

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) 760689878	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Carmen	MI P
	NICKNAME	LAST Turner	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: 23503 Starbridge Lane Richmond Texas 77406	APT / SUITE #	CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 642-5778	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Toni	MI
	NICKNAME	LAST Smith	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), 2810 Stock Creek Lane Richmond TX 77406	APT / SUITE #	CITY: STATE: ZIP CODE
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 type="checkbox"/> July 15 <input checked="" 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 1	Day 16	Year 24 THROUGH Month 02 Day 25 Year 24
11 ELECTION	ELECTION DATE Month 03 Day 05 Year 24	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Fort Bend County Tax Assessor Collector	13 OFFICE SOUGHT (if known) Fort Bend County Tax Assessor Collector	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

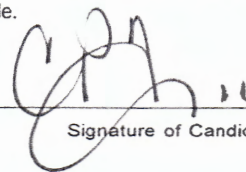
FEB 28 2024 RCVD

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

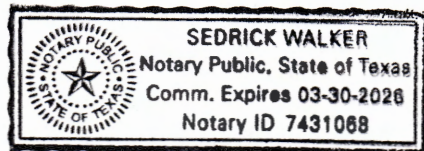
15 C/OH NAME Carmen P. Turner		16 Filer ID (Ethics Commission Filers) 760689878
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 325.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,076.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3070.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26105.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

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.



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 27th day of FEBRUARY.

20 24, 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

(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**

19 FILER NAME Carmen P Turner		20 Filer ID (Ethics Commission Filers) 760689878
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,751.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 325.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3070.00
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.

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)

760689878

4 Date

2/3/2024

5 Full name of contributor

Muhammad Javed

out-of-state PAC (ID# _____)

6 Contributor address;

2295 Avalon St Beaumont TX 77707

City;

State;

Zip Code

7 Amount of contribution (\$)

1500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/2/2024

Full name of contributor

Hearthstone homes LP

out-of-state PAC (ID# _____)

Contributor address;

4112 La Branch St Houston TX 77004

City;

State;

Zip Code

Amount of contribution (\$)

5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/2024

Full name of contributor

Darrell Carter

out-of-state PAC (ID# _____)

Contributor address;

4828 loop central Suite 600 Houston TX 77081

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/3/2024

Full name of contributor

Ron Reynolds

out-of-state PAC (ID# _____)

Contributor address;

6140 Highway 6 South 233 Missouri City TX 77459

City;

State;

Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 P Turner

3 Filer ID (Ethics Commission Filers)
760689878

4 Date
02/03/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Charles Swindell

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
9711 S. Mason Rd Richmond TX 77407

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/03/2024

Full name of contributor out-of-state PAC (ID# _____)
Kevin Campbell

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
5400 Bellaire Blvd Suite 1 Bellaire TX 77401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/03/2024

Full name of contributor out-of-state PAC (ID# _____)
Dave J Moss

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code
72 Sunset Park Lane Sugarland TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Ashwin Patel

Amount of contribution (\$)

101.00

Contributor address; City; State; Zip Code
2002 Erin Hills Court Sugarland TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1:

2 FILER NAME

Carmen P Turner

3 Filer ID (Ethics Commission Filers)

760689878

4 Date

01/18/2024

5 Full name of contributor

Javed Meghani

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

5065 Westheimer rd Suite 1111 Houston TX 77056

7 Amount of contribution (\$)

7,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/23/2024

Full name of contributor

Evelyn Lien

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

6014 Yaupon Ridge Dr Richmond TX 77469

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2024

Full name of contributor

Pamiel Gaskin

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

3006 Villa Lane Missouri City TX 77459

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2024

Full name of contributor

Dylan Russell

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

4518 PebbleStone Dr Missouri City TX 77459

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 P Turner		3 Filer ID (Ethics Commission Filers) 760689878
4 Date 02/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Kenon 6 Contributor address; City; State; Zip Code 12418 Millridge Forest ct Houston TX 77070	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Charles Swindwell Contributor address; City; State; Zip Code 1802 lake quitman Richmond TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Daphne Moss Contributor address; City; State; Zip Code 72 Sunset Park Lane Sugarland	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Geneva Jones Contributor address; City; State; Zip Code 4326 CrystalRidge St Missouri City TX 77459	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

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 P Turner

3 Filer ID (Ethics Commission Filers)

760689878

4 Date

02/01/2024

5 Full name of contributor

James Grady Prestage

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

36 Big Trail Missouri City TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/02/2024

Full name of contributor

Dzifaa Lots

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

4031 Charleston St Houston TX 77021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2024

Full name of contributor

Efrem Sewell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

3807 Smither Lane Missouri City TX 77401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2024

Full name of contributor

Mya Smith

out-of-state PAC (ID# _____)

Amount of contribution (\$)

5,000.00

Contributor address;

City;

State;

Zip Code

6652 Silver Creek Drive Indianapolis IN 46259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 P Turner

3 Filer ID (Ethics Commission Filers)
760689878

4 Date
02/04/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Robert Kenson

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
12418 Millridge Forest ct Houston Tx 77070

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/04/2024

Full name of contributor out-of-state PAC (ID# _____)
Kevin Glenn

Amount of contribution (\$)

Contributor address; City; State; Zip Code
01 Ulrich Sugarland TX 77498

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/06/2024

Full name of contributor out-of-state PAC (ID# _____)
Mark Ned

Amount of contribution (\$)

Contributor address; City; State; Zip Code
11406 Sardinia Dr Richmond TX 77406

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/21/2024

Full name of contributor out-of-state PAC (ID# _____)
E&E Construction

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5750 N. SamHouston Pkway

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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.

1 Total pages Schedule F1:	2 FILER NAME Carmen P Turner	3 Filer ID (Ethics Commission Filers) 760689878
4 Date 02/02/2024	5 Payee name Frenchy Chicken	
6 Amount (\$) 270.00	7 Payee address; City; State; Zip Code 10414 Richmond Ave, Houston, TX 77042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Event Food
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 02/16/2024	Payee name Office Depot	
Amount (\$) 300.00	Payee address; City; State; Zip Code 10960 Westheimer Rd, Houston, TX 77042	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	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 02/01/2024	Payee name 4 Imprint	
Amount (\$) 2500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED