

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 FIRST MI
Ms Carmen P
.....
NICKNAME LAST SUFFIX
Turner

OFFICE USE ONLY

Date Received

OCT 10 2014 RCVD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
23503 Starbridge Lane
Richmond TX 77406

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 642- 5778

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. Toni V
.....
NICKNAME LAST SUFFIX
Smith

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2810 Stock Creek Lane
Richmond TX 77406

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 731-4778

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 16 / 24 THROUGH 10 / 04 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 5 / 24 General 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)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Carmen 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)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 6,667.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is CARMEN P. TURNER and my date of birth is 5/2/61 CPT
 My address is 2810 Stock Creek Ln. Houston TX 77406 Fort Bend
 Executed in Country (street) TX (city) (state) (zip code) (country) US
 on the 10 day of 10, 2024
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Carmen Turner	20 Filer ID (Ethics Commission Filers) 760689878
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,454.08
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,959.73
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 9/26/24	5 Full name of contributor out-of-state PAC (ID#: _____) Melvin Chavis 6 Contributor address; City; State; Zip Code 530 Little John Lane Houston TX 77024	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/21/2024	Full name of contributor out-of-state PAC (ID#: _____) Norris Decarlo Aikens Contributor address; City; State; Zip Code 2723 Brighton Willow Way Katy TX 77494	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/2024	Full name of contributor out-of-state PAC (ID#: _____) ALAINA WILLIAMS Contributor address; City; State; Zip Code 16718 Madison Midway Cypress TX 77433	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/2024	Full name of contributor out-of-state PAC (ID#: _____) MACK JOHNSON Contributor address; City; State; Zip Code 203 SOUTH 7 STREET BEASLEY TX 77417	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.		

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 Turner	3 Filer ID (Ethics Commission Filers) 760689878
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4 Date 8-23-2024	5 Payee name TGM PRINTING
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6 Amount (\$) 1958.73	7 Payee address; FM 1092 Missouri City Texas 77459	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description political signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/26/2024	Payee name NYXCE GRAPHICS
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Amount (\$) 638.00	Payee address; 637 Trammel Fresno Unit A Fresno TX 77545	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Pushcards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/24/2024	Payee name PICTURE YOU BEAUTIFUL
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Amount (\$) 1500.00	Payee address; 1607 YUBA VALLEY DR. ROSHARON TX 77583	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing & Design
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 9/21/2024	5 Full name of contributor out-of-state PAC (ID#: _____) PETTWAY MANAGEMENT CONSULTANTS 6 Contributor address; City; State; Zip Code 2636 S LOOP W STE 570 HOUSTON TX 77054	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/18/2024	Full name of contributor out-of-state PAC (ID#: _____) A- ROCKET MOVING & STORAGE Contributor address; City; State; Zip Code 3401 CORDER STREET HOUSTON TX 77021	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/2024	Full name of contributor out-of-state PAC (ID#: _____) WINTER GORDON JR Contributor address; City; State; Zip Code 33324 REYNOLDS ROAD FULSHEAR TX 77441	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/2024	Full name of contributor out-of-state PAC (ID#: _____) CHARLES SWINDELL Contributor address; City; State; Zip Code 1802 LAKE QUITMAN DR RICHMOND TX 77406	Amount of contribution (\$) 750.00
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

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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) 760689878
4 Date 8/31/2024	5 Full name of contributor out-of-state PAC (ID#: _____) GRADY PRESTAGE CAMPAIGN 6 Contributor address; City; State; Zip Code PO BOX 835 MISSOURI CITY TX 77459	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) MARTHA CASTEX TATUM Contributor address; City; State; Zip Code 6106 DRYAD HOUSTON TX 77035	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) JOAN GREEN Contributor address; City; State; Zip Code 2704 GREENBLADE CT PEARLAND TX 77584	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/5/2024	Full name of contributor out-of-state PAC (ID#: _____) McCLINTON CALLEGARI Contributor address; City; State; Zip Code 721 DOUBLE RIDGE CROSSING 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

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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 9/28/2024	5 Full name of contributor out-of-state PAC (ID#: _____) RYAN OUDEKIRK 6 Contributor address; City; State; Zip Code 1727 SHORELINE DR MISSOURI CITY TX 77459	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/02/2024	Full name of contributor out-of-state PAC (ID#: _____) WILLIE RAINWATER Contributor address; City; State; Zip Code 16410 QUAIL PARK DRIVE MISSOURI CITY TX 77489	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/01/2024	Full name of contributor out-of-state PAC (ID#: _____) LUCINDA MATTHEW Contributor address; City; State; Zip Code 4534 LONG CREEK DRIVE FRESNO TX 77545	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/01/2024	Full name of contributor out-of-state PAC (ID#: _____) ATTICA LOCKE Contributor address; City; State; Zip Code 4258 VERDUGO VIEW DR LA, CA 90065	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

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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) 760689878
4 Date 8/31/2024	5 Full name of contributor out-of-state PAC (ID#: _____) VIRGINIA ROSS 6 Contributor address; City; State; Zip Code 619 ELM VIEW CT STAFFORD TX 77477	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) MIA KNIGHT WRIGHT Contributor address; City; State; Zip Code 6434 CRYSTAL PT. MISSOURI CITY TX 77459	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) ANDRE CEASAR Contributor address; City; State; Zip Code 11827 PEDERNALES FALLS LANE SUGARLAND TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) APRIL JONES Contributor address; City; State; Zip Code 8506 ROSE GARDEN DRIVE HOUSTON TX 77083	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 TURNER		3 Filer ID (Ethics Commission Filers) 760689878
4 Date 8/31/2024	5 Full name of contributor out-of-state PAC (ID#: _____) LARRY RICHMOND 6 Contributor address; City; State; Zip Code 22550 WILLIAMS OAK LANE RICHMOND TX 77469	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) RON REYNOLDS Contributor address; City; State; Zip Code 6140 HIGHWAY 6 SOUTH 233 MISSOURI CITY TX 77459	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) MONICA BROWN Contributor address; City; State; Zip Code 8319 BRAEVIEW LANE HOUSTON TX 77071	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) RICHARD HASS Contributor address; City; State; Zip Code 19027 LA VERITA SAN ANTONIO TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 TURNER		3 Filer ID (Ethics Commission Filers) 760689878
4 Date 8/31/2024	5 Full name of contributor out-of-state PAC (ID#: _____) FARHA AHMED 6 Contributor address; City; State; Zip Code ELLICOT WAY SUGARLAND TX 77479	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) KEVIN PEACE Contributor address; City; State; Zip Code 6119 DUKE TRAIL LANE SUGARLAND TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) DYLAN RUSSELL 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)
Date 8/31/2024	Full name of contributor out-of-state PAC (ID#: _____) MARK NED Contributor address; City; State; Zip Code 11406 SARDINIA DRIVE RICHMOND TX 77406	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 TURNER		3 Filer ID (Ethics Commission Filers) 760689878
4 Date 8/10/2024	5 Full name of contributor out-of-state PAC (ID#: _____) PAMIEL GASKIN 6 Contributor address; City; State; Zip Code 3006 VILLA LANE MISSOURI CITY TX 77459	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/18/2024	Full name of contributor out-of-state PAC (ID#: _____) RAICHELE HALL GLOVER Contributor address; City; State; Zip Code 9224 HOLLY BUSH LANE CHARLOTTE NC 28277	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/2024	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	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/22/2024	Full name of contributor out-of-state PAC (ID#: _____) DONNA ELLIS Contributor address; City; State; Zip Code 13910 PLACID WOODS COURT SUGARLAND TX 77479	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.		

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 TURNER	3 Filer ID (Ethics Commission Filers) 760689878
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4 Date 9/20/2024	5 Payee name CJ PARTYING PLANNING
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6 Amount (\$) 1500.00	7 Payee address; PO 786 MISSOURI CITY TX 77489	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SENIOR PROM
	(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
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Date 9/15/2024	Payee name M3 GRAPHICS
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Amount (\$) 7200.00	Payee address; 11730 WILCEST DR HOUSTON TX 77099	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING AD	Description MAILER
	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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Date 9/25/2024	Payee name FOSTON INTERNATIONAL COMMUNICATIONS
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Amount (\$) 8000.00	Payee address; 20234 BENTON SPRINGS LANE RICHMOND TX 77407	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description COMMERCIAL
	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/2024	5 Payee name LANGSTEAD CATERING	
6 Amount (\$) 1,163.00	7 Payee address; City; State; Zip Code 3810 RUTH ST HOUSTON TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SENIOR BREAKFAST
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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