

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00088273	2 Total pages filed: 21		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Ebony M.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Turner	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 923  Mansfield, TX 76063			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Akilah	MI			
	NICKNAME	LAST Curtis	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 619 Cobblestone Lane  Irving , TX 75039		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817) 658-9844					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 96		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Turner, Ebony M. (Mrs.)		14 Filer ID (Ethics Commission Filers) 00088273
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,290.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 4,835.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,462.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

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

Mrs. Ebony M. Turner

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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

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

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<b>18</b> FILER NAME Turner, Ebony M. (Mrs.)	<b>19</b> Filer ID (Ethics Commission Filers) 00088273
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 7,290.00	
\$	
\$	
\$	
\$ 4,835.91	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 4/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 12/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Tarla  <b>6</b> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) Gilmer ISD
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogar, Laurence  Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) CHISD
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Lateefat  Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Verizon
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunkley, Corliss  Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) TEA
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, MARQUETTA  Contributor address; City; State; Zip Code  Fort Worth, TX 76028	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Clayton Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 5/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Esterlyn	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	
<b>8</b> Principal occupation / Job title (See Instructions) Pricing		<b>9</b> Employer (See Instructions) Abiya Enterprise
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutchfield, Janel	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Arlington
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Akilah	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Irving, TX 75039	
Principal occupation / Job title (See Instructions) Data Analytics Director		Employer (See Instructions) Vistra Corp
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Alecia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76014-1132	
Principal occupation / Job title (See Instructions) Claims adjuster		Employer (See Instructions) AGW
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	
Principal occupation / Job title (See Instructions) Project Mgr		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 6/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derouselle, Tamara	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) IT Consultant		<b>9</b> Employer (See Instructions) Akili Consulting
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Lawrence	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Grand Prairie, TX 75052	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Michael	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063	
<b>Principal occupation / Job title (See Instructions)</b> Clergy		<b>Employer (See Instructions)</b> Bethlehem
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fingers, SHERYL (Ms.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  ARLINGTON, TX 76002	
<b>Principal occupation / Job title (See Instructions)</b> Health Strategist		<b>Employer (See Instructions)</b> Cook Children's
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Regina	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/11 Rpt: 7/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garms, Randy	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063-3360	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayden, Crystal	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76112	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goins, Marie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76002	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Charter School
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harts, Donald	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Charlotte	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Waco, TX 76712	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 8/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Steven ..... <b>6</b> Contributor address; City; State; Zip Code  Woodway, TX 76712	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>8</b> Principal occupation / Job title (See Instructions) Administrative Officer	<b>9</b> Employer (See Instructions) Veterans Affairs
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Jeanette ..... Contributor address; City; State; Zip Code  Dallas, TX 75210	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Court Coordinator	Employer (See Instructions) Dallas County
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Preston ..... Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Software Engineer	Employer (See Instructions) First Stop Health
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Chissy ..... Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Social Worker	Employer (See Instructions) Mansfield ISD
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sara ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Education	Employer (See Instructions) Sara McCoy-Johnson

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Tamiko	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001	
<b>8</b> Principal occupation / Job title (See Instructions) Exec		<b>9</b> Employer (See Instructions) Wmu
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Marla	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76110	
<b>Principal occupation / Job title (See Instructions)</b> Lawyer		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sandra	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Kenedale, TX 76060	
<b>Principal occupation / Job title (See Instructions)</b> Elected Official		<b>Employer (See Instructions)</b> Tarrant County
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sandra	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Kenedale, TX 76060	
<b>Principal occupation / Job title (See Instructions)</b> Elected Official		<b>Employer (See Instructions)</b> Tarrant County
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, William	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76001	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 10/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Roxanne	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76106	
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Roxstar Marketing
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Diane	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> Staff Accountant		<b>Employer (See Instructions)</b> 7 eleven corp
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Tiffanie	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Los Angeles, CA 90049	
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 11/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) N. Alee, Quashanta	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Venus, TX 76084	
<b>Principal occupation / Job title (See Instructions)</b> Realtor		<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) N. Alee, Quashanta	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Venus, TX 76084	
<b>Principal occupation / Job title (See Instructions)</b> Realtor		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/11 Rpt: 11/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R Wilkins, Louise ..... <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) AP Analyst	<b>9</b> Employer (See Instructions) BPI
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey Fields, Carisma ..... Contributor address; City; State; Zip Code  Mansfield, TX 76084	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) VP of Communications	Employer (See Instructions) JP Morgan
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, James ..... Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Law enforcement	Employer (See Instructions) Government
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Chibuzor ..... Contributor address; City; State; Zip Code  Venus, TX 76084	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Physical Therapist assistant	Employer (See Instructions) Select Rehabilitation
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Royce ..... Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Senior Operations Admin	Employer (See Instructions) FedEx Ground

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 12/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alisa	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	
<b>8</b> Principal occupation / Job title (See Instructions) Commissioner		<b>9</b> Employer (See Instructions) Tarrant County
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Delores	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Cedar Hill, TX 75104	
<b>Principal occupation / Job title (See Instructions)</b> Researcher		<b>Employer (See Instructions)</b> TACC
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Chris	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Grand Prairie, TX 75054	
<b>Principal occupation / Job title (See Instructions)</b> Campaign account		<b>Employer (See Instructions)</b> campaign account
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Tony	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75216	
<b>Principal occupation / Job title (See Instructions)</b> Entrepreneur		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Shay	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76002	
<b>Principal occupation / Job title (See Instructions)</b> OT		<b>Employer (See Instructions)</b> EHH

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Clayton ..... <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>8</b> Principal occupation / Job title (See Instructions) COO	<b>9</b> Employer (See Instructions) E-vent Software Inc.
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angel ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76105	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Legal Aid
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angel ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76105	Amount of Contribution (\$) \$150.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Legal Aid
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Cassandra ..... Contributor address; City; State; Zip Code  Waxahachie, TX 75165	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Analyst	Employer (See Instructions) Saputo
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Lionel ..... Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 14/21
<b>2</b> FILER NAME Turner, Ebony M. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088273
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrenn, Lola ..... <b>6</b> Contributor address; City; State; Zip Code  ARLINGTON, TX 76002	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) CSO		<b>9</b> Employer (See Instructions) Dallas County

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/7 Rpt: 15/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 11/07/2025	5 Payee name Amazon	
6 Amount (\$) \$43.99	7 Payee address; City; State; Zip Code 440 Terry Ave. N.  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plates
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Andujar, Amaya	
Amount (\$) \$140.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Arlington, TX 76002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Atatiana Project	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1203 East Allen Ave.  Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/7 Rpt: 16/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 11/21/2025	5 Payee name Bird's Copies and Printing	
6 Amount (\$) \$89.08	7 Payee address; City; 208 S. East St.  Arlington, TX 76010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off flyers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Bogar, Laurance	
Amount (\$) \$150.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off/Volunteer Appreciation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Burks, Tiffany	
Amount (\$) \$150.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/7 Rpt: 17/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 11/21/2025	5 Payee name Chicken Express	
6 Amount (\$) \$29.71	7 Payee address; City; State; Zip Code 6300 U.S. 287 Frontage Rd.  Arlington, TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kickoff Beverage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Cretia's	
Amount (\$) \$298.00	Payee address; City; State; Zip Code 228 W. Davis St.  Dallas, TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Dana, Jackson	
Amount (\$) \$120.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Grand Prairie, TX 75054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/7 Rpt: 18/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 11/21/2025	5 Payee name H-E-B	
6 Amount (\$) \$115.06	7 Payee address; City; 1670 E. Broad St.  Mansfield, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kickoff Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, Tamiko	Office sought Office held
Date 11/22/2025	Payee name Jones, Tamiko	
Amount (\$) \$25.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE Arlington, TX 76001	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off Volunteer Appreciation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, Tamiko	Office sought Office held
Date 11/19/2025	Payee name Kroger	
Amount (\$) \$44.37	Payee address; City; 3001 Matlock Rd.  Mansfield, TX 76063	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kickoff Beverages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, Tamiko	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/7 Rpt: 19/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273	
4 Date 12/31/2025	5 Payee name Lux Dining		
6 Amount (\$) \$94.52	7 Payee address; City; 8010 Matlock Road  Arlington, TX 76002		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/22/2025	Payee name Robinson, Royce		
Amount (\$) \$300.00	Payee address; City; Mansfield, TX 76063	State; Zip Code	
	<b>REDACTED PER 254.0401, ELEC. CODE</b>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography/Videography	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/26/2025	Payee name Tarrant County Democratic Party		
Amount (\$) \$752.00	Payee address; City; 685 John B. Sias Memorial Pkwy #400 Fort Worth, TX 76134	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/7 Rpt: 20/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273	
4 Date 12/02/2025	5 Payee name Texas Democratic Party		
6 Amount (\$) \$715.00	7 Payee address; City; P.O. Box 15707  Austin, TX 78761	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Outreach	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN Purchase	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/30/2025	Payee name Texting for Less		
Amount (\$) \$240.18	Payee address; City; 354 State St. #104 Hackensack, NJ 07601	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach via Text Messages	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/15/2025	Payee name The Chic Spot		
Amount (\$) \$400.00	Payee address; City; 201 W. Kennedale Pkwy.  Kennedale, TX 76060	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off Venue	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/7 Rpt: 21/21	2 FILER NAME Turner, Ebony M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088273
4 Date 11/21/2025	5 Payee name Wal-Mart	
6 Amount (\$) \$171.00	7 Payee address; City; State; Zip Code 930 N. Walnut Creek Ste. 800 Mansfield, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Wal-Mart	
Amount (\$) \$183.00	Payee address; City; State; Zip Code 930 N. Walnut Creek Ste. 800 Mansfield, TX 76063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kick-off
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Williams, Cassandra	
Amount (\$) \$25.00	Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> Waxahachie, TX 75165	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Appreciation Campaign Kick-off
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held