

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)

76-0689878

2 Total pages filed:

1-3

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Ms.	FIRST Carmen	MI P.	OFFICE USE ONLY Date Received		
		NICKNAME	LAST Turner	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 23503 Starbridge Lake Lane Richmond Tx 77406				Date Hand-delivered or Date Postmarked JUL 18 2022 RWD	
Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (832)	PHONE NUMBER 642-5778	EXTENSION		Receipt #	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms.	FIRST Toni	MI	Amount \$		
		NICKNAME	LAST Smith	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2810 Stock Creek Lane Richmond Texas 77406				Date Imaged	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE		AREA CODE (832)	PHONE NUMBER 731-4778	EXTENSION			
9 REPORT TYPE		<input 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 checked="" 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)					
10 PERIOD COVERED		Month Day Year 1 / 22 / 22			THROUGH Month Day Year 6 / 30 / 22		
11 ELECTION		ELECTION DATE Month Day Year		ELECTION TYPE Primary Runoff Other Descripti. 1 General Special			
12 OFFICE		OFFICE HELD (if any) TAX Assessor - Collector		13 OFFICE SOUGHT (if known) TAX ASSESSOR - Collector			
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		GENERAL	COMMITTEE ADDRESS				
		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

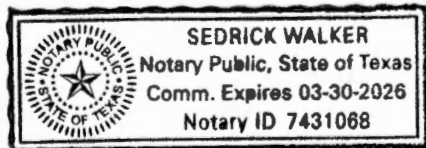
15 C/OH NAME Carmen P. Turner		16 Filer ID (Ethics Commission Filers) 76-0689878
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,765.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by CARMEN P. TURNER this the 18TH day of JULY

20 22, to certify which, witness my hand and seal of office.

Sedrick Walker Signature of officer administering oath
SEDRICK WALKER Printed name of officer administering oath
TEXAS NOTARY PUBLIC Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Carmen P. Turner, and my date of birth is 05/02/1961

My address is 23503 Starbridge Lake Lane, Richmond, Tx., 77407
 (street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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19 FILER NAME Carmen P. Turner		20 Filer ID (Ethics Commission Filers) 76-0689878
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION'S TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00