X 78746-6771	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip		rtificates				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH	( )	T (1) = 1 ( 1)	1						
	PAYMENT	(a) Amount Charged \$47.03	(b) Date of Charge 12/24/2024	(c) Date(s)	) Credit Card Issue	r Paid				
	PAYEE (a) Payee name (b) Payee address;				address;	City,	State,	Zip Code		
		AT&T		208 S Ak						
┝	PURPOSE OF	(a) Category		(b) Descrip	X 75202-4206					
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		1 ' '	n phone service					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$169.45	(b) Date of Charge 12/11/2024	(c) Date(s) 12/30/20	) Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name  Target			address; terstate 20 rairie, TX 75052-	City, 6932	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip Supplies	otion for district holida	y party and toy	/ drive			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
l										

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.					
1	1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
	Sch: 5/10 Rpt: 38/48	Turner, Christophe	G. (The Honorable)			00062790				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	2,198.4	14		
6	PAYMENT	(a) Amount Charged \$68.18	(b) Date of Charge 12/04/2024	(c) Date(s) 12/30/20	Credit Card Issue 24	r Paid				
7	PAYEE	(a) Payee name  Target			address; terstate 20 airie, TX 75052-	City, 6932	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Office su	otion					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$309.56	(b) Date of Charge 12/16/2024	(c) Date(s) 12/30/20	Credit Card Issue 24	r Paid				
	PAYEE	(a) Payee name AloFT			address; amar Blvd , TX 76006	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$2,080.00	(b) Date of Charge 12/19/2024	(c) Date(s)	Credit Card Issue	r Paid				
	PAYEE	(a) Payee name UTA Box Office		(b) Payee 600 S Ce Arlington		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political Non-Political	<b>—</b>	,	(b) Descrip Arlington	MLK banquet sp		nonco			
$\vdash$	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	Check if Austin, TX,	office held	Jerise			
е	xpenditure to benefit C/OH	oundidate/Officeriolder	Tianic Office	Jougni		Office field				

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME					
Sch: 6/10 Rpt: 39/48	Turner, Christopher	G. (The Honorable)		00062790		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,198.4	14
6 PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Issuer 12/30/2024	Paid		
7 PAYEE	(a) Payee name Rafael Anchia Cam	paign Account	(b) Payee address; PO Box 4468	City,	State,	Zip Code
	Dallas, TX 75208-0468					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office furniture			
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX				ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$1,081.42	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer 12/30/2024	· Paid		
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-064;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Equipment for officeholder			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$323.67	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer 12/30/2024	Paid		
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Equipment for officeholder	ruse		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 7/10 Rpt: 40/48	Turner, Christopher G. (The Honorable)			00062790				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,198.4	14		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$182.00	12/15/2024	12/30/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Store More Storage	Store More Storage 4660 S State Highway 360						
			Grand Prairie, TX 75052-	4492				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent	,	Campaign storage					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$53.04	12/16/2024	12/30/2024					
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code		
	Apple		1 Apple Park Way					
	Apple		Ms 927-4INV					
			Cupertino, CA 95014-0642					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Equipment for officeholder use					
l <u> </u>	Office Overhead/Rent		Equipment for officeholder use					
X Political								
Non-Political	+·· —	of Texas. Complete Schedule T.		, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH		L (1) = 1 ( 1)	1/2/2					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 12/02/2024	r Paid				
	\$525.00	11/15/2024	12/02/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			134 S Cypress Ave	•	•	·		
	Heart Led Digital							
			Columbus, OH 43222-140	04				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Digital fundraising consul	ting				
X Political	Consulting Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								

## SCHEDULE F4

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

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

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

Printing Expense Tra
Salaries/Wages/Contract Labor OTI

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 8/10 Rpt: 41/48	Turner, Christophe	G. (The Honorable)		00062790				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,198.4	14		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$400.00	11/14/2024	12/02/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Amli on 2nd		421 W 3rd St					
	( ) 2 :		Austin, TX 78701-4052					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Austin apartment application	ion fee				
X Political	Office Overhead/Ren	tal Expense	Austin apartment applicati	ion iee				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	X Check if Austin, TX,		ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid				
PAYMENT		(b) Date of Charge	(c) Date(s) Credit Card Issuel 12/02/2024	r Palu				
	\$406.66	11/15/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hilton Garden Inn		500 N Interstate 35					
			Austin, TX 78701-3702					
PURPOSE OF	(a) Category	-£4b:bd-l-\	(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	Lodging in Austin					
X Political								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$37.81	11/09/2024	12/02/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hyatt Regency		208 Barton Springs					
	Trydic regency		Austin, TX 78704					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Travel meal					
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)			
Sch: 9/10 Rpt: 42/48	Turner, Christopher	r G. (The Honorable)		00062790					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,198.4	14			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$1,000.00	11/13/2024	12/02/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Lauren Simmons C	Lauren Simmons Campaign PO Box 56386							
			Houston, TX 77256-6386						
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)								
	Contributions/Donation		Contribution						
X Political		er/Political Committee							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$295.00	11/06/2024	12/02/2024						
PAYEE	PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code			
	Lacialativa Calviian	-	807 Brazos St						
	Legislative Solution	iS	Ste 714						
			Austin, TX 78701-2525						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
l <u>—</u>	Solicitation/Fundraisir		Fundraising event advertising						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$182.00	11/15/2024	12/02/2024						
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code			
			4660 S State Highway 36	60					
	Store More Storage	9							
			Grand Prairie, TX 75052-	4492					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Campaign storage						
X Political	Janes Overneau/Nein	ш Елрепос							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	-4: <b>2</b> FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 10/10 Rpt: 43/48	Turner, Christopher G. (The Honorable)			00062790				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	2,198.4	14	
6	PAYMENT	(a) Amount Charged \$402.40	(b) Date of Charge 11/25/2024	(c) Date(s) 12/30/20	Credit Card Issue 24	r Paid			
7	PAYEE	(a) Payee name  Cort Furniture Rent	al	Ste 400 Austin, T	oal Creek Blvd X 78757-6853	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Austin ap	ntion artment furniture	e rental			
	Non-Political		of Texas. Complete Schedule T.		X Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$47.03	(b) Date of Charge 11/24/2024	(c) Date(s) 12/30/20	Credit Card Issue 24	r Paid			
	PAYEE	(a) Payee name		(b) Payee 208 S Ak	ard St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	X 75202-4206 otion n phone service				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$507.66	(b) Date of Charge 11/09/2024	(c) Date(s) 12/02/20	Credit Card Issue 24	r Paid			
	PAYEE	(a) Payee name  Hyatt Regency	<u>'</u>	(b) Payee 208 Barto Austin, T	on Springs	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Lodging i	ntion n Austin for cere	emony during U	T game		
	Non-Political	(*) <b>L</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAMI	Ē			3	Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 44/48	Turner, Ch	ristopher G. (The Honorable	e)			00062790
4	Date	5 Payee name					
	10/29/2024	AT&T					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$76.94	208 S Akar	d St				
	Reimbursement from						
	X political contributions intended	Dallas, TX	75202-4206				
8	PURPOSE	(a) Category (S	see Categories listed at the top of this sch	nedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			_	neck if Austin, TX, officeholder living expense
					Campaign portion	n of	wireless bill
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	11/29/2024	AT&T					
_			City City	. 7i- C	- d -		
	Amount (\$)	Payee addre		; Zip Co	oue		
\$76.94 208 S Akard St							
	Reimbursement from political contributions intended	Dallas TX	75202-4206				
_	PURPOSE	_		adula)	Description F	<b>7</b> Ch	neck if travel outside of Texas. Complete Schedule T.
	OF		the Categories listed at the top of this sch	ieduie)	Description	_	neck if Austin, TX, officeholder living expense
	EXPENDITURE	Office Over	head/Rental Expense		Campaign portion	_	
					Jampaign portion	01	31033 biii
$\vdash$	Complete ONLY if direct	     Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit	Sandidate/Onice	HOIGOT HAITIC		Office sought		Office field
L	C/OH						
Ε	Date	Payee name					
	12/29/2024	AT&T					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$79.94	208 S Akar					
	Reimbursement from						
	x political contributions intended	Dallas, TX	75202-4206				
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Ch	neck if Austin, TX, officeholder living expense
	LAI LADITONE				Campaign portio	n of	f wireless bill
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 45/48		Turner, Christopher G. (The Honorable)	)			00062790
4	Date	5	Payee name				
	11/21/2024		Apple				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$14.06		1 Apple Park Way				
	Reimbursement from		Ms 927-4INV				
	X political contributions intended		Cupertino, CA 95014-0642				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
					News+ Subscript	ion	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	12/21/2024		Apple				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$14.06		1 Apple Park Way				
	Reimbursement from political contributions	Ms 927-4INV					
	X political contributions intended	Cupertino, CA 95014-0642					
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense				eck if Austin, TX, officeholder living expense
					News+ Subscript	ion	
L	Operation ONLY if allowed		adi daha (Office de adalam yang		Office a secondar		Office held
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
F	Date	Ī	Payee name				
	12/10/2024		Costco Wholesale				
Г	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$23.80		600 W Arbrook Blvd				
	Reimbursement from						
	X political contributions intended		Arlington, TX 76014-3702				
Г	PURPOSE	Г	Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense			_	eck if Austin, TX, officeholder living expense
	-				Decorations for to	оу с	drive/holiday party
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Officeholder name		Office sought		Office held

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 46/48 Turner, Christopher G. (The Honorable) 00062790 Date Payee name 11/25/2024 Homebody Insurance Agency 6 Amount (\$) Payee address; City; State; Zip Code \$79.39 4205 N Chapel Ridge Rd Reimbursement from political contributions intended Х Lehi, UT 84043-4171 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Austin apartment insurance Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

## SCHEDULE K

	The Instru	ages Schedule K: L/2 Rpt: 47/48				
2	FILER NAME		3	Filer ID	) (Ethics Commission	n Filers)
	Turner, Chris	stopher G. (The Honorable)		00062	2790	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
•	10/31/2024	American Express			γσαε (ψ)	\$12.00
	10/01/2021					Ψ12.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		New York, NY 10285				
			c if politic	ral conti	I ribution returned to file	ar .
		Travel fee reimbursement	v ii politic	Jai Coriti	indution retained to me	.1
L					1	
	Date	Name of person from whom amount is received			Amount (\$)	
	11/13/2024	American Express				\$10.00
		Address of person from whom amount is received; City; State; Zip Code			1	
		New York, NY 10285				
		Purpose for which amount is received	c if polition	cal conti	ribution returned to file	er
		Wireless credit				
H	Date	Name of person from whom amount is received			Amount (\$)	
	12/09/2024	American Express			,	\$10.00
		Address of person from whom amount is received; City; State; Zip Code				<del>* -</del>
		Address of person from whom amount is received, City, State, Zip Code				
		New York, NY 10285				
		Purpose for which amount is received Check	c if politic	cal conti	ribution returned to file	er
		Wireless credit	•			
	Data	Name of parean from whom amount is received			Amount (\$)	
	Date	Name of person from whom amount is received			Amount (\$)	Φ011 00
	12/31/2024	American Express				\$911.83
		Address of person from whom amount is received; City; State; Zip Code				
		Now York NV 10295				
		New York, NY 10285				
		<del>-</del>	c if polition	cal conti	ribution returned to file	er
		Account interest			_	
	Date	Name of person from whom amount is received			Amount (\$)	
	12/31/2024	Apple				\$449.24
		Address of person from whom amount is received; City; State; Zip Code		•••••	1	
		Cupertino, CA 95014				
		Purpose for which amount is received	c if polition	cal conti	ribution returned to file	er
		Equipment trade in credit				

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 48/48 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Turner, Christopher G. (The Honorable) 00062790 5 Name of person from whom amount is received 8 Amount (\$) 12/31/2024 \$1,546.85 Bank of America 6 Address of person from whom amount is received; City; State; Zip Code Tampa, FL 33622 Purpose for which amount is received Check if political contribution returned to filer CD account interest