# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete thi	s torm	1 Filer ID (Et) 76068987	hics Commission Filers)	2 Total pages	s filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST  MS Carmer			мі Р	OFFIC	CE USE ONLY
NAME	NICKNAME LAST Turnel	r	•••••	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / St 23503 Starbridge Lane Richmond TX 77406	UITE #; CIT	Y; STA	TE; ZIP CODE		JAN 17 2024 RC
	APEA CODE					
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) PHONE NUMBER (832)		EXT	ENSION		red or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST			МІ	Receipt #	Amount \$
TREASURER	Ms. Toni			V	Date Processed	
NAME	NICKNAME LAST			SUFFIX	Date 1100esseu	
	Smith			55.71%	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2810 Stock Creek Lane Richmond TX 77406		E#; (	CITY;	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBE	ER .	EXTE	ENSION		
TREASURER PHONE	(832 ) 731-477	8`				
9 REPORT TYPE	January 15 30th	day before elect	tion	Runoff	treasurer	after campaign appointment Ider Only)
	July 15 8th d	lay before election	on	Exceeded Modified Reporting Limit	Final Rep	oort (Attach C/OH - FR)
10 PERIOD	Month Day Y	/ear		Month	Day Ye	ear
COVERED	7 /1 /2	23	THROUGH	12	/ 31 / 2	3
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other		
	3 / 5 / 24	General	Special	Description		
12 OFFICE	OFFICE HELD (if any)			CE SOUGHT (if known		
	Fort Bend County Tax Asses					
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(3)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAN	MPAIGN TREAS	SURER ADDRES	S		
	(	GO TO P	AGE 2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Carmen Turner				thics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTF	TEES OF LOANS, OR	\$	150.00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$	1,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL I	EXPENDITURE.	\$	70.00
	4. TOTAL POLITICAL EXPENDIT	JRES	\$	6,901.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST	r DAY \$	3,194.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		THE \$	3,000.00
	IRENE ARRECT	OF TEXAS	:	
(1) Affidavit		OF TEXAS 0040-8		
NOTARY STAMP/SEAL  Sworn to and subscribed  20 2 + , to certify  Signature of officer administer	before me by <u>Carmen P</u> - which, witness my hand and seal of office.  WYWW IVENE	Twiner this the _	n	of January,  of officer administering oath
(2) Unsworn Declaration		R		
My name is		, and my date of birth is		<u> </u>
My address is	(atroot)		ate) (zip c	ode) (country)
Executed in	(street) County, State of			
		Signature of Candida		

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	FILER NAME  armen Turner  20 Filer ID (Ethics Co			sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			1,350.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			3,000.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,813.73
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			4,017.99
10.	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:			
<sup>2</sup> FILER NAME Carmen T	urner	3 Filer ID (Ethics Commission Filers) 760689878			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Benjamin Hall	7 Amount of contribution (\$)			
08/31/2023	6 Contributor address; City; State; Zip Code 530 Little John Lane Houston TX 77024	1,000.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	 ptions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
09/29/2023	Kevin Glenn  Contributor address; City; State; Zip Code  501   Urich Sugar Land TY 77408	100.00			
501 Ulrich Sugar Land TX 77498  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
10/02/2023	Kevin Glenn  Contributor address; City; State; Zip Code  501 Ulrich Sugar Land TX 77498	100.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 explains how to	vages/Contract Labor	Other (enter a catego	ry not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Carmen Turner	3 Filer ID (Ethics Commission Filers) 760689878			
4 Date 08/23/2023	5 Payee name Innovative Solutions				
1,548.23	<ul><li>7 Payee address;</li><li>10862 Red Stone CT Missouri City T</li></ul>	City; exas 77459	State;	Zip Code	
8	(a) Category (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 Schedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/05/2023	Printboxx				
Amount (\$)	Payee address;	City;	State;	Zip Code	
265.50	637 Trammel Fresno Unit A Fresno TX 77545				
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.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	1	Office held	
Date	Payee name				
11/15/2023	Cybercinco Graphic Design				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,000.00	Katy TX				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing & De	sign		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 explains how to	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Carmen Turner	3 Filer ID (Ethics Commission Filers) 760689878		
4 Date 12/06/2023	5 Payee name M3			
6 Amount (\$) 2,435.63  Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing	(b) Description Signs		
	(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 12/04/2023	Payee name Printboxx			
Amount (\$) 70.36  Reimbursement from political contributions intended	Payee address; 637 Trammel Fresno Fresno TX. 77545	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.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		Office held
Date 12/31/2023	Payee name Printboxx			
Amount (\$) 262.00  Reimbursement from political contributions intended	Payee address; 637 Trammel Fresno Fresno TX 77545	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Carmen Turner 760689878 4 Date 5 Payee name 11/24/2023 Fort Bend County Democratic Party 6 Amount (\$) 7 Payee address; City: State: Zip Code 1.250.00 13515 Southwest Fwy Reimbursement from Sugarland TX 77459 political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Filing Fee Fees **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED