CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commission Filers) 760689878	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	МІ	OFFICE	USEONLY
NAME	Ms	Carmen	Р	. Date Received	
	NICKNAME	LAST Turner	SUFFIX	Date Received	000041
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 23503 Starbridge Richmond TX 774	Lane	ITY; STATE; ZIP CODE		DCT 10 20241
Change of Address				1	
5 CANDIDATE/ OFFICEHOLDER PHONE		12- 5778	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MS.	FIRST Toni	MI V	- Receipt #	Amount \$
NAME	NICKNAME	LAST	V SUFFIX	. Date Processed	
	NICKNAME .	Smith	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO E 2810 Stock Creek Richmond TX 774	Lane	ITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE		DNE NUMBER 31-4778`	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff		fter campaign ppointment ər Only)
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month D. 07 / 16	ay Year 5 / 24	THROUGH 10	Day Yea	
11 ELECTION	ELECTION DATE		ELECTION TYPE	1	
	Month Day Ye	Primary 4 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Fort Bend County Ta	x Assessor- Colle	13 OFFICE SOUGHT (If know Fort Bend County		or- Collector
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF PO THE CANDIDATE / OFFICEHOLDE	LITICAL CONTRIBUTIONS A	CCEPTED OR POLITICAL EXPENDITURES I MAY HAVE BEEN MADE WITHOUT THE CAN ED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL CO DIDATE'S OR OFFICEHO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMM	IITTEE NAME			
Additional Pages	GENERAL	ITTEE ADDRESS			
	SPECIFIC COMM	IITTEE CAMPAIGN TREA	SURER NAME		
	COMN	IITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO I	PAGE 2		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

0/ 111 / 101			
15 C/OH NAME Carmen Turner			Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	2,954.08
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20,454.08.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	21959.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	6,667.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	3,000.00
18 SIGNATURE	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct	and includes all information
re	equired to be reported by me under Title 15, Election Code.		
	Signature of Car	ndidate or O	fficeholder
	Signature of Car Please complete either option below		fficeholder
(1) Affidavit			fficeholder
(1) Affidavit NOTARY STAMP/SEA	Please complete either option below		fficeholder
	Please complete either option below	r:	fficeholder ay of,
NOTARY STAMP/SEA	Please complete either option below	r:	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option below AL d before me by	da	
NOTARY STAMP/SEA	Please complete either option below AL d before me by	da	ay of,
NOTARY STAMP / SEA Sworn to and subscribed 20, to certify Signature of officer administr	Please complete either option below AL d before me by	da	ay of,
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option below AL d before me by	da	ay of,

Forms provided by Texas Ethics Commission

Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Cor Carmen Turner 760689878				sion Filers)	
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,454.08	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS		\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00	

ine	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Carmen ⁻	Furner	760689878
4 Date	5 Full name of contributor out-of-state PAC (ID#: Melvin Chavis	
9/26/24	6 Contributor address; City; State; Zip Code 530 Little John Lane Houston TX 77024	5000.00
B Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	l structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9/21/2024	Contributor address; City; State; Zip Code	200.00
Principal occu	2723 Brighton Willow Way Katy TX 7749	
	Full name of contributor out-of-state PAC (ID#:	
9/21/2024	Contributor address; City; State; Zip Code 16718 Madison Midway Cypress TX 7743	3 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
9/21/2024	Contributor address; City; State; Zip Code	250.00
Principal occu	203 SOUTH 7 STREET BEASLEY TX 77417 pation / Job title (See Instructions) Employer (See Inst	

٦

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Exp		Travel In District Travel Out Of Distr	pment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N Carmen				3 Filer ID (Ethic 760689	cs Commission Filers) 878
4 Date	5 Payee na	ame				
8-23-2024	TGM PI	RINTING				
6 Amount (\$) 1958.73	7 Payee ad FM 1092	^{tdress;} 2 Missouri City Texas	77459	City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expense		political signs		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime			All all and the second second	
8/26/2024	NYXCE	GRAPHICS				
Amount (\$)	Payee ac	ldress;	and the lot of the lot	City;	State;	Zip Code
638.00		mmel Fresno Unit A TX 77545				
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Pushcards		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	-	Office held
Date	Payee na	ame				
9/24/2024	PICTUR	E YOU BEAUTIFUL				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
1500.00	1607 YU	BA VALLEY DR. ROS	SHARO	N TX 77583		
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Marketing & De	esign	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

SCHEDULE A1

Th	e Instruction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Carmen P.	Turner		760689878
4 Date 9/21/2024	5 Full name of contributor out-of-state PAC (II PETTWAY MANAGEMENT CONSU		7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	\$250.00
	2636 S LOOP W STE 570 HOUSTON	TX 77054	
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (II		Amount of contribution (\$)
9/18/2024	A- ROCKET MOVING & STORAG	E	
	Contributor address; City;	State; Zip Code	\$250.00
	3401 CORDER STREET HOUSTON TX 7	7021	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 9/20/204		D#:)	Amount of contribution (\$)
	WINTER GORDON JR		500.00
	Contributor address; City;	State; Zip Code	500.00
	33324 REYNOLDS ROAD FULSHEAR	X TX 77441	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 9/20/2024		D#:)	Amount of contribution (\$)
0/20/2021	CHARLES SWINDELL		750.00
	Contributor address; City;	State; Zip Code	750.00
	1802 LAKE QUITMAN DR RICHMOND T>	〈 77406	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A1

Th	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAM	Ξ		3 Filer ID (Ethics Commission Filers)
CARMEN T	URNER		760689878
4 Date 8/31/2024		D#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		1,000.00
	PO BOX 835 MISSOURI CITY TX 774		
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date 8/31/2024		D#:)	Amount of contribution (\$)
	MARTHA CASTEX TATUM Contributor address; City;	State; Zip Code	250.00
	6106 DRYAD HOUSTON TX 77035		
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 8/31/2024	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
0/31/2024	JOAN GREEN		
	Contributor address; City;	State; Zip Code	100.00
	2704 GREENBLADE CT PEARLAND	TX 77584	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 10/5/2024	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
10/5/2024	McCLINTON CALLEGARI		
	Contributor address; City;	State; Zip Code	100.00
	721 DOUBLE RIDGE CROSSING MISSOURI CITY	TX 77459	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		
Forms provided by	r Texas Ethics Commission www.ethics.st		Revised 1/1/2024
· onno provided by			

SCHEDULE A1

Th	e Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
CARMEN T	URNER			
4 Date 9/28/2024	5 Full name of contributor RYAN OUDEKIRK	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	500.00
	1727 SHORELINE DR M	ISSOURI C	ITY TX 77459	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ictions)
Date 9/02/2024	Full name of contributor WILLIE RAINWATER	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	100.00
	16410 QUAIL PARK DRIVE	MISSOURI	CITY TX 77489	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ictions)
Date 9/01/2024	Full name of contributor	out-of-state PA	, C (ID#:)	Amount of contribution (\$)
	LUCINDA MATTHEW			
	Contributor address;	City;	State; Zip Code	100.00
	4534 LONG CREEK DRIV	VE FRESN	O TX 77545	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ictions)
Date 9/01/2024	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
5/01/2024	ATTICA LOCKE			
	Contributor address;	City;	State; Zip Code	100.00
	4258 VERDUGO VIEW DR	LA, CA 900	65	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ictions)
			1	
	ATTACH ADDITIC If contributor is out-of-state PAC, j		OF THIS SCHEDULE AS ruction guide for additiona	
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SCHEDULE A1

Th	e Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	w.			3 Filer ID (Ethics Commission Filers)
CARMEN T	URNER			760689878
4 Date 8/31/2024	5 Full name of contributor VIRGINIA ROSS	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	500.00
	619 ELM VIEW CT STAF	FORD TX	77477	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	xtions)
Date 8/31/2024	Full name of contributor		C (ID#:)	Amount of contribution (\$)
0/01/2024	MIA KNIGHT WRIGHT			
	Contributor address;	City;	State; Zip Code	200.00
	6434 CRYSTAL PT. MISSO	URI CITY T	X 77459	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
8/31/2024	ANDRE CEASAR			
	Contributor address;		State; Zip Code	100.00
	11827 PEDERNALES FA	LLS LANE	SUGARLAND TX	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 8/31/2024	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	APRIL JONES			
	Contributor address;	City;	State; Zip Code	100.00
	8506 ROSE GARDEN DRIV	E HOUSTO	N TX 77083	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)
	-			
				· · · · · · ·
	ATTACHADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, p			

CARMEN TURNER 760689878 4 Date 8/31/2024 5 Full name of contributor LARRY RICHMOND out-of-state PAC (IDE:) 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 100.000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date 8/31/2024 Full name of contributor RON REYNOLDS Contributor address; Out-of-state PAC (IDE:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor RON REYNOLDS Contributor address; City; State; Zip Code Date 8/31/2024 Full name of contributor RONICA BROWN out-of-state PAC (IDE:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor MONICA BROWN out-of-state PAC (IDE:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor MONICA BROWN out-of-state PAC (IDE:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor MONICA BROWN Out-of-state PAC (IDE:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor RICHARD HASS Contributor address; City; State; Zip Code Amount of contribution (\$) Date 8/31/2024	Th	e Instruction Guide explains how to	o complete t	his form.	1 Total pages Schedule A1:
4 Date 8/31/2024 5 Full name of contributor LARRY RICHMOND out-of-state PAC (IDE:) 7 Amount of contribution (\$) 100.00 6 Contributor address; City; State; Zip Code 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 250.000 Date 8/31/2024 Full name of contributor RON REYNOLDS Contributor address; out-of-state PAC (IDE:) Amount of contribution (\$) 250.000 Date 8/31/2024 Full name of contributor RON REYNOLDS Contributor address; City; State; Zip Code Date 8/31/2024 Full name of contributor NONICA BROWN Contributor address; out-of-state PAC (IDE:) Amount of contribution (\$) 250.000 Date 8/31/2024 Full name of contributor MONICA BROWN Contributor address; out-of-state PAC (IDE:) Amount of contribution (\$) 250.000 Bate 8/31/2024 Full name of contributor MONICA BROWN Contributor address; City; State; Zip Code Date 8/31/2024 Full name of contributor RICHARD HASS Contributor address; out-of-state PAC (IDE:) Amount of contribution (\$) 250.000	-				3 Filer ID (Ethics Commission Filers
22550 WILLIAMS OAK LANE RICHMOND TX 77469 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 8/31/2024 Full name of contributor RON REYNOLDS Contributor address; City; State; Zip Code 6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY TX 77459 Amount of contribution (\$) 250.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 250.000 Date 8/31/2024 Full name of contributor MONICA BROWN Contributor address; City; State; Zip Code 8/319 BRAEVIEW LANE HOUSTON TX 77071 Amount of contribution (\$) 250.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.000 B/31/2024 Full name of contributor MONICA BROWN Contributor address; City; State; Zip Code Amount of contribution (\$) 250.000 B/31/2024 Full name of contributor RICHARD HASS Contributor address; City; State; Zip Code Amount of contribution (\$) 250.000	4 Date	5 Full name of contributor	out-of-state	PAC (ID#:	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 8/31/2024 Full name of contributor RON REYNOLDS Contributor address; out-of-state PAC (D#:) RON REYNOLDS Amount of contribution (\$) Contributor address; City; State; Zip Code 250.00 6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY TX 77459 Employer (See Instructions) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date 8/31/2024 Full name of contributor MONICA BROWN out-of-state PAC (D#:) MONICA BROWN Amount of contribution (\$) Date 8/319 BRAEVIEW LANE HOUSTON TX 77071 Employer (See Instructions) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.00 Bate 8/31/2024 Full name of contributor RICHARD HASS Contributor address; out-of-state PAC (D#:) Richard HASS Amount of contribution (\$)					100.00
8/31/2024 RON REYNOLDS 250.00 Contributor address; City; State; Zip Code 6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY TX 77459 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.00 Date 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Principal occupation / Job title (See Instructions) City; State; Zip Code 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date 8/31/2024 Contributor address; City; State; Zip Code	8 Principal occ				uctions)
6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 8/31/2024 Full name of contributor MONICA BROWN out-of-state PAC (ID#:) MONICA BROWN Amount of contribution (\$) Contributor address; City; State; Zip Code 8/31/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date 8/31/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			out-of-state	PAC (ID#:) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 8/31/2024 Full name of contributor MONICA BROWN out-of-state PAC (ID#:) MONICA BROWN Contributor address; City; State; Zip Code 8319 BRAEVIEW LANE HOUSTON TX 77071 Employer (See Instructions) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.00 Date 8/31/2024 Full name of contributor RICHARD HASS Contributor address; out-of-state PAC (ID#:) City; Amount of contribution (\$)					250.00
8/31/2024 MONICA BROWN 250.00 Contributor address; City; State; Zip Code 8319 BRAEVIEW LANE HOUSTON TX 77071 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 8/31/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Bate RICHARD HASS City; State; Zip Code 250.00	Principal occu		233 101330	1	uctions)
Contributor address; City; State; Zip Code 250.00 8319 BRAEVIEW LANE HOUSTON TX 77071 Employer (See Instructions) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date 8/31/2024 Full name of contributor RICHARD HASS out-of-state PAC (ID#:) Contributor address; Amount of contribution (\$)			out-of-state	PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 8/31/2024 Full name of contributor RICHARD HASS Contributor address; out-of-state PAC (ID#:) Amount of contribution (\$)			City;	State; Zip Code	250.00
8/31/2024 RICHARD HASS Contributor address; City; State; Zip Code 250.00	Principal occu		HOUSTO		uctions)
Contributor address; City; State; Zip Code 250.00			out-of-state	PAC (ID#:) Amount of contribution (\$)
			City;	State; Zip Code	250.00
19027 LA VERITA SAN ANTONIO TX 78258		19027 LA VERITA SAN AN	ΤΟΝΙΟ ΤΧ	78258	

Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers) 760689878
4 Date 8/31/2024	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	100.00
8 Principal occ	ELLICOT WAY SUGARLAND TX 774	9 Employer (See Instruc	tions)
Date 8/31/2024		(ID#:)	Amount of contribution (\$)
	KEVIN PEACE Contributor address; City;	State; Zip Code	100.00
	6119 DUKE TRAIL LANE SUGARLAND	TX 77479	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ions)
_{Date} 8/31/2024	Full name of contributor out-of-state PAC DYLAN RUSSELL	(ID#:)	Amount of contribution (\$)
		State; Zip Code	100.00
	4518 PEBBLESTONE DR MISSOUR		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 8/31/2024	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	250.00
	11406 SARDINIA DRIVE RICHMOND T	and the second se	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

	and a substantian a second		
Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1:
		A card hiddining rowsman are or	3 Filer ID (Ethics Commission Filers)
JRNER			760689878
5 Full name of contributor PAMIEL GASKIN	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
6 Contributor address;	City;	State; Zip Code	250.00
3006 VILLA LANE MISSO	DURI CITY	TX 77459	
upation / Job title (See Instructions)		9 Employer (See Instru-	ctions)
Full name of contributor		C (ID#:)	Amount of contribution (\$)
RAICHELLE HALL GL	OVER		
Contributor address;	City;	State; Zip Code	500.00
9224 HOLLY BUSH LANE (CHARLOTT	E NC 28277	
pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
BENJAMIN HALL III]
Contributor address;	City;	State; Zip Code	1,000.00
530 LITTLE JOHN LANE	HOUSTON	TX 77024	
pation / Job title (See Instructions)		Employer (See Instru	ctions)
Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
DONNA ELLIS			050.00
Contributor address;	City;	State; Zip Code	250.00
13910 PLACID WOODS CO	OURT SUGA	RLAND TX 77479	
pation / Job title (See Instructions)		Employer (See Instru	ctions)
		1	
	JRNER 5 Full name of contributor PAMIEL GASKIN 6 Contributor address; 3006 VILLA LANE MISSO pation / Job title (See Instructions) Full name of contributor RAICHELLE HALL GLO Contributor address; 9224 HOLLY BUSH LANE (Detion / Job title (See Instructions) Full name of contributor BENJAMIN HALL III Contributor address; 530 LITTLE JOHN LANE Detion / Job title (See Instructions) Full name of contributor BENJAMIN HALL III Contributor address; 13910 PLACID WOODS CO Detion / Job title (See Instructions)	JRNER 5 Full name of contributor PAMIEL GASKIN 6 Contributor address; City; 3006 VILLA LANE MISSOURI CITY pation / Job title (See Instructions) Full name of contributor Out-of-state PA RAICHELLE HALL GLOVER Contributor address; City; 9224 HOLLY BUSH LANE CHARLOTTI Dation / Job title (See Instructions) Full name of contributor Out-of-state PA BENJAMIN HALL III Contributor address; City; 530 LITTLE JOHN LANE HOUSTON Dation / Job title (See Instructions) Full name of contributor Out-of-state PA BENJAMIN HALL III Contributor address; City; 13910 LACID WOODS COURT SUGA Dation / Job title (See Instructions) Attach Additional coPIES	JRNER 5 Full name of contributor PAMIEL GASKIN 6 Contributor address; City; State; 3006 VILLA LANE MISSOURI CITY TX 77459 upation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Exployer (See Instructions) 9 Employer (See Instructions) 9224 HOLLY BUSH LANE CHARLOTTE NC 28277 bation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) BENJAMIN HALL III Contributor address; City; State; Zip Code 530 LITTLE JOHN LANE HOUSTON TX 77024 bation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) DONNA ELLIS Contributor address; City; State; Zip Code 13910 PLACID WOODS COURT SUGARLAND TX 77479

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E Legal Services Salaries/N		pense Travel In District pense Travel Out Of District ages/Contract Labor Other (enter a catego		pment & Related Expense	
		The Instruction Guide explain	ns how to c	omplete this form.			
1 Total pages Schedule F1: 2 FILER NAME CARMEN TURNER				3 Filer ID (Ethics Commission Filers) 760689878			
4 Date	5 Payee na						
9/20/2024	CJ	PARTYING PLANNIN	١G				
6 Amount (\$) 1500.00	7 Payee ad PO 786	^{Idress;} MISSOURI CITY TX 774	489	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this EXPENSE	schedule)	(b) Description SENIOR PRC	M		
	(c)	Check if travel outside of Texas. Complete S	chedule T,	Check if Aust	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	Ime					
9/15/2024	M3 GR	APHICS					
Amount (\$) 7200.00	Payee ad 11730 V	^{Idress;} VILCEST DR HOUST(ON TX	City; 77099	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category PRINTIN	G^{\prime} (See Categories listed at the top of this s G^{\prime} AD	schedule)	Description MAILER			
	Check if travel outside of Texas. Complete Schedule T. Check if A				ustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder marne		Office sought		Office held	
Date	Payee na	ame					
9/25/2024	FOSTO	N INTERNATIONAL C	OMMU	NICATIONS			
Amount (\$) 8000.00	Payee ad	ldress;		City;	State;	Zip Code	
	20234 BI	ENTON SPRINGS LAN		10ND TX 77407	,		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s		Description COMMER			
	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		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	anna anna anna anna anna anna anna ann	

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www.ethics.state.tx.us

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EVERIDIT	UDE OF	TEOODIEO		
EXPENDI	URE CA	TEGORIES	FORE	3OX 8(a)

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
Credit Card Payment		The Instruction Guide explai	ns how to a	complete this form.			
Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
Date	5 Payee na	ame					
0/4/2024	LAN	IGSTEAD CATERING	3				
Amount (\$) 1,163.00	7 Payee ad 3810 RU	Idress; TH ST HOUSTON TX 7	77004	City;	State;	Zip Code	
3	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE			SENIOR BREAKFAST			
	(c) 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		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
LAPENDITORE	Check if travel outside of Texas. Complete Schedule T. Check if Au			Check if Aust	istin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candid expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held		
Date	Payee na	ume					
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code	
PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description			
EXPENDITURE	and the second	-					
	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	Candid	ate / Officeholder name		Office sought		Office held	
	AT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED		

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