

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 The Honorable	FIRST Christopher G.	MI MI
	NICKNAME Chris	LAST Turner	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 182093 Arlington, TX 76096		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William D.	MI MI
	NICKNAME Dan	LAST Dipert	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7301 W. Pioneer Pkwy. Arlington, TX 76013		
7 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 543-3700	EXTENSION
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 Day Year 07/01/2025	THROUGH Month Day Year 12/31/2025	
10 ELECTION	ELECTION DATE Month Day Year 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

2 of 224

13 C / OH NAME	Turner, Christopher G. (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00062790	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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**

3 of 224

18 FILER NAME Turner, Christopher G. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062790	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016-3806	7 Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Aspen, CO 81611-2162	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Dixon, CA 95620-2629	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#: _____) Aliano, Arlene <hr/> Contributor address; City; State; Zip Code Dixon, CA 95620-2629	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4431	Amount of Contribution (\$) \$50.00
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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133-6120	7 Amount of Contribution (\$) \$75.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-6501	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Washington, DC 20001-2133	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Washington, DC 20036-4718	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78754-5129	Amount of Contribution (\$) \$5,000.00
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: 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)		9 Employer (See Instructions)
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)		Employer (See Instructions)
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

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. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-1511	7 Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78268-7397	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3105	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2750	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson & Knight L.L.P.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93301-3130	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Board Executive Chair		Employer (See Instructions) Centre for Neuro Skills
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Susan <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93301-3130	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Executive VP of Clinical Services		Employer (See Instructions) Centre for Neuro Skills
Date 12/19/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00413856) Associations Inc. PAC <hr/> 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723-1258	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76099-2644	Amount of Contribution (\$) \$15.69
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76161-0039	Amount of Contribution (\$) \$2,500.00
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 <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-1514	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-1514	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Balsom, Jim <hr/> 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
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balsom, Jim <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-5416	Amount of Contribution (\$) \$52.00
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#: _____) Barnes, Chris <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-3894	Amount of Contribution (\$) \$26.13
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Beckman Coulter
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Christopher <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-3894	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Beckman Coulter Inc
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Kenneth <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1369	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/125 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. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-8106	7 Amount of Contribution (\$) \$103.75
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 <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052-2813	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052-2813	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227-1302	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-2902	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 6 Contributor address; City; State; Zip Code Houston, TX 77070-1322	7 Amount of Contribution (\$) \$3.00
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 Contributor address; City; State; Zip Code Austin, TX 78701-2656	Amount of Contribution (\$) \$2,000.00
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 Contributor address; City; State; Zip Code Providence, RI 02903-2525	Amount of Contribution (\$) \$750.00
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 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6717	Amount of Contribution (\$) \$500.00
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 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6717	Amount of Contribution (\$) \$500.00
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 <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77066-2015	7 Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-5501	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-3811	Amount of Contribution (\$) \$5.00
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 <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-4234	Amount of Contribution (\$) \$250.00
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. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Senior Executive Vice President		Employer (See Instructions) Texas Resources

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Berel-Harrop, Sarah <hr/> 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
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhandari, Ranjana <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Liveable Arlington
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhular, Nadia <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054-5535	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggan, John <hr/> Contributor address; City; State; Zip Code Hurst, TX 76053-7165	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Data Science		Employer (See Instructions) ACH Child and Family Services
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissett, Martha <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-6428	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Castro Valley, CA 94552-1824	7 Amount of Contribution (\$) \$3.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3851	Amount of Contribution (\$) \$5,000.00
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#: _____) Brannon, Todd <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-3573	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-2198	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	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#: _____) Bresnen, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2837	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bresnen Associates
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, R Annette <hr/> 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 <hr/> 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 <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75041-2546	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065-6887	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6936	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-3869	Amount of Contribution (\$) \$5,000.00
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. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1724	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dipert Travel & Transportation Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 6 Contributor address; City; State; Zip Code Dallas, TX 75218-4508	7 Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code Dallas, TX 75218-4508	Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code Austin, TX 78728-1316	Amount of Contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code Arlington, TX 76017-1252	Amount of Contribution (\$) \$150.00
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 Contributor address; City; State; Zip Code Austin, TX 78746-6724	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Capital OB/Gyn

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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, Garreth <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79932-1971	7 Amount of Contribution (\$) \$5.00
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#: _____) Caldera, Yvonne <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413-2244	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413-2244	Amount of Contribution (\$) \$25.00
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#: <u>C00362640</u>) Calpine Corporation PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-2743	Amount of Contribution (\$) \$1,500.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-4655	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Frost

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75109-9654	7 Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-1524	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#: _____) Cannon, Gayle <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7123	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#: _____) Carlon, Alfonso <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-1018	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-3131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 6 Contributor address; City; State; Zip Code Bryan, TX 77802-3131	7 Amount of Contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code Bryan, TX 77802-3131	Amount of Contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code Bryan, TX 77802-3131	Amount of Contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code Bryan, TX 77802-3131	Amount of Contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code Houston, TX 77223-0842	Amount of Contribution (\$) \$2,500.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-6069	7 Amount of Contribution (\$) \$10.00
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#: _____) Casey, Ekaterina <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-5173	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706-5155	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77210-4567	Amount of Contribution (\$) \$2,500.00
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 <hr/> Contributor address; City; State; Zip Code El Paso, TX 79946-0929	Amount of Contribution (\$) \$5,000.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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, Sonda <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055-6719	7 Amount of Contribution (\$) \$26.13
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 <hr/> Contributor address; City; State; Zip Code Ava, MO 65608-8522	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Derwood, MD 20855-2043	Amount of Contribution (\$) \$1.00
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#: _____) Christiansen, Roy <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5759	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code West Chester, PA 19382-3370	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018-1270	7 Amount of Contribution (\$) \$50.00
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#: _____) Cleveland, Reginald <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-4544	Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-1814	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-5465	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#: _____) Cobb, Joni <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3727	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76262-9048	7 Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Keller, TX 76262-9048	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-8426	Amount of Contribution (\$) \$25.00
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#: _____) Collins, Mary <hr/> Contributor address; City; State; Zip Code Wolforth, TX 79382-3401	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 checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation PAC (COMPAC) <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of Contribution (\$) \$1,500.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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#: <u>C00793711</u>) Constellation Energy Corporation Employee PAC <hr/> 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#: <u>C00793711</u>) Constellation Energy Corporation Employee PAC <hr/> 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-3601	7 Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-4760	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1743	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78741-7035	Amount of Contribution (\$) \$3.36
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 <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-3961	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Boone Family Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76205-8219	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-7506	Amount of Contribution (\$) \$10.60
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-4611	Amount of Contribution (\$) \$125.00
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 <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-8536	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Sherman, TX 75091-2121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8339	7 Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148-2806	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-2671	Amount of Contribution (\$) \$258.32
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1150	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Escondido, CA 92026-5020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MH therapist		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: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-1291	7 Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-2300	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-5615	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Redwood City, CA 94061-3614	Amount of Contribution (\$) \$750.00
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 <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-1277	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Beard Kultgen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 6 Contributor address; City; State; Zip Code Windcrest, TX 78239-2652	7 Amount of Contribution (\$) \$5.00
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. Contributor address; City; State; Zip Code Arlington, TX 76013-1760	Amount of Contribution (\$) \$2,500.00
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#: _____) Dipert, Linda Contributor address; City; State; Zip Code Arlington, TX 76013-1760	Amount of Contribution (\$) \$2,500.00
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 Contributor address; City; State; Zip Code Grapevine, TX 76051-4995	Amount of Contribution (\$) \$25.00
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 Contributor address; City; State; Zip Code Lakeway, TX 78734-4631	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109-3916	7 Amount of Contribution (\$) \$10.00
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#: _____) Dowdell, Toyette <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-2553	Amount of Contribution (\$) \$5.00
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 <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521-2844	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#: _____) Driskill, Cynthia <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521-2844	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#: _____) Drotman, Robert <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-0443	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-2619	7 Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8566	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-2869	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-2869	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-2869	Amount of Contribution (\$) \$10.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76002-2869	7 Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-2869	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-2869	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-2869	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-7943	Amount of Contribution (\$) \$1,000.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-5445	7 Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-4555	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006-2296	Amount of Contribution (\$) \$50.00
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#: _____) Edwards, Chet <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-1052	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2585	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006-8716	7 Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006-8716	Amount of Contribution (\$) \$125.00
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#: _____) Eisenhower, Patricia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-5939	Amount of Contribution (\$) \$50.00
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#: <u>C00097568</u>) Employees of RTX Corporation PAC <hr/> Contributor address; City; State; Zip Code Arlington, VA 22209-3914	Amount of Contribution (\$) \$750.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6715	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Insurance 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: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Englander, Marty <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	7 Amount of Contribution (\$) \$2,500.00
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#: _____) Ephram-Neal, Shirley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133-7401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ephram-Neal, Shirley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133-7401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben & Yarbrough <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2508	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1331	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081-6624	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Betty J <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2757	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#: _____) Faber, Nancy <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-2000	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#: _____) Farrington, Thomas <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-5018	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-5110	Amount of Contribution (\$) \$26.13
Principal occupation / Job title (See Instructions) Attorney - Gov. Affairs		Employer (See Instructions) Starbucks

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-5362	7 Amount of Contribution (\$) \$103.45
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8341	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3103	Amount of Contribution (\$) \$10,000.00
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#: _____) Fine, Mary <hr/> Contributor address; City; State; Zip Code Forney, TX 75126-0919	Amount of Contribution (\$) \$5.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-2538	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-3340	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Yvonne <hr/> 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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3345	Amount of Contribution (\$) \$10,000.00
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#: _____) Frank, Shelley <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012-5502	7 Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3557	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8382	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75051-1233	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75051-1233	Amount of Contribution (\$) \$10.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4746	7 Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4302	Amount of Contribution (\$) \$10.60
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4302	Amount of Contribution (\$) \$10.60
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001-5541	Amount of Contribution (\$) \$11.22
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 <hr/> Contributor address; City; State; Zip Code Chicago, IL 60620-3647	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-5233	7 Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Irving, TX 75061-7500	Amount of Contribution (\$) \$10.00
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#: _____) Gaston, Stephanie L <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001-4856	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001-4856	Amount of Contribution (\$) \$250.00
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#: _____) Gelinias, Kathryn <hr/> Contributor address; City; State; Zip Code Lincoln, ME 04457-4249	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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) <hr/> 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 <hr/> Contributor address; City; State; Zip Code 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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015-3838	Amount of Contribution (\$) \$50.00
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#: _____) Godeken, Sonja <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3307	Amount of Contribution (\$) \$25.00
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#: _____) Godeken, Sonja <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3307	Amount of Contribution (\$) \$26.13
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111-3718	7 Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Garland, TX 75042-7104	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golder, Andrew <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-3426	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Transmission Manager		Employer (See Instructions) 7X Energy
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Martha <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-3706	Amount of Contribution (\$) \$25.00
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#: _____) Gordon, Jennifer <hr/> Contributor address; City; State; Zip Code Brookhaven, GA 30319-4812	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		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: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-5001	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Janice <hr/> 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 <hr/> 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. <hr/> 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. <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-4006	7 Amount of Contribution (\$) \$50.00
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#: _____) Hall, Kristina <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-4428	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-6392	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Irving, TX 75038-5946	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-2227	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08542-3148	7 Amount of Contribution (\$) \$1.00
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#: _____) Haney, Michael D <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1676	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-1676	Amount of Contribution (\$) \$500.00
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#: _____) Harbich, Janice <hr/> Contributor address; City; State; Zip Code Alleyton, TX 78935-2008	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-3401	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) The Leaning Pear

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 6 Contributor address; City; State; Zip Code Killeen, TX 76542-5289	7 Amount of Contribution (\$) \$25.00
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 Contributor address; City; State; Zip Code Denton, TX 76205-8078	Amount of Contribution (\$) \$10.00
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#: _____) Haygood, Leah Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$1.00
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 Contributor address; City; State; Zip Code Pearland, TX 77584-7354	Amount of Contribution (\$) \$15.00
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 Contributor address; City; State; Zip Code Mansfield, TX 76063-8819	Amount of Contribution (\$) \$25.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78767-0729	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Lora <hr/> 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

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2458	Amount of Contribution (\$) \$1,000.00
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#: _____) Hiller, Jay <hr/> Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) LASR
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay <hr/> Contributor address; City; State; Zip Code Austin, TX 78726-1375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Yoga instructor		Employer (See Instructions) LASR
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkle, Robert S. <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7774	Amount of Contribution (\$) \$517.75
Principal occupation / Job title (See Instructions) Corporate Affairs		Employer (See Instructions) Cintra

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634-3510	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-2730	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#: _____) Horn, Jeri <hr/> Contributor address; City; State; Zip Code Hurst, TX 76053-7151	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Louisville, KY 40219-3962	Amount of Contribution (\$) \$3.00
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#: _____) Hough, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Framer		Employer (See Instructions) Michaels

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Tammy Renee <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76017-1113	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Supply Chain Admin		9 Employer (See Instructions) Textron
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Rosie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-2347	Amount of Contribution (\$) \$10.00
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#: _____) Hoyt Jr., John M <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-7555	Amount of Contribution (\$) \$10,000.00
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#: _____) Huff, Stephanie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75222-5796	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) State of Texas
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald <hr/> Contributor address; City; State; Zip Code Shelton, WA 98584-1609	Amount of Contribution (\$) \$1.64
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-2853	7 Amount of Contribution (\$) \$25.00
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) <hr/> Contributor address; City; State; Zip Code Washington, DC 20001-4089	Amount of Contribution (\$) \$25,000.00
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 <hr/> Contributor address; City; State; Zip Code Chicago, IL 60606-4630	Amount of Contribution (\$) \$1,500.00
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 <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-3395	Amount of Contribution (\$) \$5,000.00
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#: _____) Irving Professional Fire Fighters PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75017-1057	Amount of Contribution (\$) \$1,000.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20910-4921	7 Amount of Contribution (\$) \$2.05
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-4718	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4235	Amount of Contribution (\$) \$20.95
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 <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-3531	Amount of Contribution (\$) \$10.00
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#: _____) James, Andrew <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-3531	Amount of Contribution (\$) \$26.13
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-3531	7 Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-3531	Amount of Contribution (\$) \$25.00
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#: _____) Jarzabski, John <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-3015	Amount of Contribution (\$) \$100.00
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#: _____) Jaynes, Larry D. <hr/> Contributor address; City; State; Zip Code Mc Gregor, TX 76657-4166	Amount of Contribution (\$) \$25,000.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006-3616	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		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: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006-3616	7 Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Apex, NC 27502-7746	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78767-0536	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Eugene, OR 97404-0329	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-3655	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75215-1841	7 Amount of Contribution (\$) \$2,500.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75215-1841	Amount of Contribution (\$) \$500.00
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. <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5740	Amount of Contribution (\$) \$1,500.00
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 <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-0015	Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-1823	Amount of Contribution (\$) \$2,500.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76002-3058	7 Amount of Contribution (\$) \$20.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-3638	Amount of Contribution (\$) \$5.00
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. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1002	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-7535	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4264	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 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 <hr/> 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 <hr/> 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, Kathleeen <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3880	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3880	Amount of Contribution (\$) \$10.00
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#: _____) Krampitz, Tom <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-3122	Amount of Contribution (\$) \$259.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77084-3232	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 type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, John <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5277	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Government Affairs Consultant		Employer (See Instructions) HMWK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77088-6906	7 Amount of Contribution (\$) \$20.00
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#: _____) Lambert, Melody <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5613	Amount of Contribution (\$) \$50.00
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#: _____) Landacre, Dona <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163-4556	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#: _____) Lane, Frank <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-3573	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-4463	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4334	7 Amount of Contribution (\$) \$40.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4334	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077-4807	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3185	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code La Pine, OR 97739-9013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawley, Gail <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633-2243	7 Amount of Contribution (\$) \$5.00
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#: _____) Lawson, Terry <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4756	Amount of Contribution (\$) \$50.00
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#: _____) Laycock, David <hr/> Contributor address; City; State; Zip Code Chester, NJ 07930-2637	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesser, Rona <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4806	Amount of Contribution (\$) \$50.00
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#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760-7428	Amount of Contribution (\$) \$1,000.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-1931	7 Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, VA 22202-4110	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054-3504	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#: _____) Lopez, Gloria <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-5053	Amount of Contribution (\$) \$5.00
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 <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-7231	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		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: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013-1624	7 Amount of Contribution (\$) \$300.00
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#: _____) Lucas, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5563	Amount of Contribution (\$) \$50.00
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#: _____) Ludington, Joshua <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015-4802	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-1073	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Upper Marlboro, MD 20772-2675	Amount of Contribution (\$) \$5,000.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006-3204	7 Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-2432	Amount of Contribution (\$) \$25.00
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#: _____) Massingill, Berna <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	Amount of Contribution (\$) \$1,000.00
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#: _____) Massingill MD, G Sealy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code China Spring, TX 76633-3248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) AMG Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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#: _____) Matke, Darin <hr/> 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 <hr/> 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. <hr/> 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 <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) McDole, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-2886	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) custodian		9 Employer (See Instructions) USPS
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Laura <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2922	Amount of Contribution (\$) \$25.00
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#: _____) McGee, Marty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015-1122	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#: _____) McGimsey, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3318	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#: _____) McGinn, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3526	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 6 Contributor address; City; State; Zip Code Dallas, TX 75205-3126	7 Amount of Contribution (\$) \$2,000.00
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 Contributor address; City; State; Zip Code Richmond, VA 23219-3956	Amount of Contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code Briarcliff, TX 78669-2130	Amount of Contribution (\$) \$1.00
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 Contributor address; City; State; Zip Code Houston, TX 77036-2764	Amount of Contribution (\$) \$1.00
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 Contributor address; City; State; Zip Code Houston, TX 77036-2764	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Civil Engineering Tech		Employer (See Instructions) Benchmark Engineering

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealy, Patti <hr/> 6 Contributor address; City; State; Zip Code Ewing, NJ 08628-3533	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Capital Health
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menifee, VanDella <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8571	Amount of Contribution (\$) <div style="text-align: right;">\$250.00</div>
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#: _____) Michaud, John-Paul <hr/> Contributor address; City; State; Zip Code Hays, KS 67601-9650	Amount of Contribution (\$) <div style="text-align: right;">\$1.67</div>
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) K-State U
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Camille D. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5968	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
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#: _____) Miller, Camille D. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5968	Amount of Contribution (\$) <div style="text-align: right;">\$20.95</div>
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: 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 <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92116-3642	7 Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247-5837	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-2237	Amount of Contribution (\$) \$103.45
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 <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-5825	Amount of Contribution (\$) \$3.00
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#: _____) Mixon, Eugenia P <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-5825	Amount of Contribution (\$) \$10.60
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95404-2927	7 Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$250.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1336	Amount of Contribution (\$) \$26.13
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1336	Amount of Contribution (\$) \$103.45
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1336	Amount of Contribution (\$) \$52.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013-1336	7 Amount of Contribution (\$) \$100.00
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. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-3804	Amount of Contribution (\$) \$2,500.00
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 <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4811	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#: _____) Moore, Linda <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266-6241	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-2047	Amount of Contribution (\$) \$100.00
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: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosimann, Eleanor <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8734	7 Amount of Contribution (\$) \$25.00
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#: _____) Mueller, Kathy <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-4879	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullinax, Joan E <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2646	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Licensed Professional Counselor		Employer (See Instructions) Eddins Counseling Group
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277-5676	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Clare <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-2008	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3958	7 Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-6299	Amount of Contribution (\$) \$4,000.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-1868	Amount of Contribution (\$) \$250.00
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#: _____) National Association of Benefit and Insurance Professionals - Texas PAC <hr/> Contributor address; City; State; Zip Code Cranford, NJ 07016-2464	Amount of Contribution (\$) \$250.00
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#: _____) National Cutting Horse Association Texas Events PAC (NCHA Events) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-1862	Amount of Contribution (\$) \$2,500.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77088-1444	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1710	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015-3824	Amount of Contribution (\$) \$150.00
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 <hr/> Contributor address; City; State; Zip Code Denton, TX 76209-2227	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#: _____) Novelli, Jordan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2609	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137-1546	7 Amount of Contribution (\$) \$10.00
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 Contributor address; City; State; Zip Code Arlington, TX 76006-1252	Amount of Contribution (\$) \$26.13
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 Contributor address; City; State; Zip Code Arlington, TX 76006-4445	Amount of Contribution (\$) \$250.00
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 Contributor address; City; State; Zip Code Waco, TX 76710-1416	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#: _____) Olsson, Kristin Contributor address; City; State; Zip Code Dallas, TX 75229-4119	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 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)		9 Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Susan <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-2762	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USMD
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-5445	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC Of The Independent Insurance Agents Of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78768-4487	Amount of Contribution (\$) \$250.00
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#: _____) Padgett, Robyn <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Padgett, Robyn <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3055	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padgett, Robyn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3055	Amount of Contribution (\$) \$52.00
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#: _____) Pancorvo, George <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065-5464	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Ben <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3185	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#: _____) Parsley, Ben <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3185	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Bryan, TX 77802-2064	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#: _____) Parsons, Carolyn <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-2064	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#: _____) Paser, Pamela <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7620	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#: _____) Pathiakakis, Christos <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3419	Amount of Contribution (\$) \$20.00
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 <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633-4925	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3400	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#: _____) Petre, Cheryl <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4853	Amount of Contribution (\$) \$5.00
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#: _____) Petre, Cheryl <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-4853	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#: <u>C00016683</u>) Pfizer PAC <hr/> Contributor address; City; State; Zip Code New York, NY 10001-2189	Amount of Contribution (\$) \$1,500.00
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 <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-7919	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Arlington

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-2221	7 Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-3628	Amount of Contribution (\$) \$15,000.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-4349	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018-1658	Amount of Contribution (\$) \$51.83
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018-1658	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-2077	7 Amount of Contribution (\$) \$2,500.00
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 <hr/> Contributor address; City; State; Zip Code Holyoke, MA 01040-2008	Amount of Contribution (\$) \$20.85
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-2102	Amount of Contribution (\$) \$750.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76140-9526	Amount of Contribution (\$) \$25.00
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#: _____) Powell, Greig <hr/> Contributor address; City; State; Zip Code San Leon, TX 77539-2327	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Crowley, TX 76036-1147	7 Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-6563	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-2344	Amount of Contribution (\$) \$10.00
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#: _____) Ramirez, Rene <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78540-2234	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249-4551	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013-2026	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-0008	Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659-0696	Amount of Contribution (\$) \$25.00
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#: _____) Richards, Carol <hr/> Contributor address; City; State; Zip Code Manchester, NH 03104-5551	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-1531	Amount of Contribution (\$) \$516.45
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Richmond Advisory LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-3352	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#: _____) Riley, Elaine <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-6953	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015-3685	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1521	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-7000	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Potter		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: 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 6 Contributor address; City; State; Zip Code Arlington, TX 76013-1908	7 Amount of Contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code Arlington, TX 76013-1908	Amount of Contribution (\$) \$200.00
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 Contributor address; City; State; Zip Code Stormville, NY 12582-5302	Amount of Contribution (\$) \$2.00
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#: _____) Ross, Jeri Contributor address; City; State; Zip Code Wimberley, TX 78676-0593	Amount of Contribution (\$) \$15.00
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 Contributor address; City; State; Zip Code Brookline, MA 02445-7508	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Hammond Real Estate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> 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. <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212-3134	7 Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-7703	Amount of Contribution (\$) \$5.00
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 <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-2705	Amount of Contribution (\$) \$2,500.00
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#: _____) Sampson Public Affairs LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-5202	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1562	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657-5673	7 Amount of Contribution (\$) \$517.75
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-3339	Amount of Contribution (\$) \$1,000.00
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. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-4331	Amount of Contribution (\$) \$5.00
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 <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126-1831	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#: _____) Shenberger, Ronald <hr/> Contributor address; City; State; Zip Code Denton, TX 76209-1215	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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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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386-1587	7 Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3924	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Eagan, MN 55122-1141	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Independence, OH 44131-2378	Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-2331	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) TSO-Mansfield

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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 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 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason Contributor address; City; State; Zip Code Fort Worth, TX 76104-2020	Amount of Contribution (\$) \$500.00
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 Contributor address; City; State; Zip Code Leesburg, VA 20175-3836	Amount of Contribution (\$) \$6.58
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 Contributor address; City; State; Zip Code Houston, TX 77082-2766	Amount of Contribution (\$) \$20.00
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 Contributor address; City; State; Zip Code Arlington, TX 76002-3605	Amount of Contribution (\$) \$100.00
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: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-1696	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparrow, Eva <hr/> Contributor address; City; State; Zip Code Converse, TX 78109-2723	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Wainscott, NY 11975-1215	Amount of Contribution (\$) \$1.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-1503	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018-1684	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) UT Southwestern

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 6 Contributor address; City; State; Zip Code Georgetown, TX 78633-1909	7 Amount of Contribution (\$) \$25.00
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 Contributor address; City; State; Zip Code St Petersburg, FL 33701-4313	Amount of Contribution (\$) \$1.00
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#: _____) Stout, Joseph Contributor address; City; State; Zip Code Colleyville, TX 76034-5590	Amount of Contribution (\$) \$25.00
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 Contributor address; City; State; Zip Code Corpus Christi, TX 78480-8236	Amount of Contribution (\$) \$5.00
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#: _____) Strong, James Contributor address; City; State; Zip Code Corpus Christi, TX 78480-8236	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9299	7 Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9299	Amount of Contribution (\$) \$75.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-9299	Amount of Contribution (\$) \$52.00
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#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018-1869	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-3798	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) CrestMarc Residential Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664-3948	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664-3948	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-2457	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77066-4043	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#: _____) Tansill, Roy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6509	Amount of Contribution (\$) \$1.06
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: 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) <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8844	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, James <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049-7780	Amount of Contribution (\$) \$25.00
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#: _____) Taylor, Christine <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-4206	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Sos inventory
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Janice M <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-6158	Amount of Contribution (\$) \$25.00
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#: _____) Taylor, Marissa <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002-3860	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas DPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor-Berry, Brenda <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346-3466	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) US ARMY
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telfer, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2031	Amount of Contribution (\$) \$8.33
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#: _____) Temple, Byron <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-7526	Amount of Contribution (\$) \$50.00
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#: _____) Tenaska Employees Texas PAC <hr/> Contributor address; City; State; Zip Code Omaha, NE 68154-5212	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Meza Campaign <hr/> Contributor address; City; State; Zip Code Irving, TX 75015-5076	Amount of Contribution (\$) \$50.00
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: 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. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-5427	7 Amount of Contribution (\$) \$517.75
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 Contributor address; City; State; Zip Code Austin, TX 78741-6931	Amount of Contribution (\$) \$5,000.00
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#: _____) Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1951	Amount of Contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$10,000.00
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 Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$15,000.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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

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#: _____) Torrance, Lori <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016-1542	7 Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Washington, DC 20004-2801	Amount of Contribution (\$) \$500.00
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#: C00008268) Transport Workers Union Political Contributions Committee <hr/> Contributor address; City; State; Zip Code Washington, DC 20001-2790	Amount of Contribution (\$) \$2,500.00
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 <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-1709	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-1709	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010-5647	7 Amount of Contribution (\$) \$50.00
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#: _____) Tucker, Barbara <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-5647	Amount of Contribution (\$) \$26.13
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-2526	Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228-2758	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228-2758	Amount of Contribution (\$) \$50.00
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: 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 6 Contributor address; City; State; Zip Code Dallas, TX 75228-2758	7 Amount of Contribution (\$) \$103.75
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 Contributor address; City; State; Zip Code Dallas, TX 75228-2758	Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code Dallas, TX 75228-2758	Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code Dallas, TX 75228-2758	Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code Dallas, TX 75228-2758	Amount of Contribution (\$) \$50.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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) <hr/> 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-6995	7 Amount of Contribution (\$) \$750.00
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 <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75072-2772	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#: _____) Valenzuela, Terry <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011-7957	Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011-7957	Amount of Contribution (\$) \$50.00
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 Ekelburg, Marian <hr/> Contributor address; City; State; Zip Code Lansdale, PA 19446-1727	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78254-2688	7 Amount of Contribution (\$) \$20.00
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 <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-1104	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code Irving, TX 75039-2479	Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-2524	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-5105	Amount of Contribution (\$) \$10.00
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 <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001-1102	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-4935	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-4935	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4518	Amount of Contribution (\$) \$258.32
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5968	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 6 Contributor address; City; State; Zip Code Austin, TX 78723-5546	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#: _____) Whittington, Susan Contributor address; City; State; Zip Code Austin, TX 78723-5546	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#: _____) Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2434	Amount of Contribution (\$) \$1,000.00
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#: _____) Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2434	Amount of Contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code Garland, TX 75043-3431	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043-3431	7 Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122-2213	Amount of Contribution (\$) \$1.00
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#: _____) Wilhelm, Franya <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2052	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2052	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2052	Amount of Contribution (\$) \$26.13
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 <hr/> 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. <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code Lafayette, CA 94549-4603	7 Amount of Contribution (\$) \$1.64
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1533	Amount of Contribution (\$) \$5,000.00
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 <hr/> Contributor address; City; State; Zip Code Marlin, TX 76661-2203	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#: _____) Wynn, Ester <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-3783	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8343	Amount of Contribution (\$) \$52.00
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 <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8343	7 Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8343	Amount of Contribution (\$) \$52.00
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 <hr/> Contributor address; City; State; Zip Code Naperville, IL 60540-4446	Amount of Contribution (\$) \$50.00
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#: _____) Young, Colin <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4122	Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-1603	Amount of Contribution (\$) \$200.00
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 <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78724-4809	7 Amount of Contribution (\$) \$15.00
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 <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-2234	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2165	Amount of Contribution (\$) \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code Houston, TX 77074-2521	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 129/224	
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 08/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HDCC Incumbent Protection Fund 7 Contributor address; City; State; Zip Code Austin, TX 78701	8 Amount of contribution (\$) \$1,923.08	9 In-kind contribution description Legal services
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)			
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Project Non-Federal Account Contributor address; City; State; Zip Code Washington, DC 20003-2611	Amount of contribution (\$) \$1,500.00	In-kind contribution description Research
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Project Non-Federal Account Contributor address; City; State; Zip Code Washington, DC 20003-2611	Amount of contribution (\$) \$1,200.00	In-kind contribution description Research
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 ☐ 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 (\$)
\$300.00

9 In-kind contribution
description
Fundraising event support

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/36 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/36 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/36 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/36 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; State; Zip Code 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 <u>ONLY</u> 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; 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 <u>ONLY</u> 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; 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/36 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; State; Zip Code 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 <u>ONLY</u> 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 <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/36 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; State; Zip Code 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <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: 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
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: 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
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: 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
	(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 \$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
	(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 \$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
	(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: 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
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: 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
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: 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
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: 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
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: 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
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: 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 ONLY 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 ONLY 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 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
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: 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
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: 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
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: 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
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: 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
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: 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 <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 \$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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
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: 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 <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 \$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 <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 \$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 <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 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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 <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 \$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 <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 \$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 <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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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
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: 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	
		(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 \$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	
		(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 \$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	
		(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: 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
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: 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
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: 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 FI 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 FI 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 <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		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	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		
Date 08/28/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$82.04 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name AT&T 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		
Date 09/28/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$82.04 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name AT&T 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		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	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		
Date 07/30/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$12.00 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name American Airlines 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		
Date 08/02/2025	Candidate/Officeholder name <div style="display: flex; justify-content: space-between;"> Office sought Office held </div>	
Amount (\$) \$286.48 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee name American Airlines 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		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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

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

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

SCHEDULE K

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