

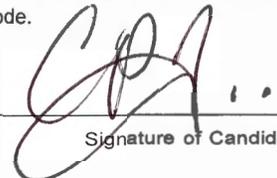


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Carmen P. Turner		<b>16 Filer ID (Ethics Commission Filers)</b> 76-0689878
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 265.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6995.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 185.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4722.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4037.02
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

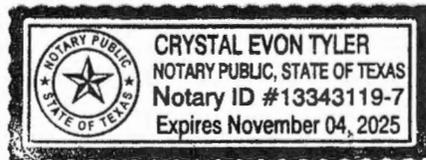
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carmen Turner this the 19 day of July, 2023, to certify which, witness my hand and seal of office.

Crystal Tyler Signature of officer administering oath  
Crystal Tyler Printed name of officer administering oath  
Texas Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Carmen Turner		<b>20 Filer ID (Ethics Commission Filers)</b> 76-0689878
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7260.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Carmen Turner		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/30/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Divine Power INC <hr/> <b>6</b> Contributor address; City; State; Zip Code 4502 Riverstone Blvd STE1203 Missouri City TX 77459	<b>7</b> Amount of contribution (\$)  <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/30/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Grady Prestage <hr/> <b>Contributor address;</b> City; State; Zip Code PO Box 835 Missouri City TX 77459	<b>Amount of contribution (\$)</b>  <b>1000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/30/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) The Hall Law Group <hr/> <b>Contributor address;</b> City; State; Zip Code 530 Lovett Blvd Houston TX 77006	<b>Amount of contribution (\$)</b>  <b>1000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/30/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Linebarger Goggan Blair <hr/> <b>Contributor address;</b> City; State; Zip Code PO Box 17428 Austin TX 78428	<b>Amount of contribution (\$)</b>  <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Carmen Turner		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ron Reynolds 6 Contributor address; City; State; Zip Code 6140 Highway 6 South 233 Missouri City TX 77459	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Mark Gibson Contributor address; City; State; Zip Code 6307 Penhallow Lane Missouri City TX 77459	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Mark Davis Contributor address; City; State; Zip Code 17727 Lake Malone Court Humble TX 77346	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Beverley Walker Contributor address; City; State; Zip Code PO Box 434 Richmond TX 77406	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Carmen Turner		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Troy Carter	<b>7</b> Amount of contribution (\$)  <b>250.00</b>
	<b>6</b> Contributor address; City; State; Zip Code 21743 Cozy Hollow Richmond TX 77469	
<b>8</b> Principal occupation / Job title (See Instructions) VP		<b>9</b> Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Roslyn Williams	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code 8407 Gulfwood Lane Houston TX 77075	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Herbert Stone III	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code PO Box 3212 Houston TX 77253	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Nicole Stewart	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code 7223 Grants Hollow Lane Richmond TX 77407	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Carmen Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Carvel Jay</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>12521 Leitrim Way</b>		
8 Principal occupation / Job title (See Instructions) <b>VP</b>		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>Melvin Holloway</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>844534 Long Creek Drive</b>		
Principal occupation / Job title (See Instructions) <b>IT</b>		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>Sherri Hall</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3303 Village Pond Lane</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <b>Kevin Glenn</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>501 Ulrich Sugar Land TX 77498</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Carmen Turner		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/30/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Charles Sutton <b>6</b> Contributor address; City; State; Zip Code 1807 Sutters Chase Dr Sugarland TX 77479	<b>7</b> Amount of contribution (\$)  <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Carmen P. Turner	<b>3</b> Filer ID (Ethics Commission Filers) 76-0689878
<b>4</b> Date 5/20/2023	<b>5</b> Payee name CYBER CINCO GRAPHIC DESIGN	
<b>6</b> Amount (\$) 175.00	<b>7</b> Payee address; City; State; Zip Code KATY TX	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description PUSH CARD DESIGN
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 4/29/2023	Payee name YVONNE WILLIAMS	
Amount (\$) 250.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description DECOR
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 6/15/2023	Payee name XPRESS SIGNS	
Amount (\$) 70.00	Payee address; City; State; Zip Code 3819 S TEXAS 6 HOUSTON TX 77082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description MAGNETIC SIGNS
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Carmen P. Turner	<b>3</b> Filer ID (Ethics Commission Filers) 76-0689878
<b>4</b> Date 4/29/2023	<b>5</b> Payee name Sugars Cajun Cuisine	
<b>6</b> Amount (\$) <b>3500.00</b>	<b>7</b> Payee address; City; State; Zip Code 3424 FM-1092 MISSOURI CITY TX 77489	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <b>CAMPAIGN KICKOFF</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/29/2023</b>	Payee name <b>ARTISTIC BALLON BOUTIQUE</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>9130 W BROAD ST RICHMOND TX 77406</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>DECOR</b>
	Check if travel outside of Texas. Complete Schedule T. 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
Date <b>05/15/2023</b>	Payee name <b>CROWN TROPHY</b>	
Amount (\$) <b>42.98</b>	Payee address; City; State; Zip Code <b>10315 W AIRPORT BLVD STAFFORD TX 77477</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>TROPHY</b>
	Check if travel outside of Texas. Complete Schedule T. 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

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