

**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) 00062790 | 2 Total pages filed: 224 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST The Honorable Christopher G. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Chris Turner | SUFFIX | Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 182093 Arlington, TX 76096 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Mr. | MI | | | |
| | NICKNAME | LAST Dan | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 7301 W. Pioneer Pkwy. Arlington, TX 76013 | | | APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 543-3700 | | | | | |
| 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 03/03/2026 | | ELECTION TYPE <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) State Representative District 101 | | | 12 OFFICE SOUGHT (if known) State Representative District 101 | | |

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, Christopher G. (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00062790 |
| 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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 515,942.94 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 6,434.96 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 277,170.79 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 649,665.39 |
| 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.

The Honorable Christopher G. Turner

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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| | | |
|--|--------------------|----------------------------|
| 18 FILER NAME | 19 Filer ID | (Ethics Commission Filers) |
| Turner, Christopher G. (The Honorable) | 00062790 | |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 511,019.86 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 4,923.08 |
| 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 | \$ | 208,710.45 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 66,617.49 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 1,842.85 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 4,074.10 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/125 Rpt: 4/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Shirley | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76016-3806 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Aspen, CO 81611-2162 | |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliano, Arlene | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Dixon, CA 95620-2629 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliano, Arlene | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Dixon, CA 95620-2629 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Elma | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4431 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/125 Rpt: 5/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Emma Donovan | 7 Amount of Contribution (\$) \$75.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133-6120 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allyn, Tammy | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77077-6501 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/27/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) Altria Group PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20001-2133 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/06/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00107300) American Airlines PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20036-4718 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/15/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C70000120) American Federation of State County & Municipal Employees PEOPLE | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78754-5129 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/125 Rpt: 6/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Pharmacies Texas PAC 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401-0057 | 7 Amount of Contribution (\$) \$1,500.00 |
| | 8 Principal occupation / Job title (See Instructions) Director | 9 Employer (See Instructions) Texas AFL-CIO |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amps, Emily R Contributor address; City; State; Zip Code Buda, TX 78610-3058 | Amount of Contribution (\$) \$250.00 |
| | Principal occupation / Job title (See Instructions) Director | Employer (See Instructions) Texas AFL-CIO |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana Hernandez Campaign Contributor address; City; State; Zip Code Houston, TX 77251-1287 | Amount of Contribution (\$) \$2,500.00 |
| | Principal occupation / Job title (See Instructions) Director | Employer (See Instructions) Texas AFL-CIO |
| Date 12/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancira Jr., Jesse Contributor address; City; State; Zip Code Taylor, TX 76574-4925 | Amount of Contribution (\$) \$500.00 |
| | Principal occupation / Job title (See Instructions) Attorney | Employer (See Instructions) Self employed |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6717 | Amount of Contribution (\$) \$500.00 |
| | Principal occupation / Job title (See Instructions) President/Owner | Employer (See Instructions) Community Assisted Living |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/125 Rpt: 7/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David D. | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78731-1511 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Hillco Partners |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Tara | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78268-7397 | |
| Principal occupation / Job title (See Instructions) Accounting | | Employer (See Instructions) Kir-Bee Gardens LLP |
| Date 10/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle, Matt | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Angle Strategies |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonik, Irene | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78748-3105 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appleman, Gordon | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-2750 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Thompson & Knight L.L.P. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/125 Rpt: 8/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Professional Firefighters PAC 6 Contributor address; City; State; Zip Code Keller, TX 76248-5379 | 7 Amount of Contribution (\$) \$10,000.00 |
| | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Walle Campaign Contributor address; City; State; Zip Code Houston, TX 77222-6101 | Amount of Contribution (\$) \$2,500.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Mark Contributor address; City; State; Zip Code Bakersfield, CA 93301-3130 | Amount of Contribution (\$) \$750.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Susan Contributor address; City; State; Zip Code Bakersfield, CA 93301-3130 | Amount of Contribution (\$) \$750.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00413856) Associations Inc. PAC Contributor address; City; State; Zip Code Richardson, TX 75082-4437 | Amount of Contribution (\$) \$1,500.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 6/125 Rpt: 9/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avent, Peggy J | 7 Amount of Contribution (\$) \$25.00 | |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78723-1258 | | |
| 8 Principal occupation / Job title (See Instructions) Psychotherapist | | 9 Employer (See Instructions) Self employed | |
| Date 09/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azadpour, Aram | Amount of Contribution (\$) \$15.69 | |
| | Contributor address; City; State; Zip Code Grapevine, TX 76099-2644 | | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) SMS InfoComm Corp. | |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF RailPAC | Amount of Contribution (\$) \$2,500.00 | |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76161-0039 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary | Amount of Contribution (\$) \$1.00 | |
| | Contributor address; City; State; Zip Code Sunnyvale, CA 94087-1514 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary | Amount of Contribution (\$) \$1.00 | |
| | Contributor address; City; State; Zip Code Sunnyvale, CA 94087-1514 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 7/125 Rpt: 10/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/11/2025 | 5 Full name of contributor Balsom, Jim | 6 Contributor address; City; State; Zip Code Arlington, TX 76002-5416 | 7 Amount of Contribution (\$) \$50.00 |
| | 8 Principal occupation / Job title (See Instructions) Retired | | |
| 9 Employer (See Instructions) Retired | 8 Principal occupation / Job title (See Instructions) Retired | | |
| | 9 Employer (See Instructions) Retired | | |
| 4 Date 08/04/2025 | 5 Full name of contributor Balsom, Jim | 6 Contributor address; City; State; Zip Code Arlington, TX 76002-5416 | 7 Amount of Contribution (\$) \$52.00 |
| | 8 Principal occupation / Job title (See Instructions) Retired | | |
| 9 Employer (See Instructions) Retired | 8 Principal occupation / Job title (See Instructions) Retired | | |
| | 9 Employer (See Instructions) Retired | | |
| 4 Date 09/30/2025 | 5 Full name of contributor Barnes, Chris | 6 Contributor address; City; State; Zip Code Arlington, TX 76002-3894 | 7 Amount of Contribution (\$) \$26.13 |
| | 8 Principal occupation / Job title (See Instructions) Project Manager | | |
| 9 Employer (See Instructions) Beckman Coulter | 8 Principal occupation / Job title (See Instructions) Project Manager | | |
| | 9 Employer (See Instructions) Beckman Coulter | | |
| 4 Date 07/01/2025 | 5 Full name of contributor Barnes, Christopher | 6 Contributor address; City; State; Zip Code Arlington, TX 76002-3894 | 7 Amount of Contribution (\$) \$100.00 |
| | 8 Principal occupation / Job title (See Instructions) Manager | | |
| 9 Employer (See Instructions) Beckman Coulter Inc | 8 Principal occupation / Job title (See Instructions) Manager | | |
| | 9 Employer (See Instructions) Beckman Coulter Inc | | |
| 4 Date 08/14/2025 | 5 Full name of contributor Barnes, Kenneth | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76123-1369 | 7 Amount of Contribution (\$) \$25.00 |
| | 8 Principal occupation / Job title (See Instructions) Not Employed | | |
| 9 Employer (See Instructions) Not Employed | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/125 Rpt: 11/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Kenneth L. | 7 Amount of Contribution (\$) \$103.75 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-8106 | |
| 8 Principal occupation / Job title (See Instructions) Public Affairs Consultant | | 9 Employer (See Instructions) Self Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Mark K | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Haslet, TX 76052-2813 | |
| Principal occupation / Job title (See Instructions) General Manager | | Employer (See Instructions) Haslet Products LLC |
| Date 10/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Mark K | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Haslet, TX 76052-2813 | |
| Principal occupation / Job title (See Instructions) General Manager | | Employer (See Instructions) Haslet Products LLC |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazaldua, Adam | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75227-1302 | |
| Principal occupation / Job title (See Instructions) Councilmember | | Employer (See Instructions) City of Dallas |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazzle, Cheryl | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75206-2902 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/125 Rpt: 12/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Joseph | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77070-1322 | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) TenFortyPlus |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-2656 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/27/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00123612) Bell Flight Textron Political Committee | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Providence, RI 02903-2525 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Grant | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6717 | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) GR Bell and Associates Inc. |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Grant | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6717 | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) GR Bell and Associates Inc. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/125 Rpt: 13/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Gwen | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77066-2015 | |
| 8 Principal occupation / Job title (See Instructions) Retired Communications Representative | | 9 Employer (See Instructions) Retired |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76102-5501 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavidez, Aide | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77080-3811 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benedetto, Hilarie | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-4234 | |
| Principal occupation / Job title (See Instructions) Paraprofessional | | Employer (See Instructions) Grapevine Colleyville ISD |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdan, Barclay E. | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545 | |
| Principal occupation / Job title (See Instructions) Senior Executive Vice President | | Employer (See Instructions) Texas Resources |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 11/125 Rpt: 14/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/03/2025 | 5 Full name of contributor Berel-Harrop, Sarah | 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234-6417 | 7 Amount of Contribution (\$) \$250.00 |
| | 8 Principal occupation / Job title (See Instructions) Not Employed | | |
| 9 Employer (See Instructions) Not Employed | 9 Employer (See Instructions) Not Employed | | |
| | Date 08/05/2025 | 5 Full name of contributor Bhandari, Ranjana | 6 Contributor address; City; State; Zip Code Arlington, TX 76012-2732 |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) Liveable Arlington | |
| Date 10/14/2025 | 5 Full name of contributor Bhular, Nadia | 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054-5535 | 7 Amount of Contribution (\$) \$100.00 |
| | Principal occupation / Job title (See Instructions) Not employed | | |
| Date 11/10/2025 | 5 Full name of contributor Biggan, John | 6 Contributor address; City; State; Zip Code Hurst, TX 76053-7165 | 7 Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Director of Data Science | | |
| Date 08/15/2025 | 5 Full name of contributor Bissett, Martha | 6 Contributor address; City; State; Zip Code Houston, TX 77079-6428 | 7 Amount of Contribution (\$) \$5.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/125 Rpt: 15/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jill 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1709 | 7 Amount of Contribution (\$) \$103.75 |
| | 8 Principal occupation / Job title (See Instructions) Property Manager | 9 Employer (See Instructions) Witcher Properties Ltd. |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge Contributor address; City; State; Zip Code Austin, TX 78701-2161 | Amount of Contribution (\$) \$5,000.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 12/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstock, Mary Alice Contributor address; City; State; Zip Code Durham, NC 27701-2070 | Amount of Contribution (\$) \$258.32 |
| | Principal occupation / Job title (See Instructions) Consultant | Employer (See Instructions) Mockingbird Strategies |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloodsworth, Krystle Contributor address; City; State; Zip Code La Grange, TX 78945-2409 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Nurse | Employer (See Instructions) Not employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boardman, Erin Contributor address; City; State; Zip Code Austin, TX 78735-6928 | Amount of Contribution (\$) \$5.00 |
| | Principal occupation / Job title (See Instructions) Teacher | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/125 Rpt: 16/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric | 7 Amount of Contribution (\$) \$3.00 |
| | 6 Contributor address; City; State; Zip Code Castro Valley, CA 94552-1824 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Self employed |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Garrett and Cecilia | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75214-3851 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannon, Todd | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78730-3573 | |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) Cisco |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brayer, Regina | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Montgomery, TX 77356-2198 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/125 Rpt: 17/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$1,000.00 |
| | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Bresnen Associates |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Amy Contributor address; City; State; Zip Code Austin, TX 78701-2837 | Amount of Contribution (\$) \$500.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, R Annette Contributor address; City; State; Zip Code Euless, TX 76039-2534 | Amount of Contribution (\$) \$25.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brimhall, Patricia Contributor address; City; State; Zip Code Richardson, TX 75081-3514 | Amount of Contribution (\$) \$50.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brimhall, Patricia Contributor address; City; State; Zip Code Richardson, TX 75081-3514 | Amount of Contribution (\$) \$100.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/125 Rpt: 18/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Patricia | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Garland, TX 75041-2546 | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodnicki, Sandra | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Midlothian, TX 76065-6887 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Yvonne | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6936 | |
| Principal occupation / Job title (See Instructions) Senior director human resources | | Employer (See Instructions) Staffmark Investment LLC |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherhood of Locomotive Engineers & Trainmen PAC | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Decatur, TX 76234-3869 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn D. | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1724 | |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Dipert Travel & Transportation Ltd. |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/125 Rpt: 19/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, David | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75218-4508 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Accenture LLP |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, David | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75218-4508 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Accenture LLP |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sandra | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78728-1316 | |
| Principal occupation / Job title (See Instructions) Administration | | Employer (See Instructions) Dental Office |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, William R | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76017-1252 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Catherine | Amount of Contribution (\$) \$2.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746-6724 | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Capital OB/Gyn |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/125 Rpt: 20/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumley, Matt 6 Contributor address; City; State; Zip Code Austin, TX 78752-3406 | 7 Amount of Contribution (\$) \$25.00 |
| | | |
| 8 Principal occupation / Job title (See Instructions) Software Engineer | | 9 Employer (See Instructions) Square 8 |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumley, Matt Contributor address; City; State; Zip Code Austin, TX 78752-3406 | Amount of Contribution (\$) \$25.00 |
| | | |
| Principal occupation / Job title (See Instructions) Software Engineer | | Employer (See Instructions) Square 8 |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnham, Pamela Contributor address; City; State; Zip Code Cedar Park, TX 78613-2004 | Amount of Contribution (\$) \$10.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrell, Cherrie Contributor address; City; State; Zip Code New Braunfels, TX 78132-2604 | Amount of Contribution (\$) \$10.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cada, Gareth Contributor address; City; State; Zip Code Allen, TX 75002-5224 | Amount of Contribution (\$) \$25.00 |
| | | |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) City Credit Union |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/125 Rpt: 21/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cahill, Laura | 7 Amount of Contribution (\$) \$5.00 |
| | 6 Contributor address; City; State; Zip Code El Paso, TX 79932-1971 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldera, Yvonne | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Lubbock, TX 79413-2244 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) Texas Tech University |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldera, Yvonne | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Lubbock, TX 79413-2244 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) Texas Tech University |
| Date 12/17/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00362640) Calpine Corporation PAC | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77002-2743 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Carol | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-4655 | |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) Frost |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/125 Rpt: 22/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Drew | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Corsicana, TX 75109-9654 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Capirol-Insights |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Kathleen | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78204-1524 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Gayle | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-7123 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlon, Alfonso | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78723-1018 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Tim | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Bryan, TX 77802-3131 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/125 Rpt: 23/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Tim | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Bryan, TX 77802-3131 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Tim | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Bryan, TX 77802-3131 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Tim | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Bryan, TX 77802-3131 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Tim | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Bryan, TX 77802-3131 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Alvarado Campaign | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77223-0842 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/125 Rpt: 24/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Randi | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78745-6069 | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Ekaterina | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Sugar Land, TX 77479-5173 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caviness, Jason | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Robinson, TX 76706-5155 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Phathom Pharmaceuticals |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CenterPoint Energy Incorporated PAC | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77210-4567 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Blanco Campaign | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79946-0929 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/125 Rpt: 25/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications Inc. Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701-5007 | 7 Amount of Contribution (\$) \$1,000.00 |
| | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Scott Contributor address; City; State; Zip Code Dallas, TX 75208-2503 | Amount of Contribution (\$) \$50.00 |
| | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Scott Chase |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelstowski, Piotr Contributor address; City; State; Zip Code Keller, TX 76248-5434 | Amount of Contribution (\$) \$10.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherico, Sondra Contributor address; City; State; Zip Code Austin, TX 78704-7535 | Amount of Contribution (\$) \$10.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Monica Contributor address; City; State; Zip Code Katy, TX 77494-7154 | Amount of Contribution (\$) \$25.00 |
| | | |
| Principal occupation / Job title (See Instructions) GIS Manager | | Employer (See Instructions) City of Houston |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/125 Rpt: 26/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chino, Vera | 7 Amount of Contribution (\$) \$26.13 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77055-6719 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipps, Mary | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Ava, MO 65608-8522 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirlin, Gary | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Derwood, MD 20855-2043 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christiansen, Roy | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Coppell, TX 75019-5759 | |
| Principal occupation / Job title (See Instructions) Controller | | Employer (See Instructions) Holy Kombucha |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Claudia | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code West Chester, PA 19382-3370 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/125 Rpt: 27/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Gloria | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76018-1270 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Reginald | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-4544 | |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) University of Texas at Dallas |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, William | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Waco, TX 76710-1814 | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) The Clifton Group |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Gail | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Wimberley, TX 78676-5465 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Joni | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Longview, TX 75601-3727 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/125 Rpt: 28/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Keller, TX 76262-9048 | |
| 8 Principal occupation / Job title (See Instructions) Chief Service Officer | | 9 Employer (See Instructions) 90 Degree Benefits |
| Date 11/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Keller, TX 76262-9048 | |
| Principal occupation / Job title (See Instructions) Chief Service Officer | | Employer (See Instructions) 90 Degree Benefits |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockerell, LaVonne | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76116-8426 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Mary | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Wolfforth, TX 79382-3401 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation PAC (COMPAC) | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Philadelphia, PA 19103 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/125 Rpt: 29/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo & Charles 6 Contributor address; City; State; Zip Code Lubbock, TX 79411-1821 | 7 Amount of Contribution (\$) \$10.00 |
| | 8 Principal occupation / Job title (See Instructions) Retired | 9 Employer (See Instructions) Retired |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo & Charles Contributor address; City; State; Zip Code Lubbock, TX 79411-1821 | Amount of Contribution (\$) \$5.00 |
| | Principal occupation / Job title (See Instructions) Retired | Employer (See Instructions) Retired |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Vickie Contributor address; City; State; Zip Code Austin, TX 78744-4552 | Amount of Contribution (\$) \$25.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711) Constellation Energy Corporation Employee PAC Contributor address; City; State; Zip Code Washington, DC 20001-2133 | Amount of Contribution (\$) \$5,000.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711) Constellation Energy Corporation Employee PAC Contributor address; City; State; Zip Code Washington, DC 20001-2133 | Amount of Contribution (\$) \$2,000.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/125 Rpt: 30/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen 6 Contributor address; City; State; Zip Code Austin, TX 78746-4115 | 7 Amount of Contribution (\$) \$26.13 |
| | 8 Principal occupation / Job title (See Instructions) Researcher | 9 Employer (See Instructions) Self employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115 | Amount of Contribution (\$) \$26.13 |
| | Principal occupation / Job title (See Instructions) Researcher | Employer (See Instructions) Self employed |
| Date 11/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115 | Amount of Contribution (\$) \$20.00 |
| | Principal occupation / Job title (See Instructions) Researcher | Employer (See Instructions) Self-employed |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115 | Amount of Contribution (\$) \$26.13 |
| | Principal occupation / Job title (See Instructions) Researcher | Employer (See Instructions) Self-employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Hilary Contributor address; City; State; Zip Code Denton, TX 76201-0856 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/125 Rpt: 31/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coxe, Simone | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-3601 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Mark | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78758-4760 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cravens, Tom | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1743 | |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) Northwest National Bank of Arlington |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crossley, Cecilia | Amount of Contribution (\$) \$3.36 |
| | Contributor address; City; State; Zip Code Austin, TX 78741-7035 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Aimee | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Lakeway, TX 78734-3961 | |
| Principal occupation / Job title (See Instructions) President and CEO | | Employer (See Instructions) The Boone Family Foundation |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 29/125 Rpt: 32/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Mary | 7 Amount of Contribution (\$) \$25.00 | |
| | 6 Contributor address; City; State; Zip Code Denton, TX 76205-8219 | | |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) University of North Texas | |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daki, Abdelaziz | Amount of Contribution (\$) \$10.60 | |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-7506 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danburg, Debra | Amount of Contribution (\$) \$125.00 | |
| | Contributor address; City; State; Zip Code Austin, TX 78704-4611 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Alecia | Amount of Contribution (\$) \$10.00 | |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-8536 | | |
| Principal occupation / Job title (See Instructions) Claims | | Employer (See Instructions) AGW | |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, William | Amount of Contribution (\$) \$5.00 | |
| | Contributor address; City; State; Zip Code Sherman, TX 75091-2121 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/125 Rpt: 33/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao, Peter | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8339 | |
| 8 Principal occupation / Job title (See Instructions) Public relations manager | | 9 Employer (See Instructions) Voice of Vietnamese Americans |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbara | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Universal City, TX 78148-2806 | |
| Principal occupation / Job title (See Instructions) Physician Associate | | Employer (See Instructions) Arthur Nagel Community Clinic |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Logan | Amount of Contribution (\$) \$258.32 |
| | Contributor address; City; State; Zip Code Austin, TX 78702-2671 | |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) Texans for Greater Mental Health |
| Date 11/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Jeff | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76110-1150 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Republic Title |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Teri | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Escondido, CA 92026-5020 | |
| Principal occupation / Job title (See Instructions) MH therapist | | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 31/125 Rpt: 34/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Vicq, Catherine 6 Contributor address; City; State; Zip Code San Antonio, TX 78240-2272 | 7 Amount of Contribution (\$) \$10.00 | |
| 8 Principal occupation / Job title (See Instructions) IT | | 9 Employer (See Instructions) Paramount Healthcare | |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeArman, Melinda Contributor address; City; State; Zip Code San Antonio, TX 78261-2006 | Amount of Contribution (\$) \$10.00 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon Campaign Committee Contributor address; City; State; Zip Code Fort Worth, TX 76147-0743 | Amount of Contribution (\$) \$150.00 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 07/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMoss, Margaret Contributor address; City; State; Zip Code Fort Worth, TX 76107-9311 | Amount of Contribution (\$) \$200.00 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennison, Gary Contributor address; City; State; Zip Code Liberty, TX 77575-0650 | Amount of Contribution (\$) \$25.00 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self employed | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/125 Rpt: 35/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny, Shane | 7 Amount of Contribution (\$) \$1.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78745-1291 | |
| 8 Principal occupation / Job title (See Instructions) Sales | | 9 Employer (See Instructions) Solenis |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dethmers, Tom | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76137-2300 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Claire | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75209-5615 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diashyn, Kenneth | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Redwood City, CA 94061-3614 | |
| Principal occupation / Job title (See Instructions) Chief Strategy and Development Officer | | Employer (See Instructions) CNS |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson, J. David | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Waco, TX 76710-1277 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Beard Kultgen |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/125 Rpt: 36/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinneen, Nick | 7 Amount of Contribution (\$) \$5.00 |
| | 6 Contributor address; City; State; Zip Code Windcrest, TX 78239-2652 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipert, Dan W. | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1760 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipert, Linda | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1760 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Robert | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-4995 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donohue, Judith | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Lakeway, TX 78734-4631 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/125 Rpt: 37/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dougan, Debora | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Amarillo, TX 79109-3916 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdell, Toyette | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-2553 | |
| Principal occupation / Job title (See Instructions) Financial Analysis Manager | | Employer (See Instructions) UT Southwestern |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskill, Cynthia | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Baytown, TX 77521-2844 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskill, Cynthia | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Baytown, TX 77521-2844 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drotman, Robert | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75024-0443 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/125 Rpt: 38/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dukes, Lorraine | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-2619 | |
| 8 Principal occupation / Job title (See Instructions) Real estate investor | | 9 Employer (See Instructions) Self-Employed |
| Date 11/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dulac, Helen | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8566 | |
| Principal occupation / Job title (See Instructions) Program manager | | Employer (See Instructions) Grow North Texas |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 07/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/125 Rpt: 39/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-2869 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Thomas M | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201-7943 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/125 Rpt: 40/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durand, Darin | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-5445 | |
| 8 Principal occupation / Job title (See Instructions) Pharmacist | | 9 Employer (See Instructions) CVS |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eason, Ed and Lynette | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76016-4555 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Lois | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Carrollton, TX 75006-2296 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Chet | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Waco, TX 76710-1052 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Margaret | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code New Braunfels, TX 78132-2585 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/125 Rpt: 41/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egbuonu, Linda | 7 Amount of Contribution (\$) \$52.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76006-8716 | |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) Grand Prairie ISD |
| Date 09/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egbuonu, Linda | Amount of Contribution (\$) \$125.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76006-8716 | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Grand Prairie ISD |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenhauer, Patricia | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78418-5939 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097568) Employees of RTX Corporation PAC | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Arlington, VA 22209-3914 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) England, Kirk | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6715 | |
| Principal occupation / Job title (See Instructions) Insurance agent | | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/125 Rpt: 42/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/11/2025 | 5 Full name of contributor Englander, Marty | 7 Amount of Contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor Ephram-Neal, Shirley | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133-7401 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Self employed |
| Date 08/15/2025 | Full name of contributor Ephram-Neal, Shirley | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133-7401 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Self employed |
| Date 11/07/2025 | Full name of contributor Erben & Yarbrough | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-2508 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2025 | Full name of contributor Erman, Robert | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Bridgeport, CT 06604-1331 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/125 Rpt: 43/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene Wu Campaign | 7 Amount of Contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77081-6624 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Betty J | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-2757 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faber, Nancy | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Tyler, TX 75703-2000 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrington, Thomas | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Decatur, TX 76234-5018 | |
| Principal occupation / Job title (See Instructions) Musician | | Employer (See Instructions) Self employed |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faz, Isaac | Amount of Contribution (\$) \$26.13 |
| | Contributor address; City; State; Zip Code Dallas, TX 75208-5110 | |
| Principal occupation / Job title (See Instructions) Attorney - Gov. Affairs | | Employer (See Instructions) Starbucks |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 41/125 Rpt: 44/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiagome, Corinne | 7 Amount of Contribution (\$) \$103.45 | |
| | 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-5362 | | |
| 8 Principal occupation / Job title (See Instructions) Director | | 9 Employer (See Instructions) EIF | |
| Date 12/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fickling, Karl | Amount of Contribution (\$) \$50.00 | |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8341 | | |
| Principal occupation / Job title (See Instructions) Church Consultant | | Employer (See Instructions) Baptist General Convention of Texas | |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fikes, Amy | Amount of Contribution (\$) \$10,000.00 | |
| | Contributor address; City; State; Zip Code Dallas, TX 75205-3103 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary | Amount of Contribution (\$) \$5.00 | |
| | Contributor address; City; State; Zip Code Forney, TX 75126-0919 | | |
| Principal occupation / Job title (See Instructions) Production Manager | | Employer (See Instructions) TrueTimber Outdoor | |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finegold, Milton | Amount of Contribution (\$) \$100.00 | |
| | Contributor address; City; State; Zip Code Houston, TX 77006-2538 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/125 Rpt: 45/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzwater, Linda 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-2464 | 7 Amount of Contribution (\$) \$10.00 |
| | 8 Principal occupation / Job title (See Instructions) Not Employed | 9 Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzwater, Linda Contributor address; City; State; Zip Code Cedar Park, TX 78613-2464 | Amount of Contribution (\$) \$15.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Delryn Contributor address; City; State; Zip Code Carrollton, TX 75006-4061 | Amount of Contribution (\$) \$25.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Delryn Contributor address; City; State; Zip Code Carrollton, TX 75006-4061 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 09/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, James Contributor address; City; State; Zip Code The Hills, TX 78738-1409 | Amount of Contribution (\$) \$500.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/125 Rpt: 46/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy Political Action Committee 6 Contributor address; City; State; Zip Code Austin, TX 78746-6773 | 7 Amount of Contribution (\$) \$1,000.00 |
| | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP Contributor address; City; State; Zip Code Dallas, TX 75201-3340 | Amount of Contribution (\$) \$1,000.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Yvonne Contributor address; City; State; Zip Code Del Rio, TX 78840-2531 | Amount of Contribution (\$) \$1.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code Fort Worth, TX 76107-3345 | Amount of Contribution (\$) \$10,000.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Shelley Contributor address; City; State; Zip Code Sugar Land, TX 77479-1475 | Amount of Contribution (\$) \$20.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/125 Rpt: 47/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fusco, David | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76012-5502 | |
| 8 Principal occupation / Job title (See Instructions) Radio Program Producer | | 9 Employer (See Instructions) Music Unlimited |
| Date 10/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gachman, Arnold | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107-3557 | |
| Principal occupation / Job title (See Instructions) Metals Executive | | Employer (See Instructions) Gamtex Industries |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Pamela | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8382 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Wk |
| Date 08/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gambrell, Denise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75051-1233 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gambrell, Denise | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75051-1233 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/125 Rpt: 48/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandy, Shirlee | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4746 | |
| 8 Principal occupation / Job title (See Instructions) Real Estate | | 9 Employer (See Instructions) Self-employed |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gantt, Larry | Amount of Contribution (\$) \$10.60 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4302 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gantt, Larry | Amount of Contribution (\$) \$10.60 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4302 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Linda | Amount of Contribution (\$) \$11.22 |
| | Contributor address; City; State; Zip Code Arlington, TX 76001-5541 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner Sr., Richard | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Chicago, IL 60620-3647 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/125 Rpt: 49/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garnett, Richard | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-5233 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza Gongora, Sara | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75061-7500 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaston, Stephanie L | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76001-4856 | |
| Principal occupation / Job title (See Instructions) Staff | | Employer (See Instructions) University of Texas at Arlington |
| Date 10/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaston, Stephanie L | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76001-4856 | |
| Principal occupation / Job title (See Instructions) Staff | | Employer (See Instructions) University of Texas at Arlington |
| Date 08/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelinas, Kathryn | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Lincoln, ME 04457-4249 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 47/125 Rpt: 50/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) General Drivers Warehousemen & Helpers Local Union 745 (Teamsters) 6 Contributor address; City; State; Zip Code Dallas, TX 75217-5044 | 7 Amount of Contribution (\$) \$5,000.00 |
| | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| Date 11/07/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00076810) General Motors Company PAC Washington, DC 20001-1427 | Amount of Contribution (\$) \$750.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Patricia Arlington, TX 76015-3838 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired | |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godeken, Sonja Mansfield, TX 76063-3307 | Amount of Contribution (\$) \$25.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed | |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godeken, Sonja Mansfield, TX 76063-3307 | Amount of Contribution (\$) \$26.13 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 48/125 Rpt: 51/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goines, Phyllis | 7 Amount of Contribution (\$) \$52.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111-3718 | |
| 8 Principal occupation / Job title (See Instructions) Manufacturing | | 9 Employer (See Instructions) Abbott Laboratory |
| Date 11/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden DNSL Realty LLC | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Garland, TX 75042-7104 | |
| Principal occupation / Job title (See Instructions) Transmission Manager | | Employer (See Instructions) 7X Energy |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golder, Andrew | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Leander, TX 78641-3426 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Martha | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Pflugerville, TX 78660-3706 | |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 49/125 Rpt: 52/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace & McEwan Consulting LLC Political Fund 6 Contributor address; City; State; Zip Code Austin, TX 78701-5001 | 7 Amount of Contribution (\$) \$250.00 |
| | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Janice Contributor address; City; State; Zip Code Houston, TX 77024-3824 | Amount of Contribution (\$) \$1.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don Contributor address; City; State; Zip Code Sebastopol, CA 95472-9555 | Amount of Contribution (\$) \$1.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenhill, Bill D. Contributor address; City; State; Zip Code Fort Worth, TX 76107-3808 | Amount of Contribution (\$) \$2,000.00 |
| | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Haynes and Boone LLP |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenhill, Bill D. Contributor address; City; State; Zip Code Fort Worth, TX 76107-3808 | Amount of Contribution (\$) \$500.00 |
| | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Haynes and Boone LLP |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 50/125 Rpt: 53/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greever, Donald 6 Contributor address; City; State; Zip Code Dallas, TX 75233-2702 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Psychotherapist | | 9 Employer (See Instructions) Self employed |
| Date 11/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Robyn Contributor address; City; State; Zip Code Arlington, TX 76017-1963 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grenell, Sharon Contributor address; City; State; Zip Code Katy, TX 77450-5901 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077-2026 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund Contributor address; City; State; Zip Code Irving, TX 75039-2478 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 51/125 Rpt: 54/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hailey, Charles | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-4006 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Kristina | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-4428 | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) AISD |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Thomas G | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-6392 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Law Offices of Tom Hall |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hameline, Elizabeth | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75038-5946 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Hameline Law |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilos, Suzanne | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Georgetown, TX 78633-2227 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 52/125 Rpt: 55/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier | 7 Amount of Contribution (\$) \$1.00 |
| | 6 Contributor address; City; State; Zip Code Princeton, NJ 08542-3148 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Michael D | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76116-1676 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Michael D | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76116-1676 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbich, Janice | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Alleyton, TX 78935-2008 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Leslie | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Wimberley, TX 78676-3401 | |
| Principal occupation / Job title (See Instructions) Server | | Employer (See Instructions) The Leaning Pear |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 53/125 Rpt: 56/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Carolyn | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Killeen, TX 76542-5289 | |
| 8 Principal occupation / Job title (See Instructions) Realtor | | 9 Employer (See Instructions) Realty Executives Killeen |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Glenna | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Denton, TX 76205-8078 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Silver Spring, MD 20902 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) BuzzWord Inc. |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Greg | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Pearland, TX 77584-7354 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Larry | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-8819 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 54/125 Rpt: 57/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrixson, Tina 6 Contributor address; City; State; Zip Code Katy, TX 77494-1448 | 7 Amount of Contribution (\$) \$50.00 | |
| 8 Principal occupation / Job title (See Instructions) Sales Director | | 9 Employer (See Instructions) SpectraCell Laboratories | |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Peggy Contributor address; City; State; Zip Code Benbrook, TX 76116-9324 | Amount of Contribution (\$) \$103.75 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia Contributor address; City; State; Zip Code San Antonio, TX 78228-3937 | Amount of Contribution (\$) \$20.00 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Pate Strategies LLC Contributor address; City; State; Zip Code Austin, TX 78767-0729 | Amount of Contribution (\$) \$500.00 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Lora Contributor address; City; State; Zip Code Arlington, TX 76016-5061 | Amount of Contribution (\$) \$100.00 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 55/125 Rpt: 58/224 | |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 10/16/2025 | 5 Full name of contributor HillCo PAC | 6 Contributor address; City; State; Zip Code Austin, TX 78701-2458 | 7 Amount of Contribution (\$) \$1,000.00 | |
| | 8 Principal occupation / Job title (See Instructions) | | | 9 Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor HillCo PAC | | Amount of Contribution (\$) \$1,000.00 | |
| | Contributor address; City; State; Zip Code Austin, TX 78701-2458 | | | |
| Principal occupation / Job title (See Instructions) Yoga Instructor | | Employer (See Instructions) LASR | | |
| Date 08/14/2025 | Full name of contributor Hiller, Jay | | Amount of Contribution (\$) \$10.00 | |
| | Contributor address; City; State; Zip Code Austin, TX 78726-1375 | | | |
| Principal occupation / Job title (See Instructions) Yoga instructor | | Employer (See Instructions) LASR | | |
| Date 09/29/2025 | Full name of contributor Hiller, Jay | | Amount of Contribution (\$) \$10.00 | |
| | Contributor address; City; State; Zip Code Austin, TX 78726-1375 | | | |
| Principal occupation / Job title (See Instructions) Yoga instructor | | Employer (See Instructions) LASR | | |
| Date 12/09/2025 | Full name of contributor Hinkle, Robert S. | | Amount of Contribution (\$) \$517.75 | |
| | Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7774 | | | |
| Principal occupation / Job title (See Instructions) Corporate Affairs | | Employer (See Instructions) Cintra | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 56/125 Rpt: 59/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliday, Lena | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Hutto, TX 78634-3510 | |
| 8 Principal occupation / Job title (See Instructions) Program Manager | | 9 Employer (See Instructions) Dell Technologies |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Hal | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-2730 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Jeri | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Hurst, TX 76053-7151 | |
| Principal occupation / Job title (See Instructions) Account Manager | | Employer (See Instructions) FIS |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Louisville, KY 40219-3962 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hough, Mary | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-7132 | |
| Principal occupation / Job title (See Instructions) Framer | | Employer (See Instructions) Michaels |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 57/125 Rpt: 60/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor House, Tammy Renee | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76017-1113 | |
| 8 Principal occupation / Job title (See Instructions) Supply Chain Admin | | 9 Employer (See Instructions) Textron |
| Date 08/14/2025 | Full name of contributor Howell, Rosie | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75218-2347 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor Hoyt Jr., John M | Amount of Contribution (\$) \$10,000.00 |
| | Contributor address; City; State; Zip Code Waco, TX 76712-7555 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/06/2025 | Full name of contributor Huff, Stephanie | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75222-5796 | |
| Principal occupation / Job title (See Instructions) District Judge | | Employer (See Instructions) State of Texas |
| Date 08/14/2025 | Full name of contributor Hulse, Donald | Amount of Contribution (\$) \$1.64 |
| | Contributor address; City; State; Zip Code Shelton, WA 98584-1609 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 58/125 Rpt: 61/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphries, Kirk | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78750-2853 | |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) NXP Semiconductors |
| Date 10/20/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) International Brotherhood of Electrical Workers PAC (IBEW) | Amount of Contribution (\$) \$25,000.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20001-4089 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Invenergy Investment Company LLC | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Chicago, IL 60606-4630 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ironworkers State COPE Fund | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-3395 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irving Professional Fire Fighters PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75017-1057 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 59/125 Rpt: 62/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie | 7 Amount of Contribution (\$) \$2.05 |
| | 6 Contributor address; City; State; Zip Code Silver Spring, MD 20910-4921 | |
| 8 Principal occupation / Job title (See Instructions) Gardener | | 9 Employer (See Instructions) Self employed |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacks, Elin | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76010-4718 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Sharon | Amount of Contribution (\$) \$20.95 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4235 | |
| Principal occupation / Job title (See Instructions) Caregiver Attendant | | Employer (See Instructions) Helping Restore Ability |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Andrew | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-3531 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Andrew | Amount of Contribution (\$) \$26.13 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-3531 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 60/125 Rpt: 63/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Andrew | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-3531 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Andrew | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-3531 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarzabski, John | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-3015 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaynes, Larry D. | Amount of Contribution (\$) \$25,000.00 |
| | Contributor address; City; State; Zip Code Mc Gregor, TX 76657-4166 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Fashion Glass & Mirror |
| Date 08/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jelinek, Frank R | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76006-3616 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 61/125 Rpt: 64/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jelinek, Frank R | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76006-3616 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self employed |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johler, Jen | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Apex, NC 27502-7746 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bucy Campaign | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78767-0536 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Eugene, OR 97404-0329 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kurt | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78728-3655 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 62/125 Rpt: 65/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willis | 7 Amount of Contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75215-1841 | |
| 8 Principal occupation / Job title (See Instructions) Self Employed | | 9 Employer (See Instructions) JBJ Management |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willis | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75215-1841 | |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) JBJ Management |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Walt E. | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-5740 | |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) Oncor Electric Delivery |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Moody Campaign | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79902-0015 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyner, Henry C | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78704-1823 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 63/125 Rpt: 66/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Gordon | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76002-3058 | |
| 8 Principal occupation / Job title (See Instructions) Sales | | 9 Employer (See Instructions) Red Hat |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellaway, Jaime | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77057-3638 | |
| Principal occupation / Job title (See Instructions) Counselor | | Employer (See Instructions) Self-Employed |
| Date 08/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Clay M. | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1002 | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) claykelley.com |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Susan | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77009-7535 | |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) Self employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimble-Wright, Lydia | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4264 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 64/125 Rpt: 67/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Gary 6 Contributor address; City; State; Zip Code Arlington, TX 76015-2824 | 7 Amount of Contribution (\$) \$50.00 |
| | 8 Principal occupation / Job title (See Instructions) Not Employed | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchens, Linda Contributor address; City; State; Zip Code Amarillo, TX 79114-8223 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchens, Linda Contributor address; City; State; Zip Code Amarillo, TX 79114-8223 | Amount of Contribution (\$) \$25.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kittle, Kathleen Contributor address; City; State; Zip Code Carrollton, TX 75010-4052 | Amount of Contribution (\$) \$9.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klenk, Dennis W Contributor address; City; State; Zip Code Bandera, TX 78003-5082 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 65/125 Rpt: 68/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolendek, Jim | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3880 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolendek, Jim | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76132-3880 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krampitz, Tom | Amount of Contribution (\$) \$259.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75208-3122 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krogman, Cres | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77084-3232 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, John | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5277 | |
| Principal occupation / Job title (See Instructions) Government Affairs Consultant | | Employer (See Instructions) HMWK |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 66/125 Rpt: 69/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt, James | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77088-6906 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Melody | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-5613 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landacre, Dona | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Bulverde, TX 78163-4556 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Frank | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75218-3573 | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Ginga | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75219-4463 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 67/125 Rpt: 70/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston Sr., Anthony Earl | 7 Amount of Contribution (\$) \$40.00 |
| | 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4334 | |
| 8 Principal occupation / Job title (See Instructions) Auto worker | | 9 Employer (See Instructions) General Motors |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston Sr., Anthony Earl | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4334 | |
| Principal occupation / Job title (See Instructions) Auto worker | | Employer (See Instructions) General Motors |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lattanzio, Concettina | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Copper Canyon, TX 75077-4807 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Ehren | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079-3185 | |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) The Employment Solutions |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code La Pine, OR 97739-9013 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 68/125 Rpt: 71/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor Lawley, Gail | 7 Amount of Contribution (\$) \$5.00 |
| | 6 Contributor address; City; State; Zip Code Georgetown, TX 78633-2243 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor Lawson, Terry | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77065-4756 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/07/2025 | Full name of contributor Laycock, David | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Chester, NJ 07930-2637 | |
| Principal occupation / Job title (See Instructions) Driver | | Employer (See Instructions) UPS |
| Date 08/14/2025 | Full name of contributor Lesser, Rona | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77096-4806 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 12/08/2025 | Full name of contributor Linebarger Goggan Blair & Sampson LLP | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78760-7428 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 69/125 Rpt: 72/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippincott, Elizabeth Pearsall | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78757-1931 | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 12/02/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00303024) Lockheed Martin Employees' PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Arlington, VA 22202-4110 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logue, George | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Hurst, TX 76054-3504 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Gloria | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78253-5053 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Dana | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Roanoke, TX 76262-7231 | |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 70/125 Rpt: 73/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luby, Theresa | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76013-1624 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jennifer | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75230-5563 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludington, Joshua | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Canyon, TX 79015-4802 | |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) JD Heiskell |
| Date 08/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundquist, Cara | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Flower Mound, TX 75022-1073 | |
| Principal occupation / Job title (See Instructions) HR Director | | Employer (See Instructions) Textron Bell |
| Date 10/16/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002469) Machinists Non-Partisan Political League | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Upper Marlboro, MD 20772-2675 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 71/125 Rpt: 74/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahrouq, Sam | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76006-3204 | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) MEI Inc |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maniatis, Joni | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079-2432 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massingill, Berna | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massingill MD, G Sealy | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758 | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) UNT Health |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matlock, Robert | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code China Spring, TX 76633-3248 | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) AMG Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 72/125 Rpt: 75/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jack 6 Contributor address; City; State; Zip Code Lewisville, TX 75057-3866 | 7 Amount of Contribution (\$) \$2,500.00 |
| | | |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) Matthews |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattke, Darin Contributor address; City; State; Zip Code Leander, TX 78641-3187 | Amount of Contribution (\$) \$50.00 |
| | | |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) University of Texas at Austin |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mavrakis, Samir Contributor address; City; State; Zip Code Plano, TX 75024-5420 | Amount of Contribution (\$) \$10.00 |
| | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Stephen C. Contributor address; City; State; Zip Code Fort Worth, TX 76107-7206 | Amount of Contribution (\$) \$1,000.00 |
| | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Bailey & Galyen |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tommy Contributor address; City; State; Zip Code Mansfield, TX 76063-5511 | Amount of Contribution (\$) \$25.00 |
| | | |
| Principal occupation / Job title (See Instructions) Pilot | | Employer (See Instructions) Envoy Airlines |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 73/125 Rpt: 76/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/13/2025 | 5 Full name of contributor McDole, Suzanne | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-2886 | |
| 8 Principal occupation / Job title (See Instructions) custodian | | 9 Employer (See Instructions) USPS |
| Date 08/14/2025 | Full name of contributor McDonald, Laura | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78212-2922 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor McGee, Marty | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76015-1122 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor McGimsey, Linda | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079-3318 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor McGinn, Heather | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78751-3526 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 74/125 Rpt: 77/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Michael | 7 Amount of Contribution (\$) \$2,000.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75205-3126 | |
| 8 Principal occupation / Job title (See Instructions) President and CEO | | 9 Employer (See Instructions) Andrews Distributing |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuireWoods Federal PAC Fund | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Richmond, VA 23219-3956 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Pamela | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Briarcliff, TX 78669-2130 | |
| Principal occupation / Job title (See Instructions) Writer | | Employer (See Instructions) Self-employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeehan, Jack | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77036-2764 | |
| Principal occupation / Job title (See Instructions) Civil Engineering Tech | | Employer (See Instructions) Benchmark Engineering |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeehan, Jack | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77036-2764 | |
| Principal occupation / Job title (See Instructions) Civil Engineering Tech | | Employer (See Instructions) Benchmark Engineering |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 75/125 Rpt: 78/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/07/2025 | 5 Full name of contributor Mealy, Patti | <input type="checkbox"/> out-of-state PAC (ID#:) | 7 Amount of Contribution (\$) \$1.00 |
| | 6 Contributor address; City; State; Zip Code Ewing, NJ 08628-3533 | | |
| 8 Principal occupation / Job title (See Instructions) Administrative Assistant | | 9 Employer (See Instructions) Capital Health | |
| Date 10/02/2025 | Full name of contributor Menifee, VanDella | | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8571 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/07/2025 | Full name of contributor Michaud, John-Paul | | Amount of Contribution (\$) \$1.67 |
| | Contributor address; City; State; Zip Code Hays, KS 67601-9650 | | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) K-State U | |
| Date 08/11/2025 | Full name of contributor Miller, Camille D. | | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78731-5968 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/07/2025 | Full name of contributor Miller, Camille D. | | Amount of Contribution (\$) \$20.95 |
| | Contributor address; City; State; Zip Code Austin, TX 78731-5968 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 76/125 Rpt: 79/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley | 7 Amount of Contribution (\$) \$1.00 |
| | 6 Contributor address; City; State; Zip Code San Diego, CA 92116-3642 | |
| 8 Principal occupation / Job title (See Instructions) Management | | 9 Employer (See Instructions) UC San Diego |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Linda | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78247-5837 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitias, Marcus | Amount of Contribution (\$) \$103.45 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76244-2237 | |
| Principal occupation / Job title (See Instructions) Advocacy Manager | | Employer (See Instructions) Texas Health Resources |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mixon, Eugenia | Amount of Contribution (\$) \$3.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77449-5825 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mixon, Eugenia P | Amount of Contribution (\$) \$10.60 |
| | Contributor address; City; State; Zip Code Katy, TX 77449-5825 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 77/125 Rpt: 80/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin | 7 Amount of Contribution (\$) \$1.00 |
| | 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95404-2927 | |
| 8 Principal occupation / Job title (See Instructions) Family Nurse Practitioner | | 9 Employer (See Instructions) Santa Rosa Community Health Centers |
| Date 11/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Mike | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76102 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, James | Amount of Contribution (\$) \$26.13 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1336 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Mary Catherine | Amount of Contribution (\$) \$103.45 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1336 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Mary Catherine | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1336 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 78/125 Rpt: 81/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Mary Catherine | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76013-1336 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 11/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Stephen P. | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76102-3804 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Fort Worth Chamber of Commerce |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Vivian | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Missouri City, TX 77459-4811 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Linda | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Sanger, TX 76266-6241 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) TWU |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Sandra | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75219-2047 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 79/125 Rpt: 82/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor Mosimann, Eleanor | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8734 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/03/2025 | Full name of contributor Mueller, Kathy | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-4879 | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor Mullinax, Joan E | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77008-2646 | |
| Principal occupation / Job title (See Instructions) Licensed Professional Counselor | | Employer (See Instructions) Eddins Counseling Group |
| Date 08/10/2025 | Full name of contributor Murphy, Debbie | Amount of Contribution (\$) \$1.67 |
| | Contributor address; City; State; Zip Code Charlotte, NC 28277-5676 | |
| Principal occupation / Job title (See Instructions) Project Manager | | Employer (See Instructions) Microsoft |
| Date 08/15/2025 | Full name of contributor Murray, Clare | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Missouri City, TX 77459-2008 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 80/125 Rpt: 83/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Dan | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77005-3958 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/16/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG Energy Inc. Political Action Committee | Amount of Contribution (\$) \$4,000.00 |
| | Contributor address; City; State; Zip Code Princeton, NJ 08540-6299 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Shelley | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76016-1868 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Association of Benefit and Insurance Professionals - Texas PAC | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Cranford, NJ 07016-2464 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Cutting Horse Association Texas Events PAC (NCHA Events | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107-1862 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 81/125 Rpt: 84/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navejar, Rosa 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-3639 | 7 Amount of Contribution (\$) \$1,000.00 |
| | 8 Principal occupation / Job title (See Instructions) Professional | 9 Employer (See Instructions) The Rios Group Inc. |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Kris Contributor address; City; State; Zip Code Austin, TX 78739-7611 | Amount of Contribution (\$) \$20.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese Contributor address; City; State; Zip Code Chicago, IL 60615-2905 | Amount of Contribution (\$) \$8.20 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nericcio, Mary Contributor address; City; State; Zip Code Austin, TX 78748-6049 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nesbitt, William Contributor address; City; State; Zip Code Waco, TX 76710-4446 | Amount of Contribution (\$) \$100.00 |
| | Principal occupation / Job title (See Instructions) Banker | Employer (See Instructions) Central National Bank |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 82/125 Rpt: 85/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Anhlan | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77088-1444 | |
| 8 Principal occupation / Job title (See Instructions) Executive director | | 9 Employer (See Instructions) ICEVN |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nix, Jim | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78703-1710 | |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) Self employed |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, John | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76015-3824 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Peggy | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Denton, TX 76209-2227 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novelli, Jordan | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Bellaire, TX 77401-2609 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 83/125 Rpt: 86/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohnesorge, Matt | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137-1546 | |
| 8 Principal occupation / Job title (See Instructions) Animator | | 9 Employer (See Instructions) BILT Inc. |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldums, Barbara | Amount of Contribution (\$) \$26.13 |
| | Contributor address; City; State; Zip Code Arlington, TX 76006-1252 | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Industrial Solutions Company |
| Date 11/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldums, Leonard | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76006-4445 | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Industrial Solutions Company |
| Date 10/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson Jr., Lyndon | Amount of Contribution (\$) \$10,000.00 |
| | Contributor address; City; State; Zip Code Waco, TX 76710-1416 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsson, Kristin | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75229-4119 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 84/125 Rpt: 87/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncor Texas Political Action Committee of Oncor Electric Delivery 6 Contributor address; City; State; Zip Code Dallas, TX 75202-1234 | 7 Amount of Contribution (\$) \$7,000.00 |
| | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) USMD |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Susan Contributor address; City; State; Zip Code Carrollton, TX 75007-2762 | Amount of Contribution (\$) \$10.00 |
| | | |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) Opus Faveo Innovation Development |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David Contributor address; City; State; Zip Code Austin, TX 78723-5445 | Amount of Contribution (\$) \$100.00 |
| | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| | | |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC Of The Independent Insurance Agents Of Texas Contributor address; City; State; Zip Code Austin, TX 78768-4487 | Amount of Contribution (\$) \$250.00 |
| | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| | | |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padgett, Robyn Contributor address; City; State; Zip Code Fort Worth, TX 76132-3055 | Amount of Contribution (\$) \$50.00 |
| | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 85/125 Rpt: 88/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/01/2025 | 5 Full name of contributor Padgett, Robyn | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3055 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/01/2025 | Full name of contributor Padgett, Robyn | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76132-3055 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor Pancorvo, George | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Midlothian, TX 76065-5464 | |
| Principal occupation / Job title (See Instructions) Self employed | | Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor Parsley, Ben | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77056-3185 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor Parsley, Ben | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77056-3185 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 86/125 Rpt: 89/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Carolyn | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Bryan, TX 77802-2064 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Carolyn | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Bryan, TX 77802-2064 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paser, Pamela | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75075-7620 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pathiakis, Christos | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78704-3419 | |
| Principal occupation / Job title (See Instructions) Editor | | Employer (See Instructions) Texas Crew Productions |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Beverly | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Georgetown, TX 78633-4925 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 87/125 Rpt: 90/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pepper, Betsy | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3400 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petre, Cheryl | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code San Marcos, TX 78666-4853 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petre, Cheryl | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Marcos, TX 78666-4853 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683) Pfizer PAC | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code New York, NY 10001-2189 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Eric | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-7919 | |
| Principal occupation / Job title (See Instructions) Education | | Employer (See Instructions) Arlington |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 88/125 Rpt: 91/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Gregory | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-2221 | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) Self Employed |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Physicians for Free Market Healthcare PAC | Amount of Contribution (\$) \$15,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75204-3628 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Melvin | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75229-4349 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollan, Marla | Amount of Contribution (\$) \$51.83 |
| | Contributor address; City; State; Zip Code Arlington, TX 76018-1658 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollan, Marla | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76018-1658 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 89/125 Rpt: 92/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole, Steven | 7 Amount of Contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2077 | |
| 8 Principal occupation / Job title (See Instructions) Executive Director | | 9 Employer (See Instructions) UEA |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popko, Angela | Amount of Contribution (\$) \$20.85 |
| | Contributor address; City; State; Zip Code Holyoke, MA 01040-2008 | |
| Principal occupation / Job title (See Instructions) Social Worker | | Employer (See Instructions) Helix Human Services |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posey Law Firm | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-2102 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Debra | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76140-9526 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Greig | Amount of Contribution (\$) \$6.00 |
| | Contributor address; City; State; Zip Code San Leon, TX 77539-2327 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 90/125 Rpt: 93/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Suzanna | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Crowley, TX 76036-1147 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prewitt, Robert | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6563 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) TX Health and Human Services |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Ann | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-2344 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rene | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Edinburg, TX 78540-2234 | |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) Self employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Rose | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78249-4551 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 91/125 Rpt: 94/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redden, Rex | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76013-2026 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Raymond Campaign | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Laredo, TX 78045-0008 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Sharon | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Sour Lake, TX 77659-0696 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Manchester, NH 03104-5551 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Debra | Amount of Contribution (\$) \$516.45 |
| | Contributor address; City; State; Zip Code Austin, TX 78739-1531 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Richmond Advisory LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 92/125 Rpt: 95/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rike, Jennifer | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-3352 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Elaine | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Cedar Park, TX 78613-6953 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) River, James | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76015-3685 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201-1521 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Janet | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76112-7000 | |
| Principal occupation / Job title (See Instructions) Potter | | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 93/125 Rpt: 96/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roemer, Claire | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76013-1908 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 08/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roemer, Micki and Ken | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1908 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Barry | Amount of Contribution (\$) \$2.00 |
| | Contributor address; City; State; Zip Code Stormville, NY 12582-5302 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Jeri | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Wimberley, TX 78676-0593 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Susan | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Brookline, MA 02445-7508 | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Hammond Real Estate |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 94/125 Rpt: 97/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudin, Julia 6 Contributor address; City; State; Zip Code Houston, TX 77024-3208 | 7 Amount of Contribution (\$) \$25.00 |
| | 8 Principal occupation / Job title (See Instructions) Not Employed | 9 Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushing, Debbie Contributor address; City; State; Zip Code Plains, TX 79355-1079 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Diane Contributor address; City; State; Zip Code Beaumont, TX 77706-5433 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Jay K. Contributor address; City; State; Zip Code Fort Worth, TX 76102-5366 | Amount of Contribution (\$) \$517.75 |
| | Principal occupation / Job title (See Instructions) Attorney | Employer (See Instructions) Jackson Walker LLP |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Venisa Contributor address; City; State; Zip Code San Antonio, TX 78212-3134 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Operational Advisor | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 95/125 Rpt: 98/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Venisa | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78212-3134 | |
| 8 Principal occupation / Job title (See Instructions) Operational Advisor | | 9 Employer (See Instructions) Self employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldana, Gloria | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78209-7703 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Government |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salman Bhojani Campaign | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75063-2705 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampson Public Affairs LLC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78749-5202 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schummer, April | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78248-1562 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 96/125 Rpt: 99/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidlits Jr., Curtis | 7 Amount of Contribution (\$) \$517.75 |
| | 6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657-5673 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Focused Advocacy |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafi, Hamid | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75209-3339 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) Lucent Dental |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanks, Lynn R. | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76016-4331 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code San Jose, CA 95126-1831 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenberger, Ronald | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Denton, TX 76209-1215 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 97/125 Rpt: 100/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Joseph 6 Contributor address; City; State; Zip Code Cuero, TX 77954-0327 | 7 Amount of Contribution (\$) \$250.00 |
| | 8 Principal occupation / Job title (See Instructions) Attorney | 9 Employer (See Instructions) Self employed |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Joseph Contributor address; City; State; Zip Code Cuero, TX 77954-0327 | Amount of Contribution (\$) \$500.00 |
| | Principal occupation / Job title (See Instructions) Attorney | Employer (See Instructions) Self employed |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shlachter, Barry Contributor address; City; State; Zip Code Fort Worth, TX 76110-1235 | Amount of Contribution (\$) \$25.00 |
| | Principal occupation / Job title (See Instructions) Publisher | Employer (See Instructions) Great Texas Line Press |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemake, Carrie Contributor address; City; State; Zip Code Pasadena, CA 91105-1656 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Not Employed | Employer (See Instructions) Not Employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi Contributor address; City; State; Zip Code Pittsburgh, PA 15238-1951 | Amount of Contribution (\$) \$1.00 |
| | Principal occupation / Job title (See Instructions) Not employed | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 98/125 Rpt: 101/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sikes, Andy | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Spring, TX 77386-1587 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Yasmin | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75205-3924 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Morgan Lewis |
| Date 08/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slagg, Barbara | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Eagan, MN 55122-1141 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smart TD PAC | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Independence, OH 44131-2378 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cameron | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-2331 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) TSO-Mansfield |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 99/125 Rpt: 102/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 07/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 | 7 Amount of Contribution (\$) \$50.00 |
| | 8 Principal occupation / Job title (See Instructions) Retired | 9 Employer (See Instructions) Retired |
| Date 09/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Retired | Employer (See Instructions) Retired |
| Date 09/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Retired | Employer (See Instructions) Retired |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Retired | Employer (See Instructions) Retired |
| Date 11/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 | Amount of Contribution (\$) \$50.00 |
| | Principal occupation / Job title (See Instructions) Retired | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 100/125 Rpt: 103/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-2020 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Law Offices of Jason Smith |
| Date 08/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle | Amount of Contribution (\$) \$6.58 |
| | Contributor address; City; State; Zip Code Leesburg, VA 20175-3836 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soileau, Paula | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77082-2766 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Maxine | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-3605 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 101/125 Rpt: 104/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Southern Glazer's PAC of Texas | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701-1696 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sparrow, Eva | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Converse, TX 78109-2723 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Spencer, L. Brook | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Wainscott, NY 11975-1215 | |
| Principal occupation / Job title (See Instructions) Inn keeper | | Employer (See Instructions) L Brook Spencer |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Spencer, Larry D | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75206-1503 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Staples-Wherry, Lisa | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76018-1684 | |
| Principal occupation / Job title (See Instructions) Registered Nurse | | Employer (See Instructions) UT Southwestern |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 102/125 Rpt: 105/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon 6 Contributor address; City; State; Zip Code Frisco, TX 75035-9208 | 7 Amount of Contribution (\$) \$10.00 |
| | 8 Principal occupation / Job title (See Instructions) Not Employed | 9 Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon Contributor address; City; State; Zip Code Frisco, TX 75035-9208 | Amount of Contribution (\$) \$10.00 |
| | Principal occupation / Job title (See Instructions) Retired | Employer (See Instructions) Retired |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statehouse Consultants LLC Contributor address; City; State; Zip Code Austin, TX 78701-2133 | Amount of Contribution (\$) \$500.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 08/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Deborah Contributor address; City; State; Zip Code Spring, TX 77381-3186 | Amount of Contribution (\$) \$25.00 |
| | Principal occupation / Job title (See Instructions) Not employed | Employer (See Instructions) Not employed |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Tom Contributor address; City; State; Zip Code Austin, TX 78749-3030 | Amount of Contribution (\$) \$1,000.00 |
| | Principal occupation / Job title (See Instructions) Consultant | Employer (See Instructions) Self employed |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 103/125 Rpt: 106/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stilz, Martin | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Georgetown, TX 78633-1909 | |
| 8 Principal occupation / Job title (See Instructions) Self employed | | 9 Employer (See Instructions) Self employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code St Petersburg, FL 33701-4313 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Joseph | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-5590 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, James | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78480-8236 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, James | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78480-8236 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 104/125 Rpt: 107/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhm, Mary | 7 Amount of Contribution (\$) \$52.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78737-9299 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhm, Mary | Amount of Contribution (\$) \$75.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78737-9299 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhm, Mary | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78737-9299 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76018-1869 | |
| Principal occupation / Job title (See Instructions) Insurance Agent | | Employer (See Instructions) Vogue Insurance Agency |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Patrick | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75024-3798 | |
| Principal occupation / Job title (See Instructions) Controller | | Employer (See Instructions) CrestMarc Residential Inc |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 105/125 Rpt: 108/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Anne | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Round Rock, TX 78664-3948 | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Anne | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Round Rock, TX 78664-3948 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 10/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Brian T | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Benbrook, TX 76126-2457 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Tarrant County Medical Society |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taglorin, Joel | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77066-4043 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansill, Roy | Amount of Contribution (\$) \$1.06 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6509 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 106/125 Rpt: 109/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrant County Central Labor Council (Voluntary Funds) | 7 Amount of Contribution (\$) \$3,000.00 |
| | 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8844 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Employer (See Instructions) Retired |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, James | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Granbury, TX 76049-7780 | |
| Principal occupation / Job title (See Instructions) Trainer | | Employer (See Instructions) Sos inventory |
| Date 08/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Christine | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76002-4206 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Janice M | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-6158 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Texas DPS |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 107/125 Rpt: 110/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/15/2025 | 5 Full name of contributor Taylor-Berry, Brenda | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Humble, TX 77346-3466 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) US ARMY |
| Date 07/31/2025 | Full name of contributor Telfer, David | Amount of Contribution (\$) \$8.33 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201-2031 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/01/2025 | Full name of contributor Temple, Byron | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Desoto, TX 75115-7526 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/14/2025 | Full name of contributor Tenaska Employees Texas PAC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Omaha, NE 68154-5212 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/15/2025 | Full name of contributor Terry Meza Campaign | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75015-5076 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 108/125 Rpt: 111/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesmer, David J. | 7 Amount of Contribution (\$) \$517.75 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-5427 | |
| 8 Principal occupation / Job title (See Instructions) Administrator | | 9 Employer (See Instructions) Texas Health Resources |
| Date 10/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Reasonable Solutions PAC | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78741-6931 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-1951 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of REALTORS Political Action Committee | Amount of Contribution (\$) \$10,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78768 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of REALTORS Political Action Committee | Amount of Contribution (\$) \$15,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78768 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 109/125 Rpt: 112/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701-2181 | 7 Amount of Contribution (\$) \$2,000.00 |
| | 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Carpenters Regional Council Texas Working Families Political Contributor address; City; State; Zip Code Metairie, LA 70003-5232 | Amount of Contribution (\$) \$2,500.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Court Reporters Association Funds Available for Involved Contributor address; City; State; Zip Code Athens, TX 75751-7379 | Amount of Contribution (\$) \$500.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775 | Amount of Contribution (\$) \$5,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701-2132 | Amount of Contribution (\$) \$2,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 110/125 Rpt: 113/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC (TexPAC) | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701-1624 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Fire Fighters Action Committee | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78745-1173 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC | Amount of Contribution (\$) \$15,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78767-0788 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78767-0788 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/06/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00142711) The Boeing Company Political Action Committee | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Arlington, VA 22202-4208 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 111/125 Rpt: 114/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/08/2025 | 5 Full name of contributor The Chickasaw Nation 6 Contributor address; City; State; Zip Code Ada, OK 74821-1548 | 7 Amount of Contribution (\$) \$2,500.00 |
| | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| Date 10/14/2025 | Full name of contributor The Political Action Committee of the Texas Hospital Association Contributor address; City; State; Zip Code Austin, TX 78701-2180 | Amount of Contribution (\$) \$2,500.00 |
| | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date 11/05/2025 | Full name of contributor Thomas, Jason Contributor address; City; State; Zip Code Grand Prairie, TX 75054-0104 | Amount of Contribution (\$) \$100.00 |
| | Principal occupation / Job title (See Instructions) Director | Employer (See Instructions) Tarrant County |
| Date 08/14/2025 | Full name of contributor Thomas, Linda Contributor address; City; State; Zip Code Houston, TX 77019-6207 | Amount of Contribution (\$) \$100.00 |
| | Principal occupation / Job title (See Instructions) Attorney | Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor Thompson, Delores Contributor address; City; State; Zip Code Prosper, TX 75078-9677 | Amount of Contribution (\$) \$20.00 |
| | Principal occupation / Job title (See Instructions) Attorney | Employer (See Instructions) Government |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 112/125 Rpt: 115/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrence, Lori | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76016-1542 | |
| 8 Principal occupation / Job title (See Instructions) Business Analyst | | 9 Employer (See Instructions) Harris |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) Toyota Motor North America Inc PAC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20004-2801 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00008268) Transport Workers Union Political Contributions Committee | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20001-2790 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truitt, Gary | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Denton, TX 76201-1709 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truitt, Gary | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Denton, TX 76201-1709 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 113/125 Rpt: 116/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Barbara | 7 Amount of Contribution (\$) \$50.00 | |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76010-5647 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed | |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Barbara | Amount of Contribution (\$) \$26.13 | |
| | Contributor address; City; State; Zip Code Arlington, TX 76010-5647 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Rick | Amount of Contribution (\$) \$52.00 | |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76110-2526 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 08/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | Amount of Contribution (\$) \$50.00 | |
| | Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 09/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | Amount of Contribution (\$) \$50.00 | |
| | Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 114/125 Rpt: 117/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | 7 Amount of Contribution (\$) \$103.75 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 07/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Gary | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75228-2758 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 115/125 Rpt: 118/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UA Plumbers & Pipefitters Local 286 PAC Fund 6 Contributor address; City; State; Zip Code Austin, TX 78702-4106 | 7 Amount of Contribution (\$) \$25,000.00 |
| | 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| Date 09/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UA Plumbers & Steamfitters Local Union No. 100 PAC Contributor address; City; State; Zip Code Garland, TX 75041-6015 | Amount of Contribution (\$) \$25,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 10/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002766) United Food & Commercial Workers International Union AFL-CIO CLC Contributor address; City; State; Zip Code Washington, DC 20006-1502 | Amount of Contribution (\$) \$10,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 11/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002766) United Food & Commercial Workers International Union AFL-CIO CLC Contributor address; City; State; Zip Code Washington, DC 20006-1502 | Amount of Contribution (\$) \$10,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date 12/08/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00274431) UnitedHealth Group Inc. PAC (United for Health) Contributor address; City; State; Zip Code Hopkins, MN 55343-9664 | Amount of Contribution (\$) \$1,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 116/125 Rpt: 119/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jerry A. | 7 Amount of Contribution (\$) \$750.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746-6995 | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Self Employed |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenstein, Martin | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Mckinney, TX 75072-2772 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Terry | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76011-7957 | |
| Principal occupation / Job title (See Instructions) toolmaker | | Employer (See Instructions) General Motors |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Terry | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76011-7957 | |
| Principal occupation / Job title (See Instructions) toolmaker | | Employer (See Instructions) General Motors |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Ekelenburg, Marian | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Lansdale, PA 19446-1727 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 117/125 Rpt: 120/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Priscilla | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78254-2688 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veasey, Tonya | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76112-1104 | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Open Channels Group |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC of Vistra Corp | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75039-2479 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Marty | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78723-2524 | |
| Principal occupation / Job title (See Instructions) Hairdresser | | Employer (See Instructions) Self employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Susan | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746-5105 | |
| Principal occupation / Job title (See Instructions) Real Estate Agent | | Employer (See Instructions) Self employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 118/125 Rpt: 121/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walls, Katina | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76001-1102 | |
| 8 Principal occupation / Job title (See Instructions) Nurse | | 9 Employer (See Instructions) Self employed |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Polly | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-4935 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Polly | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-4935 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warford, Lucas | Amount of Contribution (\$) \$258.32 |
| | Contributor address; City; State; Zip Code Austin, TX 78703-4518 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Phyllis | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78731-5968 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 119/125 Rpt: 122/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Clayton 6 Contributor address; City; State; Zip Code Arlington, TX 76001-1700 | 7 Amount of Contribution (\$) \$103.45 |
| 8 Principal occupation / Job title (See Instructions) COO | | 9 Employer (See Instructions) E-vent Software Inc. |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, James Contributor address; City; State; Zip Code Irving, TX 75060-4718 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Escalation Engineer | | Employer (See Instructions) Imperva Inc. |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wehring, Vera Contributor address; City; State; Zip Code Muldoon, TX 78949-5155 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Ivan Contributor address; City; State; Zip Code Dallas, TX 75206-6628 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werstein, Lori Contributor address; City; State; Zip Code Laguna Beach, CA 92651-1102 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Adjunct Faculty | | Employer (See Instructions) LCAD |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 120/125 Rpt: 123/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Susan | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78723-5546 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Susan | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78723-5546 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-2434 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-2434 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Garland, TX 75043-3431 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 121/125 Rpt: 124/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Garland, TX 75043-3431 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code San Francisco, CA 94122-2213 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Franya | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-2052 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Franya | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-2052 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Franya | Amount of Contribution (\$) \$26.13 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-2052 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 122/125 Rpt: 125/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha 6 Contributor address; City; State; Zip Code Terrell, TX 75161-5311 | 7 Amount of Contribution (\$) \$50.00 | |
| 8 Principal occupation / Job title (See Instructions) Teacher/Retired Psychologist | | 9 Employer (See Instructions) Self employed | |
| Date 10/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Thomas J. Contributor address; City; State; Zip Code Fort Worth, TX 76109-3441 | Amount of Contribution (\$) \$1,000.00 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Haynes & Boone LLP | |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Charlotte Contributor address; City; State; Zip Code Hickory Creek, TX 75065-7534 | Amount of Contribution (\$) \$50.00 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |
| Date 11/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Wendy Contributor address; City; State; Zip Code Arlington, TX 76018-1513 | Amount of Contribution (\$) \$200.00 | |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Grand Prairie ISD | |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Birgit Contributor address; City; State; Zip Code Arlington, TX 76001-6150 | Amount of Contribution (\$) \$25.00 | |
| Principal occupation / Job title (See Instructions) Dispatcher | | Employer (See Instructions) MasTec | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 123/125 Rpt: 126/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne | 7 Amount of Contribution (\$) \$1.64 |
| | 6 Contributor address; City; State; Zip Code Lafayette, CA 94549-4603 | |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) Oil Change International |
| Date 09/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods Martin, Patsy | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201-1533 | |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) JPM Ranch |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyman, Elaine | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Marlin, TX 76661-2203 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Ester | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77396-3783 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbough, Irvin | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8343 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 124/125 Rpt: 127/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbough, Irvin | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8343 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbough, Irvin | Amount of Contribution (\$) \$52.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8343 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin, Mabel | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Naperville, IL 60540-4446 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Colin | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77006-4122 | |
| Principal occupation / Job title (See Instructions) Research Scientist | | Employer (See Instructions) DexMat Inc. |
| Date 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Whit | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013-1603 | |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) Publishing Company |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 125/125 Rpt: 128/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Brett | 7 Amount of Contribution (\$) \$15.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78724-4809 | |
| 8 Principal occupation / Job title (See Instructions) Technical Writer | | 9 Employer (See Instructions) Keysight Technologies |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Michael | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78750-2234 | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) SkyWorks Solutions |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarrabi, Saam | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201-2165 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) Rodeo Dental |
| Date 08/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Sophia | Amount of Contribution (\$) \$9.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77074-2521 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | |
|---|--|--|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A2: Sch: 1/2 Rpt: 129/224</p> |
| <p>2 FILER NAME Turner, Christopher G. (The Honorable)</p> | | | | <p>3 Filer ID (Ethics Commission Filers) 00062790</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | | | <p>\$</p> |
| <p>5 Date 08/22/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HDCC Incumbent Protection Fund</p> | | <p>8 Amount of contribution (\$) \$1,923.08</p> | <p>9 In-kind contribution description Legal services</p> |
| | <p>7 Contributor address; City; State; Zip Code Austin, TX 78701</p> | | | <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p> | | |
| <p>12 Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p> | | |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | | |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 12/10/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Project Non-Federal Account</p> | | <p>Amount of contribution (\$) \$1,500.00</p> | <p>In-kind contribution description Research</p> |
| | <p>Contributor address; City; State; Zip Code Washington, DC 20003-2611</p> | | | <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | | |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 10/05/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Project Non-Federal Account</p> | | <p>Amount of contribution (\$) \$1,200.00</p> | <p>In-kind contribution description Research</p> |
| | <p>Contributor address; City; State; Zip Code Washington, DC 20003-2611</p> | | | <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | | |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 130/224 |
| 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ |
| 5 Date 12/04/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texas Association of REALTORS Political Action Committee 7 Contributor address; City; State; Zip Code Austin, TX 78768 | 8 Amount of contribution (\$) 9 In-kind contribution description \$300.00 Fundraising event support <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 1/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/16/2025 | 5 Payee name 360 Corridor Democratic Action | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code PO Box 182094 Arlington, TX 76096-2094 | |
| 8 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 Dues and contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/29/2025 | Payee name AL Media | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655 | |
| 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 digital advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/18/2025 | Payee name AL Media | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655 | |
| 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 digital advertising |
| 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: 2/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/16/2025 | 5 Payee name AL Media | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655 | |
| 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 Digital advertising production |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/24/2025 | Payee name AL Media | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655 | |
| 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 digital advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/22/2025 | Payee name AL Media | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 222 W Ontario St Ste 600 Chicago, IL 60654-3655 | |
| 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 digital advertising |
| 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: 3/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/26/2025 | 5 Payee name AMM Political Strategies | |
| 6 Amount (\$) \$1,316.41 | 7 Payee address; City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111-2317 | |
| 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 Virtual town hall event text advertising |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/20/2025 | Payee name ActBlue | |
| Amount (\$) \$3,397.13 | Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees - 7/1/25-12/31/25 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name Allen, Devan | |
| Amount (\$) \$4,500.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76123-2752 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 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: 4/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/15/2025 | 5 Payee name Allen, Devan | |
| 6 Amount (\$) \$4,500.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth, TX 76123-2752 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/04/2025 | Payee name American Express | |
| Amount (\$) \$6,521.97 | Payee address; City; State; Zip Code 200 Vesey St New York, NY 10281-5525 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/04/2025 | Payee name American Express | |
| Amount (\$) \$13,209.76 | Payee address; City; State; Zip Code 200 Vesey St New York, NY 10281-5525 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| Complete 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: 5/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/03/2025 | 5 Payee name American Express | |
| 6 Amount (\$) \$7,388.71 | 7 Payee address; City; 200 Vesey St New York, NY 10281-5525 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/06/2025 | Payee name American Express | |
| Amount (\$) \$8,134.84 | Payee address; City; 200 Vesey St New York, NY 10281-5525 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/04/2025 | Payee name American Express | |
| Amount (\$) \$21,514.93 | Payee address; City; 200 Vesey St New York, NY 10281-5525 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| Complete 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: 6/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/29/2025 | 5 Payee name American Express | |
| 6 Amount (\$) \$9,194.68 | 7 Payee address; City; 200 Vesey St New York, NY 10281-5525 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/31/2025 | Payee name Aramino, Marisela | |
| Amount (\$) \$207.36 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063-3839 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/31/2025 | Payee name Aramino, Marisela | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 900 Hilton Dr Mansfield, TX 76063-3839 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 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: 7/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/30/2025 | 5 Payee name Aramino, Marisela | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063-3839 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/31/2025 | Payee name Aramino, Marisela | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063-3839 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/28/2025 | Payee name Aramino, Marisela | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063-3839 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 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: 8/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/19/2025 | 5 Payee name Aramino, Marisela | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mansfield, TX 76063-3839 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and annual bonus |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/21/2025 | Payee name Blue Action Inc | |
| Amount (\$) \$4,600.00 | Payee address; City; State; Zip Code 1930 18th St NW Ste Pm B2 Washington, DC 20009-1797 | |
| 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 text advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/15/2025 | Payee name Bluebird Strategy Group | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 4849 Greenville Ave Dallas, TX 75206-4130 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting services |
| 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: 9/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/05/2025 | 5 Payee name Bluebird Strategy Group | |
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code 4849 Greenville Ave Dallas, TX 75206-4130 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/03/2025 | Payee name Bluebird Strategy Group | |
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 4849 Greenville Ave Dallas, TX 75206-4130 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/04/2025 | Payee name Bluebird Strategy Group | |
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 4849 Greenville Ave Dallas, TX 75206-4130 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting services |
| 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: 10/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/02/2025 | 5 Payee name Bluebird Strategy Group | |
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code 4849 Greenville Ave Dallas, TX 75206-4130 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/02/2025 | Payee name Bluebird Strategy Group | |
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 4849 Greenville Ave Dallas, TX 75206-4130 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/05/2025 | Payee name Capitol Gift Shop | |
| Amount (\$) \$99.59 | Payee address; City; State; Zip Code 1400 Congress Ave Ste E1.006 Austin, TX 78701-1932 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Raffle 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: 11/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/22/2025 | 5 Payee name Convergence Targeted Communications | |
| 6 Amount (\$) \$22,481.99 | 7 Payee address; City; State; Zip Code 1221 Connecticut Ave NW Ste 300 Washington, DC 20036-2687 | |
| 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 holiday card and pushcard printing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/08/2025 | Payee name Crystal Gayden Campaign | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 6815 Manhattan Blvd Ste 204 Fort Worth, TX 76120-1272 | |
| 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 Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/04/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$14.81 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 12/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 07/03/2025 | 5 Payee name First Data Merchant Services | |
| 6 Amount (\$) \$0.21 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$22.43 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/04/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$6.65 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 13/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/04/2025 | 5 Payee name First Data Merchant Services | |
| 6 Amount (\$) \$230.23 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$22.39 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$19.38 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 14/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/03/2025 | 5 Payee name First Data Merchant Services | |
| 6 Amount (\$) \$135.57 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$92.16 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$8.56 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 15/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/03/2025 | 5 Payee name First Data Merchant Services | |
| 6 Amount (\$) \$340.13 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$394.79 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$81.58 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 16/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/03/2025 | 5 Payee name First Data Merchant Services | |
| 6 Amount (\$) \$66.23 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$7.64 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$266.90 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 17/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/03/2025 | 5 Payee name First Data Merchant Services | |
| 6 Amount (\$) \$266.26 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/03/2025 | Payee name First Data Merchant Services | |
| Amount (\$) \$2.70 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/18/2025 | Payee name Frederick Polls | |
| Amount (\$) \$11,500.00 | Payee address; City; State; Zip Code 350 S 200 E Unit 722 Salt Lake City, UT 84111-2853 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Polling |
| 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: 18/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 07/31/2025 | 5 Payee name Fuentes, Isabella | |
| 6 Amount (\$) \$184.62 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Princeton, TX 75407-3668 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/31/2025 | Payee name Fuentes, Isabella | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Princeton, TX 75407-3668 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/30/2025 | Payee name Fuentes, Isabella | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Princeton, TX 75407-3668 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 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: 19/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/31/2025 | 5 Payee name Fuentes, Isabella | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Princeton, TX 75407-3668 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/28/2025 | Payee name Fuentes, Isabella | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Princeton, TX 75407-3668 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/19/2025 | Payee name Fuentes, Isabella | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Princeton, TX 75407-3668 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and annual bonus |
| 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: 20/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/25/2025 | 5 Payee name Grand Peninsula Owners Association Inc. | |
| 6 Amount (\$) \$975.00 | 7 Payee address; City; State; Zip Code 2603 N Grand Peninsula Dr Grand Prairie, TX 75054-7209 | |
| 8 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 Town hall event venue rental |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Gutierrez, Sarah | Office sought Office held |
| Date 07/03/2025 | Payee name Gutierrez, Sarah | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Buda, TX 78610-2765 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 operations consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Gutierrez, Sarah | Office sought Office held |
| Date 08/06/2025 | Payee name Gutierrez, Sarah | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Buda, TX 78610-2765 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 operations consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Gutierrez, Sarah | 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: 21/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/08/2025 | 5 Payee name Gutierrez, Sarah | |
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Buda, TX 78610-2765 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 operations consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/04/2025 | Payee name Gutierrez, Sarah | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Buda, TX 78610-2765 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 operations consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/03/2025 | Payee name Gutierrez, Sarah | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Buda, TX 78610-2765 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 operations consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 22/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/02/2025 | 5 Payee name Gutierrez, Sarah | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Buda, TX 78610-2765 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 operations consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/02/2025 | Payee name House Democratic Campaign Committee | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925 | |
| 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 Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/31/2025 | Payee name Internal Revenue Service | |
| Amount (\$) \$114.85 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| 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: 23/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 08/31/2025 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$200.25 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/30/2025 | Payee name Internal Revenue Service | |
| Amount (\$) \$164.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/31/2025 | Payee name Internal Revenue Service | |
| Amount (\$) \$164.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| 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: 24/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 11/28/2025 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$164.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name Internal Revenue Service | |
| Amount (\$) \$429.92 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/19/2025 | Payee name Internal Revenue Service | |
| Amount (\$) \$954.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| 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: 25/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/15/2025 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$371.25 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/17/2025 | Payee name Intuit | |
| Amount (\$) \$91.68 | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/16/2025 | Payee name Intuit | |
| Amount (\$) \$91.68 | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll processing |
| 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: 26/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/15/2025 | 5 Payee name Intuit | |
| 6 Amount (\$) \$91.68 | 7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/15/2025 | Payee name Intuit | |
| Amount (\$) \$91.68 | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/15/2025 | Payee name Intuit | |
| Amount (\$) \$78.88 | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll processing |
| 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: 27/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/16/2025 | 5 Payee name Intuit | |
| 6 Amount (\$) \$98.07 | 7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/02/2025 | Payee name NGP Van | |
| Amount (\$) \$492.49 | Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 database service |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/06/2025 | Payee name NGP Van | |
| Amount (\$) \$492.49 | Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 database service |
| 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: 28/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/05/2025 | 5 Payee name NGP Van | |
| 6 Amount (\$) \$492.49 | 7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 database service |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/05/2025 | Payee name NGP Van | |
| Amount (\$) \$492.49 | Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 database service |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/03/2025 | Payee name NGP Van | |
| Amount (\$) \$492.49 | Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 database service |
| 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: 29/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/03/2025 | 5 Payee name NGP Van | |
| 6 Amount (\$) \$492.49 | 7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 database service |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/31/2025 | Payee name Peterson, Kelly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/31/2025 | Payee name Peterson, Kelly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 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: 30/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/30/2025 | 5 Payee name Peterson, Kelly | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/31/2025 | Payee name Peterson, Kelly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/28/2025 | Payee name Peterson, Kelly | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| 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: 31/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/19/2025 | 5 Payee name Peterson, Kelly | |
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary and annual bonus |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/19/2025 | Payee name Peterson, Kelly | |
| Amount (\$) \$260.50 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Mileage reimbursement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/31/2025 | Payee name Peterson, Kelly | |
| Amount (\$) \$47.81 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78702-2659 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Mileage reimbursement |
| 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: 32/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/22/2025 | 5 Payee name Reilly Echols Printing | |
| 6 Amount (\$) \$2,037.64 | 7 Payee address; City; 1710 S Harwood St Dallas, TX 75215-1221 | |
| 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 Event invitation printing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name Sullivan, Nathan | |
| Amount (\$) \$1,038.46 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Arlington, TX 76016-1235 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/14/2025 | Payee name Tarrant County Democratic Party | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304 | |
| 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 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: 33/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 10/01/2025 | 5 Payee name Turner, Chris | |
| 6 Amount (\$) \$789.32 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Grand Prairie, TX 75054-6792 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Mileage reimbursement |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/01/2025 | Payee name Turner, Chris | |
| Amount (\$) \$1,291.34 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Grand Prairie, TX 75054-6792 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name Turner, Chris | |
| Amount (\$) \$1,135.68 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Grand Prairie, TX 75054-6792 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Mileage reimbursement |
| 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: 34/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 12/31/2025 | 5 Payee name Turner, Chris | |
| 6 Amount (\$) \$551.51 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Grand Prairie, TX 75054-6792 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/29/2025 | Payee name bill.com | |
| Amount (\$) \$47.97 | Payee address; City; State; Zip Code 6220 America Center Dr Ste 100 San Jose, CA 95002-2563 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/28/2025 | Payee name bill.com | |
| Amount (\$) \$47.97 | Payee address; City; State; Zip Code 6220 America Center Dr Ste 100 San Jose, CA 95002-2563 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 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: 35/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 09/30/2025 | 5 Payee name bill.com | |
| 6 Amount (\$) \$47.97 | 7 Payee address; City; State; Zip Code 6220 America Center Dr Ste 100 San Jose, CA 95002-2563 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/28/2025 | Payee name bill.com | |
| Amount (\$) \$60.75 | Payee address; City; State; Zip Code 6220 America Center Dr Ste 100 San Jose, CA 95002-2563 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/01/2025 | Payee name bill.com | |
| Amount (\$) \$48.60 | Payee address; City; State; Zip Code 6220 America Center Dr Ste 100 San Jose, CA 95002-2563 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription |
| 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: 36/36 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 12/30/2025 | 5 Payee name bill.com | | |
| 6 Amount (\$) \$48.60 | 7 Payee address; City; State; Zip Code 6220 America Center Dr Ste 100 San Jose, CA 95002-2563 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting software subscription | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 1/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution American Express | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$459.95 | (b) Date of Charge 12/09/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Alpha 360 Foundation | | (b) Payee address; City, State, Zip Code PO Box 654 Arlington, TX 76004-0654 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Event sponsorship |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$38.83 | (b) Date of Charge 07/30/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$139.96 | (b) Date of Charge 07/18/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 2/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$84.00 | (b) Date of Charge 07/02/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$126.00 | (b) Date of Charge 07/30/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$129.18 | (b) Date of Charge 09/16/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 3/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$10.81 | (b) Date of Charge 09/02/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$84.00 | (b) Date of Charge 11/13/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$14.06 | (b) Date of Charge 11/06/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 4/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$22.48 | (b) Date of Charge 11/17/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$17.30 | (b) Date of Charge 11/12/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$75.76 | (b) Date of Charge 11/06/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 5/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$101.74 | (b) Date of Charge 10/29/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$65.60 | (b) Date of Charge 12/07/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$22.61 | (b) Date of Charge 12/19/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 6/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$23.80 | (b) Date of Charge 12/28/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| PAYMENT | (a) Amount Charged \$695.00 | (b) Date of Charge 07/18/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| PAYEE | (a) Payee name American Express | | (b) Payee address; City, State, Zip Code 200 Vesey St New York, NY 10281-5525 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Annual membership fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| PAYMENT | (a) Amount Charged \$211.09 | (b) Date of Charge 07/19/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Apple | | (b) Payee address; City, State, Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Supplies for campaign equipment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought |
| | | | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 7/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$2,000.00 | (b) Date of Charge 10/29/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name Arlington Martin Luther King Jr | | (b) Payee address; City, State, Zip Code PO Box 1921 Arlington, TX 76004-1921 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Event sponsorship |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$47.03 | (b) Date of Charge 07/24/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign phone service |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$47.27 | (b) Date of Charge 08/24/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign phone service |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 8/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$47.39 | (b) Date of Charge 10/24/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign phone service |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$47.27 | (b) Date of Charge 09/24/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign phone service |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$47.39 | (b) Date of Charge 11/24/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign phone service |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 9/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$48.05 | (b) Date of Charge 12/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name AT&T | | (b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign phone service |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$250.00 | (b) Date of Charge 10/06/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name Callejo-Botello Foundation | | (b) Payee address; City, State, Zip Code PO Box 181384 Dallas, TX 75218-8384 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$27.06 | (b) Date of Charge 10/07/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name Capitol Gift Shop | | (b) Payee address; City, State, Zip Code 1400 Congress Ave Ste E1.006 Austin, TX 78701-1932 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description Gift for constituent |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 10/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$649.50 | (b) Date of Charge 12/04/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Capitol Gift Shop | | (b) Payee address; City, State, Zip Code 1400 Congress Ave Ste E1.006 Austin, TX 78701-1932 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description Ornaments for constituents and supporters |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$353.71 | (b) Date of Charge 08/12/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Carmine's | | (b) Payee address; City, State, Zip Code 9850 BERWYN Ave Rosemont, IL 60018 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal with colleagues |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$493.43 | (b) Date of Charge 12/10/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Central Market - Dallas | | (b) Payee address; City, State, Zip Code 4349 W Northwest Hwy Dallas, TX 75220-3854 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food and beverage for staff holiday party |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 11/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$655.00 | (b) Date of Charge 08/14/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name City of Arlington | | (b) Payee address; City, State, Zip Code 101 W Abram St Arlington, TX 76010-7102 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Town hall event venue rental |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$1,000.00 | (b) Date of Charge 07/05/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| PAYEE | (a) Payee name Community Foundation of the | | (b) Payee address; City, State, Zip Code 241 Earl Garrett St Kerrville, TX 78028-5304 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$280.00 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Dallas AFL-CIO | | (b) Payee address; City, State, Zip Code 1408 N Washington Ave Ste 240 Dallas, TX 75204-5168 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Event sponsorship |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 12/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$256.25 | (b) Date of Charge 08/08/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name DeFelippo, Angie | | (b) Payee address; City, State, Zip Code 1908 Crooked Ln Fort Worth, TX 76112-4511 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution for medical expenses |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$742.36 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Eataly | | (b) Payee address; City, State, Zip Code 8687 N Central Expy Ste 2172 Dallas, TX 75225-4570 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal with colleagues |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 11/21/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Ebony Turner Campaign | | (b) Payee address; City, State, Zip Code PO Box 923 Mansfield, TX 76063-0138 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 13/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$163.76 | (b) Date of Charge 07/16/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| 7 PAYEE | (a) Payee name Go Daddy | | (b) Payee address; City, State, Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260-3489 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign website hosting and development |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$996.62 | (b) Date of Charge 08/23/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Go Daddy | | (b) Payee address; City, State, Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260-3489 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign website hosting and development |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$42.18 | (b) Date of Charge 12/21/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Go Daddy | | (b) Payee address; City, State, Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260-3489 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign website hosting and development |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 14/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$525.00 | (b) Date of Charge 09/17/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Heart Led Digital | | (b) Payee address; City, State, Zip Code 134 S Cypress Ave Columbus, OH 43222-1404 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description Digital consulting services |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$700.00 | (b) Date of Charge 10/01/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name Heart Led Digital | | (b) Payee address; City, State, Zip Code 134 S Cypress Ave Columbus, OH 43222-1404 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description Digital consulting services |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$79.99 | (b) Date of Charge 07/31/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name HEB | | (b) Payee address; City, State, Zip Code 2701 E 7th St Austin, TX 78702-3907 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Snacks and supplies for Austin office |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 15/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$62.18 | (b) Date of Charge 09/14/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name HEB | | (b) Payee address; City, State, Zip Code 2701 E 7th St Austin, TX 78702-3907 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Snacks and supplies for Capitol office |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$84.63 | (b) Date of Charge 12/09/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name HEB | | (b) Payee address; City, State, Zip Code 2701 E 7th St Austin, TX 78702-3907 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Snacks and supplies for Capitol office |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$397.04 | (b) Date of Charge 10/02/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name Hertz | | (b) Payee address; City, State, Zip Code 8501 Williams Rd Estero, FL 33928-3325 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Vehicle lease during session tax assessment |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 16/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$10.94 | (b) Date of Charge 12/15/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Intuit | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Accounting software subscription |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$122.59 | (b) Date of Charge 12/19/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Intuit | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Accounting software subscription and payroll processing |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 07/23/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Jason Thomas Campaign | | (b) Payee address; City, State, Zip Code 7248 Cedro Grand Prairie, TX 75054-0104 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 17/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$28.71 | (b) Date of Charge 11/08/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name Jason's Deli | | (b) Payee address; City, State, Zip Code 3803 S Cooper St Arlington, TX 76015-4133 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Campaign meeting meal |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$851.29 | (b) Date of Charge 12/10/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Jason's Deli | | (b) Payee address; City, State, Zip Code 3803 S Cooper St Arlington, TX 76015-4133 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Catering for district holiday event |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$248.02 | (b) Date of Charge 08/20/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name JW Marriott - Austin | | (b) Payee address; City, State, Zip Code 110 E 2nd St Austin, TX 78701-4649 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Lodging in Austin for special session |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 18/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 11/21/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Katie O'Brien Duzan Campaign | | (b) Payee address; City, State, Zip Code PO Box 10103 Arlington, TX 76094 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$380.00 | (b) Date of Charge 10/14/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name Legislative Solutions | | (b) Payee address; City, State, Zip Code 807 Brazos St Ste 714 Austin, TX 78701-2525 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | | (b) Description Fundraising event emails |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$325.00 | (b) Date of Charge 11/20/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Legislative Solutions | | (b) Payee address; City, State, Zip Code 807 Brazos St Ste 714 Austin, TX 78701-2525 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | | (b) Description Fundraising event emails |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 19/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$263.47 | (b) Date of Charge 10/15/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| 7 PAYEE | (a) Payee name Lisa Woodard Campaign | | (b) Payee address; City, State, Zip Code 3500 Miller Ave Fort Worth, TX 76119-2986 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$261.28 | (b) Date of Charge 12/31/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Marquette Clayton Campaign | | (b) Payee address; City, State, Zip Code 5555 Bridge St Ste 102 Fort Worth, TX 76112-9503 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 08/25/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Meso Maya | | (b) Payee address; City, State, Zip Code 1611 Mckinney Ave Dallas, TX 75202-1227 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Event catering deposit |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 20/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$3,858.15 | (b) Date of Charge 10/13/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| 7 PAYEE | (a) Payee name Meso Maya | | (b) Payee address; City, State, Zip Code 1611 Mckinney Ave Dallas, TX 75202-1227 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Campaign fundraising event catering |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$286.75 | (b) Date of Charge 11/03/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Michaels | | (b) Payee address; City, State, Zip Code 130 Lincoln Square Arlington, TX 76011 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description Frames for constituent certificates |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$12.97 | (b) Date of Charge 12/02/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Michael's | | (b) Payee address; City, State, Zip Code 130 Lincoln Square Arlington, TX 76011 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description Wrapping supplies for constituent resolutions |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 21/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$319.34 | (b) Date of Charge 12/19/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Michael's | | (b) Payee address; City, State, Zip Code 130 Lincoln Square Arlington, TX 76011 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description Frames for constituent certificates |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$250.00 | (b) Date of Charge 12/23/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Pixallus | | (b) Payee address; City, State, Zip Code 500 Durant St Apt 205 Chapel Hill, NC 27517-7357 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign website updates |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$250.00 | (b) Date of Charge 08/26/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Rotary Club of Grand Prairie | | (b) Payee address; City, State, Zip Code 530 S Carrier Pkwy # 305 Grand Prairie, TX 75051-1502 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Event sponsorship |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 22/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$80.00 | (b) Date of Charge 07/24/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Southwest Airlines | | (b) Payee address; City, State, Zip Code 2702 Love Field Dr Dallas, TX 75235-1908 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Baggage fee (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$35.00 | (b) Date of Charge 08/19/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Southwest Airlines | | (b) Payee address; City, State, Zip Code 2702 Love Field Dr Dallas, TX 75235-1908 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Baggage fee (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$318.30 | (b) Date of Charge 08/18/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Southwest Airlines | | (b) Payee address; City, State, Zip Code 2702 Love Field Dr Dallas, TX 75235-1908 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Air travel to Austin (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 23/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$50.00 | (b) Date of Charge 08/18/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Southwest Airlines | | (b) Payee address; City, State, Zip Code 2702 Love Field Dr Dallas, TX 75235-1908 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Baggage fee |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$411.90 | (b) Date of Charge 11/19/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Stephanie Swan Photography | | (b) Payee address; City, State, Zip Code 4906 Oldfield Dr Arlington, TX 76016-6266 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Campaign event photography |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$182.00 | (b) Date of Charge 07/14/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| PAYEE | (a) Payee name Store More Storage | | (b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign storage |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 24/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$182.00 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Store More Storage | | (b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign storage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$182.00 | (b) Date of Charge 09/15/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Store More Storage | | (b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign storage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$182.00 | (b) Date of Charge 11/15/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Store More Storage | | (b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign storage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 25/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$182.00 | (b) Date of Charge 10/15/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| 7 PAYEE | (a) Payee name Store More Storage | | (b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign storage |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$207.00 | (b) Date of Charge 12/15/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Store More Storage | | (b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign storage |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$2,500.00 | (b) Date of Charge 07/18/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| PAYEE | (a) Payee name Tarrant County Democratic Party | | (b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 26/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$1,000.00 | (b) Date of Charge 09/13/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Tarrant County Democratic Party | | (b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 10/21/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Tarrant County Democratic Party | | (b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 12/09/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Tarrant County Democratic Party | | (b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 27/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 07/18/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| 7 PAYEE | (a) Payee name Taylor Rhemet Campaign | | (b) Payee address; City, State, Zip Code PO Box 50216 Fort Worth, TX 76105-0216 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$2,000.00 | (b) Date of Charge 11/21/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Taylor Rhemet Campaign | | (b) Payee address; City, State, Zip Code PO Box 50216 Fort Worth, TX 76105-0216 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description Contribution |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$1,430.00 | (b) Date of Charge 09/15/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Texas Democratic Party | | (b) Payee address; City, State, Zip Code PO Box 15707 Austin, TX 78761-5707 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Voter file access |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 28/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$4,240.30 | (b) Date of Charge 08/18/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Texas Live! | | (b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Fundraising event deposit |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$92.58 | (b) Date of Charge 11/13/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Texas Live! | | (b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Fundraising event venue |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$2,400.00 | (b) Date of Charge 11/17/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Texas Live! | | (b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Fundraising event venue |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 29/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$12,293.82 | (b) Date of Charge 11/11/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name Texas Live! | | (b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Fundraising event venue |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$859.88 | (b) Date of Charge 08/03/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name The Otis Hotel | | (b) Payee address; City, State, Zip Code 1901 San Antonio St Austin, TX 78705-5517 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Lodging in Austin for special session |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$1,325.36 | (b) Date of Charge 07/27/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name The Otis Hotel | | (b) Payee address; City, State, Zip Code 1901 San Antonio St Austin, TX 78705-5517 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Lodging in Austin for Special Session |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 30/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$38.00 | (b) Date of Charge 07/18/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$21.49 | (b) Date of Charge 07/21/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$40.91 | (b) Date of Charge 08/14/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 31/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$10.94 | (b) Date of Charge 08/17/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$6.72 | (b) Date of Charge 07/20/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$15.15 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 32/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$16.92 | (b) Date of Charge 08/05/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$6.40 | (b) Date of Charge 08/04/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$60.75 | (b) Date of Charge 08/16/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 33/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$18.01 | (b) Date of Charge 08/04/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$42.66 | (b) Date of Charge 07/26/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$9.35 | (b) Date of Charge 07/24/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 34/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$15.57 | (b) Date of Charge 08/17/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$13.00 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$15.20 | (b) Date of Charge 08/05/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 35/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$8.90 | (b) Date of Charge 08/05/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$33.58 | (b) Date of Charge 07/19/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$35.75 | (b) Date of Charge 08/13/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 36/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$3.00 | (b) Date of Charge 08/05/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$4.00 | (b) Date of Charge 07/22/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$73.51 | (b) Date of Charge 08/14/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 37/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$15.15 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$44.17 | (b) Date of Charge 07/25/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$12.65 | (b) Date of Charge 08/18/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 38/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$14.61 | (b) Date of Charge 07/23/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$15.58 | (b) Date of Charge 07/22/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$16.19 | (b) Date of Charge 08/09/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 39/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$38.72 | (b) Date of Charge 08/22/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$15.67 | (b) Date of Charge 08/22/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$3.00 | (b) Date of Charge 08/22/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 40/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$19.26 | (b) Date of Charge 12/06/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$15.44 | (b) Date of Charge 12/05/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$23.74 | (b) Date of Charge 12/05/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| PAYEE | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description Ground transportation |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 41/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$6.02 | (b) Date of Charge 08/10/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Travel meal (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$27.86 | (b) Date of Charge 08/17/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Travel meal (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$10.95 | (b) Date of Charge 08/10/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Travel meal (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 42/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$34.79 | (b) Date of Charge 08/28/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal for staff |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$64.41 | (b) Date of Charge 08/29/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal for staff |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$56.23 | (b) Date of Charge 09/04/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal for Staff |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 43/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$65.60 | (b) Date of Charge 09/24/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| 7 PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal for staff |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$29.50 | (b) Date of Charge 11/13/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal for staff |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$268.00 | (b) Date of Charge 08/15/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name United States Postal Service | | (b) Payee address; City, State, Zip Code 1301 E Bardin Rd Arlington, TX 76018-2130 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description PO Box subscription |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 44/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$78.00 | (b) Date of Charge 11/25/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name United States Postal Service | | (b) Payee address; City, State, Zip Code 1301 E Bardin Rd Arlington, TX 76018-2130 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Postage |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$96.42 | (b) Date of Charge 08/04/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Verizon Wireless | | (b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign hotspot service |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$96.42 | (b) Date of Charge 07/04/2025 | (c) Date(s) Credit Card Issuer Paid 08/04/2025 |
| PAYEE | (a) Payee name Verizon Wireless | | (b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign hotspot service |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 45/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$96.42 | (b) Date of Charge 09/04/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Verizon Wireless | | (b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign hotspot service |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| PAYMENT | (a) Amount Charged \$99.50 | (b) Date of Charge 11/04/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Verizon Wireless | | (b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign hotspot service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| PAYMENT | (a) Amount Charged \$99.50 | (b) Date of Charge 10/04/2025 | (c) Date(s) Credit Card Issuer Paid 11/03/2025 |
| PAYEE | (a) Payee name Verizon Wireless | | (b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign hotspot service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | Candidate/Officeholder name | | Office sought |
| | | | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 46/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$99.50 | (b) Date of Charge 12/04/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Verizon Wireless | | (b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign hotspot service |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$396.25 | (b) Date of Charge 07/18/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Vic & Anthony's Steakhouse | | (b) Payee address; City, State, Zip Code 1510 Texas St Houston, TX 77002-3626 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Meal with colleagues |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$14.66 | (b) Date of Charge 10/20/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name Walmart | | (b) Payee address; City, State, Zip Code 2225 W Interstate 20 Grand Prairie, TX 75052-3926 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Office supplies |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 47/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$1,195.68 | (b) Date of Charge 10/22/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| 7 PAYEE | (a) Payee name Walmart | | (b) Payee address; City, State, Zip Code 2225 W Interstate 20 Grand Prairie, TX 75052-3926 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Postage for invitations |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$863.23 | (b) Date of Charge 08/30/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Westin Hotel - Austin | | (b) Payee address; City, State, Zip Code 301 E 5th St Austin, TX 78701-3615 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Lodging in Austin for special session |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$463.30 | (b) Date of Charge 09/05/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Westin Hotel - Austin | | (b) Payee address; City, State, Zip Code 301 E 5th St Austin, TX 78701-3615 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Lodging in Austin for special session |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 48/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$514.43 | (b) Date of Charge 08/23/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| 7 PAYEE | (a) Payee name Westin Hotel - Austin | | (b) Payee address; City, State, Zip Code 301 E 5th St Austin, TX 78701-3615 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Lodging in Austin for special session |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$84.21 | (b) Date of Charge 08/11/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Zoom | | (b) Payee address; City, State, Zip Code 55 Almaden Blvd Fl 6 San Jose, CA 95113-1608 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Videoconference subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$170.46 | (b) Date of Charge 09/12/2025 | (c) Date(s) Credit Card Issuer Paid 10/06/2025 |
| PAYEE | (a) Payee name Zoom | | (b) Payee address; City, State, Zip Code 55 Almaden Blvd Fl 6 San Jose, CA 95113-1608 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Videoconference subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 49/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$511.04 | (b) Date of Charge 11/21/2025 | (c) Date(s) Credit Card Issuer Paid 12/29/2025 |
| 7 PAYEE | (a) Payee name Go Daddy | | (b) Payee address; City, State, Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260-3489 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign website hosting and development |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$245.28 | (b) Date of Charge 08/07/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| PAYEE | (a) Payee name Doubletree | | (b) Payee address; City, State, Zip Code 800 National Pkwy Schaumburg, IL 60173-5140 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Travel meals |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$1,007.68 | (b) Date of Charge 11/01/2025 | (c) Date(s) Credit Card Issuer Paid 12/04/2025 |
| PAYEE | (a) Payee name El Ranchito | | (b) Payee address; City, State, Zip Code 3517 S Cooper St Arlington, TX 76015-3410 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Community leader event catering |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 50/50 Rpt: | 2 FILER NAME Turner, Christopher G. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5,695.12 |
| 6 PAYMENT | (a) Amount Charged \$15.11 | (b) Date of Charge 07/26/2025 | (c) Date(s) Credit Card Issuer Paid 09/04/2025 |
| 7 PAYEE | (a) Payee name Uber Eats | | (b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Travel meal |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: Sch: 1/6 Rpt: 217/224 | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 07/28/2025 | 5 Payee name AT&T | | |
| 6 Amount (\$) \$82.04 | 7 Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 portion of wireless bill | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/28/2025 | Payee name AT&T | | |
| Amount (\$) \$82.04 | Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/28/2025 | Payee name AT&T | | |
| Amount (\$) \$82.04 | Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: Sch: 2/6 Rpt: 218/224 | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 10/28/2025 | 5 Payee name AT&T | | |
| 6 Amount (\$) \$82.04 | 7 Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 portion of wireless bill | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/28/2025 | Payee name AT&T | | |
| Amount (\$) \$82.04 | Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/28/2025 | Payee name AT&T | | |
| Amount (\$) \$82.04 | Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: Sch: 3/6 Rpt: 219/224 | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 |
| 4 Date 07/17/2025 | 5 Payee name American Airlines | |
| 6 Amount (\$) \$689.65 | 7 Payee address; City; State; Zip Code 1 Skyview Dr Fort Worth, TX 76155-1801 | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Air travel to Houston |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 07/30/2025 | Payee name American Airlines | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code 1 Skyview Dr Fort Worth, TX 76155-1801 | |
| PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Fees | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-flight WiFi |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Date 08/02/2025 | Payee name American Airlines | |
| Amount (\$) \$286.48 | Payee address; City; State; Zip Code 1 Skyview Dr Fort Worth, TX 76155-1801 | |
| PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel Out of District | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Air travel to Austin |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: Sch: 4/6 Rpt: 220/224 | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 07/21/2025 | 5 Payee name Apple | | |
| 6 Amount (\$) \$19.03 | 7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Apple News+ Subscription | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/21/2025 | Payee name Apple | | |
| Amount (\$) \$19.03 | Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apple News+ Subscription | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/21/2025 | Payee name Apple | | |
| Amount (\$) \$19.03 | Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apple News+ Subscription | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: Sch: 5/6 Rpt: 221/224 | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 10/21/2025 | 5 Payee name Apple | | |
| 6 Amount (\$) \$19.03 | 7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Apple News+ Subscription | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/21/2025 | Payee name Apple | | |
| Amount (\$) \$19.03 | Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apple News+ Subscription | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/21/2025 | Payee name Apple | | |
| Amount (\$) \$19.03 | Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apple News+ Subscription | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 G: Sch: 6/6 Rpt: 222/224 | 2 FILER NAME Turner, Christopher G. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00062790 | |
| 4 Date 12/09/2025 | 5 Payee name Costco Wholesale | | |
| 6 Amount (\$) \$57.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 600 W Arbrook Blvd Arlington, TX 76014-3702 | | |
| 8 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 Supplies for holiday toy drive | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/03/2025 | Payee name Hearsay | | |
| Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1711 E Randol Mill Rd Arlington, TX 76011-6000 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/06/2025 | Payee name Jimmy's Food Store | | |
| Amount (\$) \$170.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 4901 Bryan St Dallas, TX 75206-7613 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for staff holiday party | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

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

SCHEDULE K

| | | |
|---|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule K: Sch: 1/2 Rpt: 223/224</p> |
| <p>2 FILER NAME Turner, Christopher G. (The Honorable)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00062790</p> |
| <p>4 Date 07/04/2025</p> | <p>5 Name of person from whom amount is received American Express</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>8 Amount (\$) \$10.00</p> |
| | <p>7 Purpose for which amount is received Wireless credit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 08/04/2025</p> | <p>Name of person from whom amount is received American Express</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>Amount (\$) \$10.00</p> |
| | <p>Purpose for which amount is received Wireless credit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 09/04/2025</p> | <p>Name of person from whom amount is received American Express</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>Amount (\$) \$10.00</p> |
| | <p>Purpose for which amount is received Wireless credit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 10/04/2025</p> | <p>Name of person from whom amount is received American Express</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>Amount (\$) \$10.00</p> |
| | <p>Purpose for which amount is received Wireless credit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 11/04/2025</p> | <p>Name of person from whom amount is received American Express</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>Amount (\$) \$10.00</p> |
| | <p>Purpose for which amount is received Wireless credit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |

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

SCHEDULE K

| | | |
|---|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule K: Sch: 2/2 Rpt: 224/224</p> |
| <p>2 FILER NAME Turner, Christopher G. (The Honorable)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00062790</p> |
| <p>4 Date 12/04/2025</p> | <p>5 Name of person from whom amount is received American Express</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>8 Amount (\$) \$10.00</p> |
| | <p>7 Purpose for which amount is received Wireless credit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 12/31/2025</p> | <p>Name of person from whom amount is received American Express</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code New York, NY 10285</p> | <p>Amount (\$) \$2,905.64</p> |
| | <p>Purpose for which amount is received Account interest</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 12/31/2025</p> | <p>Name of person from whom amount is received Bank of America</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Tampa, FL 33622</p> | <p>Amount (\$) \$358.46</p> |
| | <p>Purpose for which amount is received Account interest</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 09/11/2025</p> | <p>Name of person from whom amount is received City of Arlington</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Arlington, TX 76010</p> | <p>Amount (\$) \$250.00</p> |
| | <p>Purpose for which amount is received Event deposit refund</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |
| <p>Date 09/23/2025</p> | <p>Name of person from whom amount is received Grand Peninsula Owners Association</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Grand Prairie, TX 75054</p> | <p>Amount (\$) \$500.00</p> |
| | <p>Purpose for which amount is received Event deposit refund</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| | | |