

# 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) 00089776	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Andrew	MI MI	<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 01/15/2026
	NICKNAME Sergeant	LAST Turner	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6915 Westover Dr.  Granbury, TX 76049			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Andrew B.	MI MI	
	NICKNAME	LAST Turner	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6915 Westover Dr.  Granbury, TX 76049			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 970-4193			
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    THROUGH    Month Day Year 07/01/2025    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)		12 OFFICE SOUGHT (if known) State Representative District 59	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
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<b>13 C / OH NAME</b> Turner, Andrew (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00089776
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,980.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 25,179.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 120.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

\_\_\_\_\_  
 Mr. Andrew Turner  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_ Signature of officer administering     
 \_\_\_\_\_ Printed name of officer administering     
 \_\_\_\_\_ Title of officer administering oath

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

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<b>18 FILER NAME</b> Turner, Andrew (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089776
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,980.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,250.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 8,929.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
<b>2</b> FILER NAME Turner, Andrew (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089776
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, David <b>6</b> Contributor address; City; State; Zip Code Copperas Cove, TX 76522	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) NA
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Contributor address; City; State; Zip Code San Antonio, TX 78278	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodell, Margaret Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Eric Contributor address; City; State; Zip Code Grand Junction, CO 81505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired Veteran		Employer (See Instructions) NA
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC Contributor address; City; State; Zip Code Houston, TX 77266	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
<b>2</b> FILER NAME Turner, Andrew (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089776
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76049	<b>7</b> Amount of Contribution (\$) \$15,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Special Needs Therapist		<b>9</b> Employer (See Instructions) Behavior Innovations
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) denny, jennifer <hr/> Contributor address; City; State; Zip Code  Maryland Heights, MO 63043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Media Manager		Employer (See Instructions) self

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 6/8	<b>2</b> FILER NAME Turner, Andrew (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089776
<b>4</b> Date 08/01/2025	<b>5</b> Payee name Facebook META Ads	
<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook and Instagram Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Turner, Andrew	Office sought State Representative Place HD  Office held
Date 11/02/2025	Payee name Sole Strategies	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code 1930 18th St NW Ste B2 #1036 Washington, DC 20009	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and call list consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held
Date 12/04/2025	Payee name Texas Democrat Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 314 East Highland Mall Blvd STE 508 Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 7/8	<b>2</b> FILER NAME Turner, Andrew (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089776
<b>4</b> Date 08/05/2025	<b>5</b> Payee name Insidea	
<b>6</b> Amount (\$) \$5,500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 8 The Green STE R Dover, DE 19901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commercials
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Taylor, Trey	
Amount (\$) \$3,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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> Broomfield, TX 80020	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel expenses for fundraising event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2025	Candidate/Officeholder name Upwork	
Amount (\$) \$429.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 530 Lytton Ave Ste 301 Palo Alto, CA 94301	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media setup
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
Sch: 1/1 Rpt: 8/8

2 FILER NAME  
Turner, Andrew (Mr.)

3 Filer ID (Ethics Commission Filers)  
00089776

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Taylor, Trey

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1  
☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

Taylor, Trey

02/27/2026

8 Departure city or name of departure location

Denver

02/28/2026

9 Destination city or name of destination location

Dallas

10 Means of transportation  
Combined total Flight and

11 Purpose of travel (including name of conference, seminar, or other event)  
Fundraising concert