

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Filer ID (Ethics Commission Filers)   |  | 2 Total pages filed: <u>4/5</u>  |  | OFFICE USE ONLY   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME   |  | Date Received  |  |   |  |
| MS / MRS / MR <u>MR</u>   |  | FIRST <u>Andre</u>   |  | 2022 JAN 19 AM 10:41<br>FILED<br>JOHN F. WARREN<br>COUNTY CLERK<br>DALLAS COUNTY<br>BY <u>SS</u> DEPUTY |  |
| NICKNAME  |  | LAST <u>Turner</u>   |  |   |  |
| 4 ORIGINAL REPORT TYPE  |  | Date Hand-Delivered or Date Postmarked   |  | Receipt #   |  |
| <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | <input type="checkbox"/> Final report<br><input type="checkbox"/> Other (specify)                       |  |
| 5 ORIGINAL PERIOD COVERED   |  | Date Processed   |  | Date Imaged   |  |
| Month Day Year  |  | Month Day Year   |  |   |  |
| <u>7 / 1 / 21</u> THROUGH <u>12 / 31 / 2021</u>   |  |  |  |   |  |

6 EXPLANATION OF CORRECTION I forgot to Attach 7 Additional Monetary Political Contributions sheets. Totaling \$2,910.00

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Andre Turner  
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andre TURNER this the 19<sup>th</sup> day of January, 2022 to certify which, witness my hand and seal of office.

[Signature] SHERIA WEST Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(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)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

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## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

Amended

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST MI  
Andre  
NICKNAME LAST SUFFIX  
Turner

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1933 Bodine Lane  
DALLAS, TX 75217

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 668-6610

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  FIRST MI  
Timmy  
NICKNAME LAST SUFFIX  
Williams

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2698 Deep Hill Cir.  
DALLAS, TX 75233

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 458-0860

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 THROUGH Month Day Year  
7 / 1 / 2021 THROUGH 12 / 31 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
3 / 1 / 2022  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace Pct. 5. Ph 1

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.

Additional Pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 16,241.19                           |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 6,121.28                            |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,539.95                            |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ -0-                                 |

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.

*Andre Turner*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andre Turner this the 19th day of January, 2022, to certify which, witness my hand and seal of office.

S. West Signature of officer administering oath      SHERIA WEST Printed name of officer administering oath      Notary Public Title of officer administering oath

OR

(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)

1870  
1871  
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1880

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1882

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 16,241.19                           |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 6,121.28                            |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |



# 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

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

8/11/2021

5 Full name of contributor

Modern Backs + Neck Clinic

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

125.00

6 Contributor address;

City;

State;

Zip Code

4041 W. Wheatland Rd. Ste. 120 Dallas, Tx, 75237

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/11/2021

Full name of contributor

Victor J Elmore

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1408 N Riverfront BLVD 314 Dallas, TX 75207

Principal occupation / Job title (See Instructions)

C.E.O

Employer (See Instructions)

Date

8/11/2021

Full name of contributor

Warren A Abrams P.C.

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

10300 N. Central Exp STE 283 Dallas, TX 75231-8446

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8/12/2021

Full name of contributor

Linda Mason

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

519 Highlands Dr. Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Retire

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

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

8/11/2021

5 Full name of contributor

Shirley M Thompson

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

4304 Village Green DR

City: Irving

State: TX Zip Code 75038

- 5633

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/11/2021

Full name of contributor

Thomas J Beswick

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

48418 W Pioneer Dr

City:

Irving, TX

State: Zip Code

75061

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8/11/2021

Full name of contributor

Humphreys & Petersen Law Firm

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

11300 N. Central Expressway, Suite 430 Dallas, Texas 75243

City:

State: Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8/11/2021

Full name of contributor

David W Griffin

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

10219 Sand Springs Ave Dallas TX 75227-7674

City:

State: Zip Code

Principal occupation / Job title (See Instructions)

Retiree

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<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>8/11/2021</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Benjamin D Jackson</b> | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. Box 501027 Dallas, TX 75250</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)                                   |   | 9 Employer (See Instructions)                  |

|  |  |   |
|--|--|---|
| Date<br><b>8/11/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Pamela D Miller</b> | Amount of contribution (\$)<br><b>50.00</b> |
| Contributor address; City; State; Zip Code<br><b>1107 Carthage Way Arlington, TX 76017</b> |  |   |
| Principal occupation / Job title (See Instructions)<br><b>IRS</b>                          |  | Employer (See Instructions)                 |

|   |   |  |
|---|---|--|
| Date<br><b>8/11/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Charles E. Jefferson</b> | Amount of contribution (\$)<br><b>100.00</b> |
| Contributor address; City; State; Zip Code<br><b>208 Idle Creek Ln Desoto, TX 75115</b> |   |  |
| Principal occupation / Job title (See Instructions)                                     |   | Employer (See Instructions)                  |

|  |   |  |
|--|---|--|
| Date<br><b>8/11/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Reed W. Prospero</b> | Amount of contribution (\$)<br><b>200.00</b> |
| Contributor address; City; State; Zip Code<br><b>4727 Windsor Pky Dallas, TX 75205</b> |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                 |   | Employer (See Instructions)                  |

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**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<br><b>Andre Turner</b>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>8/18/21</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Daniel Anderson</b>       | 7 Amount of contribution (\$)<br><b>\$259.92</b> |
| 6 Contributor address; City; State; Zip Code<br><b>4916 Cape Coral Drive. Dallas, TX 75287.</b>  |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retire</b>   |  | 9 Employer (See Instructions)                    |
| Date<br><b>8/6/21</b>  | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Craig Jeffre</b> | Amount of contribution (\$)<br><b>\$104.15</b>   |
| Contributor address; City; State; Zip Code<br><b>5821 Aspen dr. Anne, IL</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>8/4/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Roger Taylor</b>            | Amount of contribution (\$)<br><b>\$26.27</b>    |
| Contributor address; City; State; Zip Code<br><b>1045 Cove Hollow Dr. Cedar Hill</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>8/5/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Amye Thompson Hollins</b>   | Amount of contribution (\$)<br><b>\$50.00</b>    |
| Contributor address; City; State; Zip Code<br><b>2105. Southwood Dr. Dallas, TX</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |

# 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   |   | 3 Filer ID (Ethics Commission Filers) |
| Andre Turner   |   |                                       |
| 4 Date   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$)         |
| 9/10/21  | Reggie Bibb -   |                                       |
| 6 Contributor address; City; State; Zip Code   |   |                                       |
| 1209 Sutters Way, Mesquite, TX 75141   |   | \$104.15                              |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)         |
| Claims Adjuster  |   |                                       |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)           |
| 8/30/21  | Craig Watkins -   |                                       |
| Contributor address; City; State; Zip Code   |   |                                       |
| 2531 M.L.K. Blvd. 2 Dallas, TX 75215   |   | \$259.92                              |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)           |
| Attorney   |   |                                       |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)           |
| 8/26/21  | Traswell Livingston III   |                                       |
| Contributor address; City; State; Zip Code   |   |                                       |
| 2413 MLK Jr. Blvd. Ste. 260 Dallas, TX   |   | \$52.23                               |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)           |
| 1  |   |                                       |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$)           |
| 8/21/21  | Krist Caldwell  |                                       |
| Contributor address; City; State; Zip Code   |   |                                       |
| 6524 Rutherford Rd, Plano, TX 75023  |   | \$200. <sup>00</sup>                  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)           |
| Attorney   |   |                                       |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |                                       |

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:                   |
| 2 FILER NAME<br><i>Andre Turner</i>   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>9/3/21</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Belinda Allen</i> | 7 Amount of contribution (\$)<br><i>\$50.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>1100. Townsend, Lane Desoto, 75115</i> |   |   |
| 8 Contributor's principal occupation<br><i>Probation Officer</i>                          |   | 9 Contributor's job title                       |
| 10 Contributor's employer/law firm  |   | 11 Law firm of contributor's spouse (if any)    |
| 12 If contributor is a child, law firm of parent(s) (if any)                              |   |   |

|   |   |  |
|---|---|--|
| Date<br><i>9/3/21</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Richard Corbitt</i> | Amount of contribution (\$)<br><i>\$150.00</i> |
| Contributor address; City; State; Zip Code<br><i>6440 North Central Exp. Dallas, TX 75206</i> |   |  |
| Contributor's principal occupation<br><i>Attorney</i>   |   | Contributor's job title                        |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)      |
| If contributor is a child, law firm of parent(s) (if any)                                     |   |  |

|  |   |  |
|--|---|--|
| Date<br><i>9/3/21</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Carl &amp; Pat Johnson.</i> | Amount of contribution (\$)<br><i>\$100.00</i> |
| Contributor address; City; State; Zip Code<br><i>2004 Williams Way Ln. Dallas, 75028</i> |   |  |
| Contributor's principal occupation<br><i>Retire</i>                                      |   | Contributor's job title                        |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)      |
| If contributor is a child, law firm of parent(s) (if any)                                |   |  |

**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<br><b>Andre Turner</b>  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>8/12/2021</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Joni R. Cooper</b> | 7 Amount of contribution (\$)<br><b>\$200.00</b> |
| 6 Contributor address, City, State, Zip Code<br><b>1914 Elderleaf Dr. Dallas, TX 75232</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | 9 Employer (See Instructions)                    |
| Date<br><b>8/12/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Julian Grant</b>     | Amount of contribution (\$)<br><b>\$100.00</b>   |
| Contributor address, City, State, Zip Code<br><b>3500 OAKLAWN AVE, Dallas, TX 75219</b>  |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | Employer (See Instructions)                      |
| Date<br><b>9/3/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Willie F. Ingram</b> | Amount of contribution (\$)<br><b>\$50.00</b>    |
| Contributor address, City, State, Zip Code<br><b>1801 N. Hampton, Desoto, TX 75115</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | Employer (See Instructions)                      |
| Date<br><b>9/3/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>William Cox III</b>  | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Contributor address, City, State, Zip Code<br><b>325 N. St. Paul St. Ste 2100 Dallas, TX 75201</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | 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<br><b>Andre Turner</b>  |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>10/16/2021</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Ken Martin</b>   | 7 Amount of contribution (\$)<br><b>\$ 259.92</b> |
| 6 Contributor address; City; State; Zip Code<br><b>4306 Ravenbank, Dr. Rockwall, TX</b>  |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Field of Medicine</b>  |   | 9 Employer (See Instructions)                     |
| Date<br><b>8/14/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Mark Scott</b>     | Amount of contribution (\$)<br><b>\$ 519.52</b>   |
| Contributor address; City; State; Zip Code<br><b>11300 N. Central Exp. <sup>ste. 370</sup> DALLAS, TX</b>  |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | Employer (See Instructions)                       |
| Date<br><b>10/9/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Andrew Jackson</b> | Amount of contribution (\$)<br><b>\$ 100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>5503 Summer Star Ln. Frisco, TX</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Salvation Army</b>   |   | Employer (See Instructions)                       |
| Date<br><b>9/11/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>FRANK Boldoe</b>   | Amount of contribution (\$)<br><b>\$ 200.00</b>   |
| Contributor address; City; State; Zip Code<br><b>120 E. FM 544 <sup>R.</sup> Ste. Murphy, TX</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |   |



# 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<br><b>Andre Turner</b>  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>10/25/2021</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>LASHICA WALTON -</b> | 7 Amount of contribution (\$)<br><b>\$500.08</b> |
| 6 Contributor address; City; State; Zip Code<br><b>CARDIGAN LANE, LANCASTER, TX</b>  |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | 9 Employer (See Instructions)                    |
| Date<br><b>10/23/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Jelani Jones</b>       | Amount of contribution (\$)<br><b>\$250.00</b>   |
| Contributor address; City; State; Zip Code<br><b>1811 S. ERVAY ST. DALLAS, TX 75215</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |
| Date<br><b>10/22/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Charles Maduka</b>     | Amount of contribution (\$)<br><b>\$156.07</b>   |
| Contributor address; City; State; Zip Code<br><b>3917. West sublett Rd Apt. 75/04</b>  |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |   | Employer (See Instructions)                      |
| Date<br><b>10/16/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>JAMES JONES</b>        | Amount of contribution (\$)<br><b>\$259.92</b>   |
| Contributor address; City; State; Zip Code<br><b>650 Brookside Dr. Cedar, TX 75109</b>   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>Retire</b>   |   | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |  |

**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<br><b>Andre Turner</b>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>11/01/21</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Anthony Palagonia</b> | 7 Amount of contribution (\$)<br><b>\$104.15</b> |
| 6 Contributor address; City; State; Zip Code<br><b>309 Martha Mandy Richardson</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>   |  | 9 Employer (See Instructions)                    |
| Date<br><b>11/1/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Gilbert Harding</b>     | Amount of contribution (\$)<br><b>\$259.92</b>   |
| Contributor address; City; State; Zip Code<br><b>445 E. 1382. ste. 3. Cedar Hill.</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>10/28/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Elizabeth Frizell</b>   | Amount of contribution (\$)<br><b>\$208.00</b>   |
| Contributor address; City; State; Zip Code<br><b>803 East Colorado, Dallas, TX</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><b>10/27/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Michael Levine</b>      | Amount of contribution (\$)<br><b>\$259.92</b>   |
| Contributor address; City; State; Zip Code<br><b>3161 Brincrest circle, Dallas</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |

# 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<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>11/4/21</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>TONYA MURAGURI</b> | 7 Amount of contribution (\$)<br><b>\$26.27</b> |
| 6 Contributor address; City; State; Zip Code<br><b>813 E. Danbury Drive. Desoto, TX</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)                                   |   | 9 Employer (See Instructions)                   |

|  |   |   |
|--|---|---|
| Date<br><b>11/4/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>AARON RICH</b> | Amount of contribution (\$)<br><b>\$52.23</b> |
| Contributor address; City; State; Zip Code<br><b>542 Dharma Circle, Winter, FL</b> |   |   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                   |

|  |   |   |
|--|---|---|
| Date<br><b>11/2/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>IRA SHEPPARD</b> | Amount of contribution (\$)<br><b>\$250.<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>3113 Tomahawk Dr. Gal, GA 31507</b> |   |   |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                               |

|  |   |  |
|--|---|--|
| Date<br><b>11/2/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Todd Shapiro</b> | Amount of contribution (\$)<br><b>\$259.92</b> |
| Contributor address; City; State; Zip Code<br><b>701 E. 15th, Suite, 204 Plano, TX</b> |   |  |
| 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<br><b>Andre Turner</b>   |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>11/9/21</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Anthony Peterson.</b> | 7 Amount of contribution (\$)<br><b>\$208.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1700 White Fall Dr. Desoto, TX 75115</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)                                       |  | 9 Employer (See Instructions)                    |
| Date<br><b>11/9/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Anthony Arnold</b>      | Amount of contribution (\$)<br><b>\$52.23</b>    |
| Contributor address; City; State; Zip Code<br><b>206 Paradise Way, Red Oak, TX</b>          |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| Date<br><b>11/9/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Tommy DeBoskie</b>      | Amount of contribution (\$)<br><b>\$104.15</b>   |
| Contributor address; City; State; Zip Code<br><b>1404 Rusticwood, Dr. Desoto TX</b>         |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| Date<br><b>11/9/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Adrian Escalante.</b>   | Amount of contribution (\$)<br><b>\$208.00</b>   |
| Contributor address; City; State; Zip Code<br><b>4401 Liam Drive Frisco, TX</b>             |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:                    |
| 2 FILER NAME<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>11/9/21</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Darwin Shaw</b> | 7 Amount of contribution (\$)<br><b>\$104.15</b> |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. Box 851536, Mesquite, TX 75185.</b> |   |  |
| 8 Contributor's principal occupation  |   | 9 Contributor's job title                        |
| 10 Contributor's employer/law firm  |   | 11 Law firm of contributor's spouse (if any)     |
| 12 If contributor is a child, law firm of parent(s) (if any)                                |   |  |

|   |  |   |
|---|--|---|
| Date<br><b>11/9/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>TRAVIS BATH.</b> | Amount of contribution (\$)<br><b>\$26.27</b> |
| Contributor address; City; State; Zip Code<br><b>2837 DUSK LANE, DALLAS, TX</b> |  |   |
| Contributor's principal occupation  |  | Contributor's job title                       |
| Contributor's employer/law firm   |  | Law firm of contributor's spouse (if any)     |
| If contributor is a child, law firm of parent(s) (if any)                       |  |   |

|  |   |  |
|--|---|--|
| Date<br><b>11/9/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Stanley Jones</b> | Amount of contribution (\$)<br><b>\$100. w</b> |
| Contributor address; City; State; Zip Code<br><b>1317 Buxton Drive, Desoto, TX</b> |   |  |
| Contributor's principal occupation   |   | Contributor's job title                        |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)      |
| If contributor is a child, law firm of parent(s) (if any)                          |   |  |

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.                             |   | 1 Total pages Schedule A(J)1:                   |
| 2 FILER NAME<br><i>Andre Turner</i>   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>11/26/21</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Nigel Reynolds.</i> | 7 Amount of contribution (\$)<br><i>\$21.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>1408 Horton Dr. Cedar Hill, TX</i> |   |   |
| 8 Contributor's principal occupation<br><i>Probation officer</i>                      |   | 9 Contributor's job title                       |
| 10 Contributor's employer/law firm  |   | 11 Law firm of contributor's spouse (if any)    |
| 12 If contributor is a child, law firm of parent(s) (if any)                          |   |   |

|  |   |   |
|--|---|---|
| Date<br><i>8/16/21</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Jose Pineda</i> | Amount of contribution (\$)<br><i>\$ 779.48</i> |
| Contributor address; City; State; Zip Code<br><i>1601 Trawbridge St. Garland</i> |   |   |
| Contributor's principal occupation   |   | Contributor's job title                         |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)       |
| If contributor is a child, law firm of parent(s) (if any)                        |   |   |

|   |  |   |
|---|--|---|
| Date<br><i>11/13/21</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><i>Jeffrey Greenwood.</i> | Amount of contribution (\$)<br><i>\$ 259.92</i> |
| Contributor address; City; State; Zip Code<br><i>4335 Hollow Oak Dr. Dallas, TX</i> |  |   |
| Contributor's principal occupation  |  | Contributor's job title                         |
| Contributor's employer/law firm   |  | Law firm of contributor's spouse (if any)       |
| If contributor is a child, law firm of parent(s) (if any)                           |  |   |

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**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

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/14/21

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Caroline Odom

7 Amount of contribution (\$)

104.15

6 Contributor address; City; State; Zip Code

415 159th St. Calumet City, IL

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Date

12/10/21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Calvin Johnson

Amount of contribution (\$)

\$78.19

Contributor address; City; State; Zip Code

2305 Worthington St. Dallas, TX #108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Russell Wilson -

Amount of contribution (\$)

\$519.52

Contributor address; City; State; Zip Code

123 Shanandoah, Ln. Murphy, TX 75094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Mark Pullam

Amount of contribution (\$)

\$ 104.15

Contributor address; City; State; Zip Code

6125 Dove Chase Lane, Ft. Worth 76223

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

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/21

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

William Knox

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address; City; State; Zip Code

900 Jackson St #650 Dallas, TX

8 Principal occupation / Job title (See Instructions)

Attorney -

9 Employer (See Instructions)

Date

12/22/21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Rex Gunter

Amount of contribution (\$)

\$200.<sup>00</sup>

Contributor address; City; State; Zip Code

9406 Alta Mira Dr Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

12/22/21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Fred Lewis

Amount of contribution (\$)

\$1000.<sup>00</sup>

Contributor address; City; State; Zip Code

6827 Racine Dr Dallas, TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/19/2021

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Marsaw & Associate.

Amount of contribution (\$)

\$250.<sup>00</sup>

Contributor address; City; State; Zip Code

2201 Mainst. ste. 1010 Dallas

Principal occupation / Job title (See Instructions)

Attorney.

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

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|---|---|--|
| The Instruction Guide explains how to complete this form.                                 |   | 1 Total pages Schedule A(J)1:                    |
| 2 FILER NAME<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>12/30/21</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><b>George Weathersby,</b> | 7 Amount of contribution (\$)<br><b>\$204.15</b> |
| 6 Contributor address; City; State; Zip Code<br><b>37 Painted Rock Ct. Frisco - TX</b>    |   |  |
| 8 Contributor's principal occupation<br><b>Banker</b>                                     |   | 9 Contributor's job title                        |
| 10 Contributor's employer/law firm  |   | 11 Law firm of contributor's spouse (if any)     |
| 12 If contributor is a child, law firm of parent(s) (if any)                              |   |  |
| -----   |   |  |
| Date<br><b>11/29/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><b>Michael Jackson</b>      | Amount of contribution (\$)<br><b>\$52.23</b>    |
| Contributor address; City; State; Zip Code<br><b>2208 CANYON TRAIL, CANTON</b>            |   |  |
| Contributor's principal occupation  |   | Contributor's job title                          |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)        |
| If contributor is a child, law firm of parent(s) (if any)                                 |   |  |
| -----   |   |  |
| Date<br><b>12/15/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><b>Edward Spears</b>        | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>5729 Lebanon Rd. Ste 144 Frisco - TX</b> |   |  |
| Contributor's principal occupation  |   | Contributor's job title                          |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)        |
| If contributor is a child, law firm of parent(s) (if any)                                 |   |  |

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |                                    |
| 2 FILER NAME <b>Andre Turner</b>  |  | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$ <b>0</b>   |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>N/A</b> | 8 Amount of Contribution \$ <b>0</b>  | 9 In-kind contribution description |
| 7 Contributor address; City; State; Zip Code                                |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |                                    |

  

|  |  |   |                                  |
|--|--|---|----------------------------------|
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>N/A</b> | Amount of Contribution \$ <b>0</b>  | In-kind contribution description |
| Contributor address; City; State; Zip Code                               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                  |
| Contributor's principal occupation (FOR JUDICIAL)                        |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                  |
| Contributor's employer/law firm (FOR JUDICIAL)                           |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |                                  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

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 B: |
|---|---------------------------|

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| 2 FILER NAME<br><i>Andre Turner</i> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---------------------------------------|

|                               |    |
|-------------------------------|----|
| 4 TOTAL OF UNITEMIZED PLEDGES | \$ |
|-------------------------------|----|

|        |  |   |                                    |
|--------|--|---|------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>N/A</i> | 8 Amount of Pledge \$<br><i>0</i>   | 9 In-kind contribution description |
|        | 7 Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

|      |  |   |                                  |
|------|--|---|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>N/A</i> | Amount of Pledge \$<br><i>0</i>   | In-kind contribution description |
|      | Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|      |  |   |                                  |
|------|--|---|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>N/A</i> | Amount of Pledge \$<br><i>0</i>   | In-kind contribution description |
|      | Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|      |  |   |                                  |
|------|--|---|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>N/A</i> | Amount of Pledge \$<br><i>0</i>   | In-kind contribution description |
|      | Pledgor address; City; State; Zip Code   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |

|   |                             |
|---|-----------------------------|
| 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.

# LOANS

# SCHEDULE E

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 E:  |
| 2 FILER NAME<br><i>Andre Turner</i>                                     |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <i>N/A</i> <input type="checkbox"/> out-of-state PAC (ID# _____ ) | 9 Loan Amount (\$) <i>0</i>  |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code  | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor <i>N/A</i><br>18 Guarantor address; City; State; Zip Code     | 19 Amount Guaranteed (\$) <i>0</i>   |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |

  

|  |  |   |
|--|--|---|
| Date of loan   | Name of lender <i>N/A</i> <input type="checkbox"/> out-of-state PAC (ID# _____ ) | Loan Amount (\$) <i>0</i>   |
| Is lender a financial Institution?<br><br>Y N                        | Lender address; City; State; Zip Code  | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)                  |  | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none           |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | Name of guarantor <i>N/A</i><br>Guarantor address; City; State; Zip Code         | Amount Guaranteed (\$) <i>0</i>   |
| Principal Occupation (See Instructions)                              |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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: <b>1</b>                   | 2 FILER NAME<br><b>Andre Turner</b>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>10/27/2021</b>                           | 5 Payee name<br><b>U.S. Postal Service</b>  |                                       |
| 6 Amount (\$)<br><b>\$ 73.00</b>                      | 7 Payee address; City; State; Zip Code<br><b>350 S. Buckner Blvd. Dallas, TX 75217</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>overhead expense</b>   | (b) Description                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|   |   |                           |
|---|---|---------------------------|
| Date<br><b>12/17/2021</b>                           | Payee name<br><b>TEXAS Coalition of Black Democrats.</b>  |                           |
| Amount (\$)<br><b>\$100.00</b>                      | Payee address; City; State; Zip Code<br><b>P.O. Box 163 712 - Ft. Worth, TX 76161</b>   |                           |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Fees (Dues)</b>  | Description               |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                           |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held |

|   |   |  |
|---|---|--|
| Date<br><b>12/18/2021</b>                           | Payee name<br><b>PHI Beta Sigma Fraternity</b>  |  |
| Amount (\$)<br><b>\$35.00</b>                       | Payee address; City; State; Zip Code<br><b>P.O. Box 411467 Dallas, TX 75241</b>   |  |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | Description<br><b>Scholarship Dinner</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                |

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><u>21</u>                      | <b>2</b> FILER NAME<br><u>Andre Turner</u>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><u>10/4/2021</u>                                   | <b>5</b> Payee name<br><u>Caldwell Creative</u>   |  |
| <b>6</b> Amount (\$)<br><u>\$622.44</u>                             | <b>7</b> Payee address; City; State; Zip Code<br><u>P.O. Box 12484 Dallas, TX 75205</u>   |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><u>Fee - Advertising</u>   | <b>(b)</b> Description<br><u>Photo shoot</u> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held               |

|  |   |                                    |
|--|---|------------------------------------|
| Date<br><u>  </u>  | Payee name<br><u>  </u>   | City; State; Zip Code<br><u>  </u> |
| <b>X</b> Amount (\$)<br><u>  </u>                          | Payee address;<br><u>  </u>   |                                    |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><u>  </u>   | Description<br><u>  </u>           |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><u>12/22/21</u>                                    | Payee name<br><u>The Political Arm-</u>   | City; State; Zip Code<br><u>#12484</u>  |
| Amount (\$)<br><u>\$422.18</u>                             | Payee address;<br><u>8604 Turtle Creek Blvd Dallas, TX 7</u>  |   |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><u>Advertising (Push Card BIZ CARD)</u>   | Description<br><u>Campaign Printing</u> |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# 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 <input checked="" type="checkbox"/> | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense                    | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense            | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                           | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: <b>4</b>                   | 2 FILER NAME<br><b>Andre Turner</b>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>12/20/21</b>                             | 5 Payee name<br><b>Stonewall Democrats of Dallas</b>  |                                       |
| 6 Amount (\$)<br><b>\$35.00</b>                       | 7 Payee address:<br><b>P.O. Box 192305 Dallas, TX 75219</b>   |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees -</b>   | (b) Description                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought / Office held           |

X

|   |   |                             |
|---|---|-----------------------------|
| Date  | Payee name  | City; State; Zip Code       |
| Amount (\$)   | Payee address:  |                             |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)  | Description                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought / Office held |

|   |   |                                     |
|---|---|-------------------------------------|
| Date<br><b>12/24/21</b>                             | Payee name<br><b>Dallas Co. Democratic Party</b>  | City; State; Zip Code               |
| Amount (\$)<br><b>\$500.00</b>                      | Payee address:<br><b>1414 N. Washington. Ave. Dallas, TX 75209</b>  |                                     |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><b>Vote By Mail.</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought / Office held         |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br>1 3                     | 2 FILER NAME<br>Andre Turner  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>12-22-21                                    | 5 Payee name<br>Caldwell Creative   |                                       |
| 6 Amount (\$)<br>\$3,333.66                           | 7 Payee address; City; State; Zip Code<br>P.O. Box 12484 Dallas, TX 75205   |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising expense<br>Consulting/websites  | (b) Description<br>Printing/websites  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|   |   |                           |
|---|---|---------------------------|
| Date  | Payee name  | City; State; Zip Code     |
| Amount (\$)   | Payee address;  |                           |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)  | Description               |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                           |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held |

|   |   |                           |
|---|---|---------------------------|
| Date<br>12/13/22                                    | Payee name<br>Dallas, Co. Democratic Party  | City; State; Zip Code     |
| Amount (\$)<br>\$1000.00                            | Payee address;<br>1414 N. Washington Ave Dallas, TX 75204   |                           |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Filing Fee |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|                            |                                     |                                       |
|----------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME<br><i>Andre Turner</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|   |             |
|---|-------------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
|---|-------------|

|        |                            |
|--------|----------------------------|
| 5 Date | 6 Payee name<br><i>N/A</i> |
|--------|----------------------------|

|               |  |
|---------------|--|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|---------------|--|

|                       |   |
|-----------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|---|

|                           |   |                 |
|---------------------------|---|-----------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |                          |
|------|--------------------------|
| Date | Payee name<br><i>N/A</i> |
|------|--------------------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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 F3             |
| 2 FILER NAME  | Andre Turner   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Name of person from whom investment is purchased     | N/A                                   |
|   | 6 Address of person from whom investment is purchased; | City; State; Zip Code                 |
|   | 7 Description of investment                            | N/A                                   |
|   | 8 Amount of investment (\$)                            |                                       |
| Date  | Name of person from whom investment is purchased       | N/A                                   |
|   | Address of person from whom investment is purchased;   | City; State; Zip Code                 |
|   | Description of investment                              | N/A                                   |
|   | Amount of investment (\$)                              |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:  | <b>2</b> FILER NAME<br><i>Andre Turner</i>                                | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$ <i>0</i>                                    |
| <b>5</b> Date  | <b>6</b> Payee name<br><i>N/A</i>   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address; City; State; Zip Code                             |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>10</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)   |  |
|  | <b>(b)</b> Description  |  |
| <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |   |  |
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought                      Office held |
| Date   | Payee name<br><i>N/A</i>  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                      |  |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)              |  |
|  | Description   |  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

The Instruction Guide explains how to complete this form.

|                                 |  |  |
|---------------------------------|--|--|
| <b>1</b> Total pages Schedule I | <b>2</b> FILER NAME<br><i>Andre Turner</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------|--|--|

|               |                                   |
|---------------|-----------------------------------|
| <b>4</b> Date | <b>5</b> Payee name<br><i>N/A</i> |
|---------------|-----------------------------------|

|                      |   |
|----------------------|---|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City State Zip Code |
|----------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|---|---|---|

|      |                          |
|------|--------------------------|
| Date | Payee name<br><i>N/A</i> |
|------|--------------------------|

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |                          |
|------|--------------------------|
| Date | Payee name<br><i>N/A</i> |
|------|--------------------------|

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                    |
|-------------|------------------------------------|
| Amount (\$) | Payee address; City State Zip Code |
|-------------|------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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 T: |
| 2 FILER NAME<br><i>Andre Turner</i>   | 3 Filer ID (Ethics Commission Filers)  |                           |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><i>N/A</i>   |  |                           |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |  |                           |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                           |
|   | 8 Departure city or name of departure location                               |                           |
|   | 9 Destination city or name of destination location                           |                           |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                           |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><i>N/A</i>   |  |                           |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                           |
| Dates of travel   | Name of person(s) traveling  |                           |
|   | Departure city or name of departure location                                 |                           |
|   | Destination city or name of destination location                             |                           |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                           |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><i>N/A</i>   |  |                           |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                           |
| Dates of travel   | Name of person(s) traveling  |                           |
|   | Departure city or name of departure location                                 |                           |
|   | Destination city or name of destination location                             |                           |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                           |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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                 | 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>Andre Turner</i>                                      | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date  | <b>5</b> Payee name<br><i>N/A</i>   |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code                                   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)         | <b>(b)</b> Description  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate / Officeholder name   | Office sought Office held   |
| Date   | Payee name<br><i>N/A</i>  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)                    | Description   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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   | Payee name<br><i>N/A</i>  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)                    | Description   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME <i>Andre Turner</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name <i>N/A</i>  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address; City; State; Zip Code   |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name <i>N/A</i>   |  |
| Amount (\$)   | Business address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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  | Business name <i>N/A</i>   |  |
| Amount (\$)   | Business address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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 K:             |
| 2 FILER NAME<br><i>Andre Turner</i>   |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Name of person from whom amount is received<br><i>N/A</i> | 8 Amount (\$)                         |
| 6 Address of person from whom amount is received; City; State; Zip Code   |   |                                       |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |   |                                       |
| Date  | Name of person from whom amount is received<br><i>N/A</i>   | Amount (\$)                           |
| Address of person from whom amount is received; City; State; Zip Code   |   |                                       |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |   |                                       |
| Date  | Name of person from whom amount is received<br><i>N/A</i>   | Amount (\$)                           |
| Address of person from whom amount is received; City; State; Zip Code   |   |                                       |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |   |                                       |
| Date  | Name of person from whom amount is received                 | Amount (\$)                           |
| Address of person from whom amount is received; City; State; Zip Code   |   |                                       |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |   |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Andre Turner

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Andre Turner*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:<br><b>1</b>                   |
| 2 FILER NAME<br><b>Andre Turner</b>                          |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>11/12/21</b>                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Yolanda Williams</b> | 7 Amount of contribution (\$)<br><b>\$100.<sup>00</sup></b> |
|  | 6 Contributor address; City; State; Zip Code<br><b>P.O. Box 170384 Dallas, TX 75217</b>                    |   |
| 8 Contributor's principal occupation                         |  | 9 Contributor's job title                                   |
| 10 Contributor's employer/law firm                           |  | 11 Law firm of contributor's spouse (if any)                |
| 12 If contributor is a child, law firm of parent(s) (if any) |  |   |

|   |  |   |
|---|--|---|
| Date<br><b>11/12/21</b>                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Toby Shook</b> | Amount of contribution (\$)               |
|   | Contributor address; City; State; Zip Code<br><b>2001 BRYAN ST. Ste 1905 Dallas, TX 75201</b>      | <b>\$250.<sup>00</sup></b>                |
| Contributor's principal occupation                        |  | Contributor's job title                   |
| Contributor's employer/law firm                           |  | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) |  |   |

|   |   |   |
|---|---|---|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$)               |
|   | Contributor address; City; State; Zip Code                                    |   |
| Contributor's principal occupation                        |   | Contributor's job title                   |
| Contributor's employer/law firm                           |   | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) |   |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:<br><b>2</b>        |
| 2 FILER NAME<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>11/12/21</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Jose Villela</b>    | 7 Amount of contribution (\$)<br><b>\$500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>111 Continental Ave. Ste 500 Dallas TX 75207</b> |   |  |
| 8 Contributor's principal occupation  | 9 Contributor's job title   |  |
| 10 Contributor's employer/law firm  | 11 Law firm of contributor's spouse (if any)  |  |
| 12 If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br><b>11/12/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Kenneth Onye Nait</b> | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>8612 Valley Ranch Pkwy. Dallas TX 75063</b>        |   |  |
| Contributor's principal occupation  | Contributor's job title   |  |
| Contributor's employer/law firm   | Law firm of contributor's spouse (if any)   |  |
| If contributor is a child, law firm of parent(s) (if any)   |   |  |
| Date<br><b>11/12/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>David Jordan</b>      | Amount of contribution (\$)<br><b>\$100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>8700 Stemmons Fwy. Ste 416 Dallas TX 75247</b>     |   |  |
| Contributor's principal occupation  | Contributor's job title   |  |
| Contributor's employer/law firm   | Law firm of contributor's spouse (if any)   |  |
| If contributor is a child, law firm of parent(s) (if any)   |   |  |

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:<br><b>3</b>      |
| 2 FILER NAME<br><b>Andre Turner</b>  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>11/12/21</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>LARRY WASHINGTON</b> | 7 Amount of contribution (\$)<br><b>\$10</b>   |
| 6 Contributor address; City; State; Zip Code<br><b>4515. Crown Knoll Dallas TX 75232</b> |  |  |
| 8 Contributor's principal occupation   |  | 9 Contributor's job title                      |
| 10 Contributor's employer/law firm   |  | 11 Law firm of contributor's spouse (if any)   |
| 12 If contributor is a child, law firm of parent(s) (if any)                             |  |  |
| Date<br><b>11/12/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>E. X. Martin, III</b>  | Amount of contribution (\$)<br><b>\$250.00</b> |
| Contributor address; City; State; Zip Code<br><b>8828 Greenville Ave.</b>                |  |  |
| Contributor's principal occupation   |  | Contributor's job title                        |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)      |
| If contributor is a child, law firm of parent(s) (if any)                                |  |  |
| Date<br><b>11/12/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Jim Jackson</b>        | Amount of contribution (\$)<br><b>\$100.00</b> |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 763264 Dallas, TX 75376</b>    |  |  |
| Contributor's principal occupation   |  | Contributor's job title                        |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)      |
| If contributor is a child, law firm of parent(s) (if any)                                |  |  |

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:<br><b>4</b>                  |
| 2 FILER NAME<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><b>11/12/21</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Cleah Evans</b>                     | 7 Amount of contribution (\$)<br><b>\$50.<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>407 Coahila Drive Dallas, TX 75217</b> |   |  |
| 8 Contributor's principal occupation  |   | 9 Contributor's job title                                  |
| 10 Contributor's employer/law firm  |   | 11 Law firm of contributor's spouse (if any)               |
| 12 If contributor is a child, law firm of parent(s) (if any)                              |   |  |
| Date<br><b>11/12/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>KAREN Young</b>                       | Amount of contribution (\$)<br><b>\$50.<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1420 Minuet Ln. Dallas, TX 75241</b>     |   |  |
| Contributor's principal occupation  |   | Contributor's job title                                    |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                                 |   |  |
| Date<br><b>11/12/21</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Dr. Oliver &amp; Keisha Lankford.</b> | Amount of contribution (\$)<br><b>\$100.<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br><b>335 Cooper St. Cedar Hill TX 75104</b>   |   |  |
| Contributor's principal occupation  |   | Contributor's job title                                    |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                                 |   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements:

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

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|---|---|--|
| The Instruction Guide explains how to complete this form.                                     |   | 1 Total pages Schedule A(J)1:<br><b>5</b>        |
| 2 FILER NAME<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>11/12/21</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>David Griffin</b> | 7 Amount of contribution (\$)<br><b>\$100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>10219 Sand Springs Ave. Dallas TX 7525</b> |   |  |
| 8 Contributor's principal occupation  | 9 Contributor's job title   |  |
| 10 Contributor's employer/law firm  | 11 Law firm of contributor's spouse (if any)  |  |
| 12 If contributor is a child, law firm of parent(s) (if any)                                  |   |  |

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| Date<br><b>11/12/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Nancy Mulder</b> | Amount of contribution (\$)<br><b>\$100.00</b> |
| Contributor address; City; State; Zip Code<br><b>3106 LA Kenton Cir. Dallas TX 75234</b> |  |  |
| Contributor's principal occupation   | Contributor's job title  |  |
| Contributor's employer/law firm  | Law firm of contributor's spouse (if any)  |  |
| If contributor is a child, law firm of parent(s) (if any)                                |  |  |

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| Date<br><b>11/12/21</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Samuel Bates</b> | Amount of contribution (\$)<br><b>\$100.00</b> |
| Contributor address; City; State; Zip Code<br><b>1802 Whitehall Ln Garland, TX 75043</b> |  |  |
| Contributor's principal occupation   | Contributor's job title  |  |
| Contributor's employer/law firm  | Law firm of contributor's spouse (if any)  |  |
| If contributor is a child, law firm of parent(s) (if any)                                |  |  |

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

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|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A(J)1:<br><b>6</b>       |
| 2 FILER NAME<br><b>Andre Turner</b>   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>10/19</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Carter Grimmerett</b> | 7 Amount of contribution (\$)<br><b>\$25.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>598 JACOB WAY #103 ROCHESTER, MI 48307</b>       |   |   |
| 8 Contributor's principal occupation  | 9 Contributor's job title   |   |
| 10 Contributor's employer/law firm  | 11 Law firm of contributor's spouse (if any)  |   |
| 12 If contributor is a child, law firm of parent(s) (if any)  |   |   |
| Date<br><b>10/19</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Edwin King</b>          | Amount of contribution (\$)<br><b>\$100.00</b>  |
| Contributor address; City; State; Zip Code<br><b>400 S. ZANG Blvd #105 DALLAS, TX 75208</b>         |   |   |
| Contributor's principal occupation<br><b>Attorney</b>   |   | Contributor's job title                         |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)       |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |
| Date<br><b>10/19</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Matt Espinosa</b>       | Amount of contribution (\$)<br><b>\$50.00</b>   |
| Contributor address; City; State; Zip Code<br><b>6060 N. Central Exp. Ste. 212 DALLAS, TX 75208</b> |   |   |
| Contributor's principal occupation  |   | Contributor's job title                         |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)       |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

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| The Instruction Guide explains how to complete this form.                            |   | 1 Total pages Schedule A(J)1:<br>7        |
| 2 FILER NAME<br>Andre Turner   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>10/12/   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br>Samuel Bates | 7 Amount of contribution (\$)<br>\$125.00 |
| 6 Contributor address; City; State; Zip Code<br>1802 Whitehall Ln. Garland, TX 75043 |   |   |
| 8 Contributor's principal occupation<br>Retiree                                      | 9 Contributor's job title   |   |
| 10 Contributor's employer/law firm   | 11 Law firm of contributor's spouse (if any)  |   |
| 12 If contributor is a child, law firm of parent(s) (if any)                         |   |   |

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| Date<br>10/18/2021   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br>David Burrows | Amount of contribution (\$)<br>\$100.00 |
| Contributor address; City; State; Zip Code<br>4120 Staten Island Dr. Plano, TX 75024 |  |   |
| Contributor's principal occupation   | Contributor's job title  |   |
| Contributor's employer/law firm  | Law firm of contributor's spouse (if any)  |   |
| If contributor is a child, law firm of parent(s) (if any)                            |  |   |

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| Date<br>10/18/2021  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br>Gilford Colman | Amount of contribution (\$)<br>\$200.00 |
| Contributor address; City; State; Zip Code                |   |   |
| Contributor's principal occupation<br>Retiree             | Contributor's job title   |   |
| Contributor's employer/law firm                           | Law firm of contributor's spouse (if any)   |   |
| If contributor is a child, law firm of parent(s) (if any) |   |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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