CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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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: JUL 24 2024 R	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS	FIRST Carmen	MI P	OFFIC	E USE ONLY	
NAME	NICKNAME	LAST 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			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 642-5778	EXTENSION		ed or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	M1	Receipt #	Amount \$	
TREASURER NAME	Ms	Toni		Date Processed		
	NICKNAME	Smith	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 2810 Stock (Richmond T		SUITE #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e		(Officehol	after campaign appointment der Only) ort (Attach C/OH - FR)	
	Land		Reporting Limit			
0 PERIOD COVERED	Month 02	Day Year	THROUGH 07	Day Ye		
11 ELECTION	ELECTION DA Month Day 11 / 05	Year Primary	ELECTION TYPE Runoff Other Description Special			
2 OFFICE	OFFICE HELD (if any) Fort Bend County Tax Assessor Collector Fort Bend County Tax Assessor Collector					
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
Carmen P. Turner		760689878
17 CONTRIBUTION TOTALS	 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)	\$ 1000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 17932.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	^{DAY} \$ 8172.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	^{THE} \$ 3000.00
rec	puired to be reported by me under Title 15, Election Code. Signature of Cance Please complete either option below:	liclate or Officeholder
	Please complete entirel option below.	
(1) Affidavit	THE PLEASE PLEAS	IRENE ARREGUIN NOTARY PUBLIC, STATE OF TEXAS Notary ID #12670040-8 EXPIRES October 29, 2024
		24 day or JULY,
20 29 to certify Signature of officer administe	which, witness my hand and seal of office. <u>Ivene</u> <u>Awegvin</u> ring oath Printed name of officer administering oath	Chief of Propety Title of officer administering oath
sware to and subs- ord	CARLES CONTRACTOR OR CONTRACTOR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		······································
Executed in		ate) (zip code) (country)
	County, State of, on the day of (month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19 FILE Carm	mmiss	ion Filers)				
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0		
4.	SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	\$	0				
7.	CONTRIBUTIONS	\$	0			
8.	\$	0				
9.	\$	0				
10.	\$	0				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0		

Revised 8/17/2020

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Carmen T		760689878	
	5 Full name of contributor out-of-state Xchelsia Jennings	PAC (ID#:)	7 Amount of contribution (\$)
6/15/2024	6 Contributor address; City; 15907 Ct. St Sugar Land	State; Zip Code	1000.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out of state i	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; Cit y;	State; Z ip Code	

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 E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule F1:	2 FILER N Carmen				3 Filer ID (Ethics Commission Filers) 760689878		
4 Date	5 Payee na	ame					
04/13/2024	Ashade	Tech Inc					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4000.00	1000 Main	n St, Houston, TX 77002					
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Email/ Text B	last		
	(C)	Check if travel outside of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
06/17/2024	Sams C	lub					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
726.35	351 Hig	hway 6, Sugar Land,	TX 774	78			
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense Team Meetin			g			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
06/20/2024	MINUTI	E MAN PRESS					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
2750.00	9920 Hi	ghway 90A, Suite 100	D, Suga	ar Land, TX 77	478		
	Categor	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Printing	Expense		Printing			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livin	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED		

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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 CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME Carmen P Turner		3 Filer ID (Ethics Commission Filers) 760689878
4 Date 05/16/2024	5 Payee name The Print Boxx		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1000.00	637 Trammel Fresno Rd Unit A, Fresno	o, TX 77545	
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Printing	
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/24/2024	Jack and Jill		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	P.O. Box 17441 Sugar Land, Texas 77496		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense	edule) Description ADs	
	Check if travel outside of Texas. Complete Sche	adule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/11/2024	4 Imprint		
Amount (\$)	Payee address;	City;	State; Zip Code
1276.78			
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Printing	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	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 O	F THIS SCHEDULE AS NEE	EDED

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			6		SCHI	EDULE F1
If the requested inf	ormation is	not applicable, DO NOT	include t	his page in the re	eport.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Exp Salaries/W	(pense /ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER NA Carmen F				3 Filer ID (Ethics 76068987	Commission Filers)
4 Date 04/19/2024	5 Payee na The Prin					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
2986.00	637 Tramr	nel Fresno Rd Unit A, Fres	no, TX 77	7545		
8	(a) Categor	See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Printing		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
05/06/2024	ALPHA	KAPPA ALPHA				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
350.00	PO Box 10	97, Missouri City, TX 77459				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		ADs		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
05/17/2024	MINUTE	MAN PRESS				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
2500.00	9920 Hig	hway 90A, Suite 100	D, Suga	ar Land, TX 774	78	
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Printing		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

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Complete <u>ONLY</u> if direct expenditure to benefit C/OH

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Candidate / Officeholder name

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

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

EVDENDITI	IDECA	TECODICE	FOR	POV	0/-
EXPENDIT	UKECA	LEGORIES	FUR	BOX	ð(a

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract ns how to complete this	Expense Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N Carmen	AME				s Commission Filers)
4 Date	5 Payee n				7606898	10
06/25/2024						
		Imprints Sugar Land	0			7. 0. 1
2143.00	7 Payee a 909 Eldric	lge Rd, Sugar Land, TX 77		ty;	State;	Zip Code
3	(a) Catego	y (See Categories listed at the top of this	s schedule) (b) Descr	iption		
PURPOSE OF EXPENDITURE	Printing	g Expense	Signs			
	(c)	Check if travel outside of Texas. Complete	Schedule T. C	heck if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name	Office	sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;	Cir	ty;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this V (See Categories listed at the top of this)	schedule) Descri	iption		
		Check if travel outside of Texas. Complete S	chedule T. C	heck if Austin,	TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office			Office held
Date	Payee n	ame				
Amount (\$)	Payee ad	Idress;	Cit	ty;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this a	schedule) Descri	ption		
		Check if travel outside of Texas, Complete S	chedule T. Ci	heck if Austin	TX, officeholder living	expense

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