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 Co. 76-0689878	mmission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Carmen		мі Р	OFFICE	USEONLY
NAME	NICKNAME	Turner		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 23503 Starb Richmond T	ridge Lane	CITY; STATE;	ZIP CODE		JUL 20 202
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 642-5778	EXTENSIO	N	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		Mi	Receipt #	Amount \$
NAME	NICKNAME	Toni LAST Smith		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 2810 Stock (Richmond T	Creek Lane	SUITE #; CITY;		STATE;	ZIP CODE
3 CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 731-4778	EXTENSION	N		
REPORT TYPE	January 15 July 15	30th day before 8th day before e	lection Excee	f ded Modified ting Limit	treasurer a	fter campaign ppointment er Only) rt (Attach C/OH - FR)
0 PERIOD COVERED	Month 1	Day Year / 16 / 23	THROUGH	Month 7	Day Yea / 14 / 23	
1 ELECTION	Month Day	Priman	Runoff	Other Description		
2 OFFICE	OFFICE HELD (if any) Fort Bend Cour	nty Tax Assessor Coll	13 OFFICE SO ector Fort Bend		Tax Assesso	r Collector
4 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR	ES MAY HAVE BEEN MADE WI	THOUT THE CAND	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Carmen P. Turner		16 Filer ID (Ethics Commission Filers) 76-0689878
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 265.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6995.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 185.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4722.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 4037.02
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (LAST DAY OF THE REPORTING PERIOD	OF THE \$
	Please complete either option below	andidate or Officeholder
(1) Affidavit	CRYSTAL EVON TYLER NOTARY PUBLIC, STATE OF TEXAS Notary ID #13343119-7 Expires November 04, 2025	
NOTARY STAMP/SEAL	Common Times	19 day of July
-72	which, witness my hand and seal of office.	Texas Notary Title of officer administering of the
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	s
My address is	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	, 20

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con		nmissio	on Filers)	
Carm	Carmen Turner 76-0689878			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7260.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	4907.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

- I tilo roquot	need information is not applicable, BO NOT III	endde tins page in the	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Carmen T	urner		3 Filer ID (Ethics Commission Filers)
4 Date	Divine Power INC	PAC (ID#:) 7 Amount of contribution (
4/30/2023	6 Contributor address; City; 4502 Riverstone Blvd STE1203 Misso	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Grady Prestage	(ID#:)	Amount of contribution (\$)
4/30/2023	Contributor address; City;	State; Zip Code	1000.00
	PO Box 835 Missouri Cit	y 17 77439	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/30/2023	The Hall Law Group Contributor address; City;		
	530 Lovett Blvd Houston	TX 77006	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/30/2023	Contributor address; City;	State; Zip Code	250.00
	PO Box 17428 Austin TX	78428	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES (DE TUIS SCHEDIII E AS NI	EEDED

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
² FILER NAME Carmen T	urner	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Ron Reynolds	7 Amount of contribution (\$)		
4/29/2023	6 Contributor address; City; State; Zip Code 6140 Highway 6 South 233 Missouri City TX 77459	500.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:) Mark Gibson	Amount of contribution (\$)		
4/30/2023	Contributor address; City; State; Zip Code 6307 Penhallow Lane Missouri City TX 77459	100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAC (ID#:) Mark Davis	Amount of contribution (\$)		
4/30/2023	Contributor address; City; State; Zip Code 17727 Lake Malone Court Humble TX 77346	200.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4/30/2023	Beverley Walker Contributor address; City; State; Zip Code PO Box 434 Richmond TX 77406	250.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
² FILER NAME Carmen T	urner		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Daryl Smith Sr	(ID#:)	7 Amount of contribution (\$)	
4/29/2023	6 Contributor address; City; 2506 Stillwell St Missouri C	State; Zip Code	500.00	
8 Principal occur Constable Pre	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC Birdie Kelley	(ID#:)	Amount of contribution (\$)	
4/30/2023	4/30/2023 Contributor address; City; State; Zip Code 7631 S Glen Willow Lane Missouri City TX 77489		80.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date		(ID#:)	Amount of contribution (\$)	
4/30/2023	Vivan Burley Contributor address; City; 178 Mossridge Dr Missouri (State; Zip Code City TX 77489	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/30/2023	Joans Monogram Contributor address; City; 2704 Greenblade Ct Pearla	State; Zip Code	250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii tile requi	ested information is not applicable, DO NO	or include this page in the	report.
Th	e Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NAMI			3 Filer ID (Ethics Commission Filers)
4 Date	Troy Carter	ate PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 21743 Cozy Hollow Richmo	State; Zip Code	250.00
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	200.00
	8407 Gulfwood Lane Houst	on TX 77075	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		ate PAC (ID#:)	Amount of contribution (\$)
	Herbert Stone III Contributor address; City; PO Box 3212 Houston	State; Zip Code	250.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	250.00
Principal occi	7223 Grants Hollow Lane Richm	Employer (See Instruc	tions)
T melpar cec	apation / cop title (coo met detions)		,
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS N	JEEDED

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report,

	The state of the s	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NA Carmer	Turner	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Carvel Jay	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 12521 Leitrim Way	250.00
8 Principal o	9 Employer (See Instructions)	rtions)
Date	Full name of contributor out-of-state PAC (ID#:) Melvin Holloway	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 844534 Long Creek Drive	100.00
Principal od	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Sherri Hall Contributor address; City; State; Zip Code 3303 Village Pond Lane	100.00
Principal or	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Kevin Glenn	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 501 Ulrich Sugar Land TX 77498	100.00
Principal or	ccupation / Job title (See Instructions) Employer (See Instruc	itions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
² FILER NAME Carmen T	urner		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2023	 5 Full name of contributor out-of-state Charles Sutton 6 Contributor address; City; 1807 Sutters Chase Dr Suga 	State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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 Qut Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Carmen P. Turner		3 Filer ID (Ethic 76-06898	s Commission Filers)
4 Date	5 Payee name			
5/20/2023	CYBER CINCO GRAPHIC DESIGN			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
175.00	KATY TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD	DESIGN	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
4/29/2023	YVONNE WILLIAMS			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	DECOR		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/15/2023	XPRESS SIGNS			
Amount (\$)	Payee address;	City;	State;	Zip Code
70.00	3819 S TEXAS 6 HOUSTON TX 770	82		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	MAGNETIC SI	GNS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME Carmen P. Turner		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		70-0003	570
4/29/2023	Sugars Cajun Cuisine			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3500.00	3424 FM-1092 MISSOURI CITY TX	77489		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CAMPAIGN K	ICKOFF	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/29/2023	ARTISTIC BALLON BOUTIQUE			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	9130 W BROAD ST RICHMOND TX	77406		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	DECOR		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/15/2023	CROWN TROPHY			
Amount (\$)	Payee address;	City;	State;	Zip Code
42.98	10315 W AIRPORT BLVD STAFFOR	D TX 77477		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	TROPHY		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	