CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr first Andre	MI	OFFICE USE ONLY
NAME	NICKNAME TAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		STATE; ZIP CODE	2022 J.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 668-6610	EXTENSION	Date Hand damered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST Timm NICKNAME LAST Willies	SUFFIX	Date Imaged Amount S Amount S Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 26 98 Deep Hill C Dallas TX 7523	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 458-086	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	THROUGH 17	1 2022 ·
11 ELECTION	Month Day Year Primary 3 / \ 2622 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	JUSTICE OF	the Peace Pet. 5. P11
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE CAMPAIGN TRE COMMITTEE CAMPAIGN TRE		
	GO ТО	PAGE 2	

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Adolph composition - ecolophics

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Andre Turne	/	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		s .
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAM	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 13,331.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 6,121.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	\$ 6,121.28 \$ 3,539.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS G PERIOD	S F THE \$
ACCUMAC MACAMATAN AND AND AND AND AND AND AND AND AND A	swear, or affirm, under penalty of perjury, the		e and correct and includes all information
re	quired to be reported by me under Title 15, Ele		$\epsilon = \Lambda$
		and	re June
		Signature of C	andidate/Officeholder
	Diago comp	lata aithar antion hala	
	Please compl	lete either option belo	w.
(1) Affidavit	Sheria West My Commission Expires		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	08/31/2022 ID No. 131706108		
\ \tag{2}	201		
NOTARY STAMP/SE	2	~ ~	att I
Sworn to and subscribed	d before me by Andre	TURALL Khis the	day of January.
20 92 , to certif	y which, witness my hand and seal of office.		
1	SHERIH	WEST	Notani Public
Signature of officer administ	tering oath Printed name of office	cer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	tion		
(2) 01101110111101111111			
My name is		, and my date of birth	is
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of	, 20
		(mon	th) (year)
		Signature of Cano	didate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con	
	Andre Turne	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	* 13,331. ¹⁹
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,121,28
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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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	5 Full name of contributor	7 Amount of contribution (\$)
811/2021	Modern Back + Neck Clin's 6 Contributor address; City; State; Zip Code	125.00
	You W. Wheatland RD. STE. 120 Daller, Tx, 75237	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	
8/11/2021	Victor J Elmore Contributor address; City; State; Zip Code	500.00
	1408 N Rhofrent BLUD 314 Diller, TX 75207	
	Lation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Warren N. Abroms- P.C. Contributor address: City; State; Zip Code 10360 N. Central GROY STE 283 Dalles Tx 75231-0	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	
	Altorney	
Date	Full name of contributor out-of-state PAC (ID#:)	
8/12/2021	Contributor address; City; State; Zip Code	\$50.00
	519 Highlands Dr. DesotoTX	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING AS	ALEEDED.

SCHEDULE A1

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

1000			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ndre Turner		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2/11/2 21			
0/11/2021	Shirley M Thompson 6 Contributor address; City; huing	~	10000
	6 Contributor address; City; Polag	State; Tx Zip Code 41 03	, , 000
	4304 Village Green DR	•	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
21.12-1	Thomas J. Besuizh		
8/11/2021	Contributor address; City;	State: Zip Code	15600
			150.00
	48 418 W Ploneer Dr. Kily, TX	75061	
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
AA	Adrieu		
Date		(ID#:)	Amount of contribution (\$)
. 11. 1	Humphreys & Peterson Law Firm		
8/11/2021	Contributor address; City;		100.00
	1121-116-116	11 - 700	100.00
	11300 N. Central Expression, Site 430 De		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Hart	orney		
Data	Full name of contributor	454	Amount of contribution (\$)
Date	hand w GriAN	(ID#:)	Amount of contribution (\$)
S 1 1 21	Bana a Chain		1200 00
8/11/2021	Contributor address; City;	State; Zip Code	100.00
	10219 Sand Spritys Ave Dallas TX	75227-7674	, -
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
20	Lynce		
		NE THIS SCHEDIN E AS N	EEDED

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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	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	5 Full name of contributor out-of-state PAC (ID#:) Benjamin D Jackson 6 Contributor address; City; State; Zip Code	
1505/11/8	6 Contributor address; City; State; Zip Code	100.00
0,	100	100.00
	P.O. Box 50/027 Dallas, TX 75250	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ttions)
Date	Full name of contributor	Amount of contribution (\$)
		06-40-40-000-00-00-00-00-00-00-00-00-00-00
all boil	Panela D. Miller Contributor address; City; State; Zip Code	50.00
	1167 Carthage Way Arthyton, Tx 76017 Dation / Job title (See Instructions) Employer (See Instruc	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
IPS		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Date	CL L & Toffer	Amount of contribution (\$)
2111/-	Charles C. Jetiosas	100
8/11/2021	Contributor address; City; State; Zip Code	100.00
	Charles E. Jefferson Contributor address; City; State; Zip Code 208 Idle Creek Ln Dessto, TX 75/15 Employer (See Instructions)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Data	Full across of contributor	Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/11/2021	Reed W. Prosper	
0/11/00	Contributor address; City; State; Zip Code	200.00
	4777 Windsor Phy Dallas, Tx 75705	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
A	Horney	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

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)
5 Full name of contributor out-of-state PAC (ID#) DANIEL ANDESO 6 Contributor address; City; State; Zip Code 4916 CAPE COTAL Drive. DALLAS 1/7528	7 Amount of contribution (\$) 7. \$259-92
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Principal occupation / Job title (See Instructions) Full name of contributor Full name of contributor Fout-of-state PAC (ID#:	Amount of contribution (\$) \$10_15
Principal occupation / Job title (See Instructions) Full name of contributor	Amount of contribution (\$) \$26, 27 ctions)
Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	,

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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 Turne	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
	1209 Sutters Way Mesquite, TX 75/	y \$104, 15
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
8/30/21	Craig Watkins- Contributor address; City; State; Zip Code	-\$259.92
	1001	
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
8 ZLZ	Full name of contributor	Amount of contribution (\$) \$ 50.23
	2413 MLK JR. Blud Ste JAMES TX	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
•		
Date	Full name of contributor	Amount of contribution (\$)
8/24/21	Krist Calanell	4 Day ce
	Contributor address; City; State; Zip Code	3 \$ 200. ce
	6504 Rutherterd Re Plane, 7	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
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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 for	Total pages Schedule A(J)1:
2 FILER NAME Andre Turner	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC IDER 1321 6 Contributor address; City; 1100. Townsend Lane 3	7 Amount of contribution (\$) State; Zip Code 250-6, 75115
8 Contributor's principal occupation Probation OFFice	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 Full name of contributor out-of-state PAC ID Richard Corbitt	
	State: Zip Code \$150.
Contributor's principal occupation Attorney	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 out-of-state PAC ID 9321 CAPI & PAT Johnson.	
Contributor address; City; 2004 Williams Way 4	State: Zip Code \$100.
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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SCHEDULE A1

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	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/12/2021	Joni R. Cooper 6 Contributor address; City; State; Zip Code 1914 Elderleaf Dr. Dallas, TX 75232	\$200.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
t	Htorney	A
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/12/2021	Contributor address; City; State; Zip Code 3500 OAK LAWN Aue, Dallas, TX ation / Job title (See Instructions) Employer (See Instructions)	\$100.W
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
H	+torna	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
913/2021	Willie F. Twgram Contributor address; City; State; Zip Code	\$50.00
	1801 N. Hampton, Desoto, Tr75115	tione
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	nons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/3/2021	Contributor address; City; State; Zip Code 325 N. St. Paul St. 2160 325 N. St. Paul St. 20145 T. 7520	\$ 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
A	Homey	
		UEEDED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	IEEDED reporting requirements.

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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 Turn	3 Filer ID (Ethics Commission Filers)
	7 Amount of contribution (\$)
Date Date 5 Full name of contributor Dout-of-state PAC (ID#:	\$ 259.92
4306 Ravenbank, Dr. Pockwa	W.TA
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
MARK Scott Contributor address; City; Ste. 370. 11300 N. Central Exp. Dallas, TX	\$5/9.52
	ee Instructions)
Principal occupation / Job title (See Instructions) Employer (See	ee instructions)
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
10/9/21 Andrew Jackson	
Contributor address; City; State; Zip Co	ode \$ 100.00
5503 summer star In. Frisc	OTT 9 100.
	ee Instructions)
Salivation Army	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
QIII EI Frank Boldoe Contributor address; City; State; Zip Co	400G DU
Contributor address; City; R. State; Zip Co.	\$208.00
Principal occupation / Job title (See Instructions) Employer (6	ee Instructions)
ATTACH ADDITIONAL CODIES OF THIS SCHED	III E AS NEEDED

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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 5 Full name of contributor out-of-state PAQ (ID) 15 Shi CA WALTON	7 Amount of contribution (\$)
16/25/202/ 6 Contributor address; City; State; Zip Code CARCLIGAN, LANC, LANCASTER, TX	\$500.08
8 Principal occupation / job title (See Instructions) 9 Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/23/21 Jelan 1 Jones Contributor address; City; State; Zip Code 1811 S. ETVANST. Dally 789)	\$ \$250. ce
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Ctions)
Date Full name of contributor Charles Madu 4 Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 156.67
3917. West sublett Rd Arl. 15/04	,
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 650 Brookside Dr. Cedar TA	\$259.92
Principal occupation / Job title (See Instructions) Employer (See Instru	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS	NEEDED.

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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)				
5 Full name of contributor out-of-state PAC (ID#:	1-				
8 Principal occupation / Job title (See Instructions) 9 Employer (See In	structions)				
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
Contributor address; City; State; Zip Code 445 E.1382. \$1.3 Ged AV. H. Principal occupation / Job title (See Instructions) Employer (See Instructions)	11. \$259. 92				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)				
Date Full name of contributor Elizabeth Frizell Contributor address; City; State; Zip Code BOS EAST COLOTO: AD DANK TX	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date Date Full name of contributor out-of-state PAC (ID#:	\$25972				
Principal occupation / Job title (See Instructions) Employer (See In	structions)				

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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)
5 Full name of contributor out-of-state PAC (ID#:) 1	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
AAron Rich Contributor address: City: State: Zip Code 5/2 Dharma Circle Winter	\$52.23
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:) TRA Sheppard Contributor address; City; State; Zip Code 2/13 Tomalawk Dr. Gol by 3907	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	tions)
Pate Shapico Contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Contributor address; Shifte. 204 PANOTA	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$\frac{1}{250}\$, tions) Amount of contribution (\$) \$\frac{1}{259}\$, 92

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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 Twner	3 Filer ID (Ethics Commission Filers)			
5 Funname of contributor Peterson. 6 Contributor address; City; State; Zip Code 1700 White Fall 3. Desule, 175/1. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) $4208.$			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date 21	Amount of contribution (\$) \$\frac{4}{52.23}			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor Omny Dosk Contributor addless; City; State; Zip Code 1404 Pushi Cwoud Dr. Dswy K	Amount of contribution (\$) \$104. 15			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Full name of contributor Scalante. Contributor address; City; State; Zip Code Yol Liam Drive Frisa	Amount of contribution (\$) \$268.			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			

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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 for	Total pages Schedule A(J)1:			
2 FILER NAME Andre Turner	3 Filer ID (Ethics Commission Filers)			
5 Full name of contributor out-of-state PAC II 1992 DACWIN Shaw 6 Contributor address; City; D.O.BOX 851536 Mesquit	State; Zip Code \$104.15			
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)				
Full name of contributor out-of-state PAC II 1119/21 Contributor address; City; 2837 DMSK LANE, D.	State: Zip Code \$26.27 A 1/A 3, 74			
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 out-of-state PAC 1/9/21 6tanley Jones Contributor address; City; 1317 Buxton Drive.	رر ،			
Contributor's principal occupation	Contributors 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.

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A(J)1:		
2 FILER NAME Andre Twnv	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor ut.pf-state PAC	D#: 7 Amount of contribution (\$)		
11/26/21 Nigel Reynolds.			
6 Contributor address; City;	State; Zip Code		
1408 Horton Dr. ced	ar. Hill, 17		
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 Full name of contributor out-of-state PAC	D#: Amount of contribution (\$)		
B Jose Pineda			
CAMPO	State; Zip Code \$779.48		
1601 Trowbridge st. 6	Arland 9		
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm			
Contributor's employernaw iiiii	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 ☐ out-of-state PAC	D#:) Amount of contribution (\$)		
11/1361 TOFERON Green wood			
Contributor address; City; State: Zip Code \$259.92			
4335 Hollow OAKD	Jallar TX		
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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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 TWO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
21/921 CAroline ODOM 6 Contributor address; City; State; Zip Code	104,15
415 1594 St. Salument Cty IL	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
2305 Worthingtonst. Dilly TA	\$78.19
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:) PASSELL NO SERVICE PAC (ID#:)	Amount of contribution (\$)
Pull hame of contributor State; Zip Code Sta	4519.52
123 Shanandoah, Ln. Murphy 17	•
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	1 100/ 15
6/25 Dove chase Lane, Fr. Worth Thes	A 101.17
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

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 A1:			
2 FILER NAME Andre Turner	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 12 22 21 William Knok 6 Contributor address; City; State; Zip Code 900 Jackson St #640 Dally, Th	7 Amount of contribution (\$) \$\frac{4}{500}.			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
12/22/21 Ret Gunter Contributor address; City; State; Zip Code 9406 Alta Mira Dr. Dallys, 77 75218	\$ 200,0			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)			
12/22/ Fred Lewis Contributor address; City; State; Zip Code 6827 RACINE Dr. DAllas, TX 75232	\$1000.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)			
Principa occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Januar Mary

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 fo	Total pages Schedule A(J)1:			
2 FILER NAME AND TWNV	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC ID 12/20/21 Veorge Weathers 6 Contributor address; City; 37 Painted Rode of	State; Zip Code 12015			
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)				
Full name of contributor Out-of-state PAC ID Michael Jackson Contributor address; City; 2208 CANVONICA	State; Zip Code 452.23			
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 out-of-state PAC ID	Amount of contribution (\$) 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

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME Andre Turner	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	sutions \$		
	Zip Code Contribution \$ description Contribution \$ description Contribution \$ description Contribution \$ description Contribution \$ description		
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	Amount of Contribution \$ In-kind contribution description Zip Code 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)	UDICIAL) 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 T	HIS SCHEDULE AS NEEDED		

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedu	le B:
2	FILER NAME	Indre Turner		3 Filer ID (Ethics Co	emmission Filers)
4	TOTAL OF UNI	TEMIZED PLEDGES		\$	
5		ull name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
10	Principal occupation	/ Job title (See Instructions)	11 Employer (See		de of Texas. Complete Schedule T.
		, ,	ate; Zip Code	Amount of Pledge \$	In-kind contribution description
					de of Texas. Complete Schedule T.
	Principal occupation	/ Job title (See Instructions)	Employer (See	Instructions)	
		Full name of pledgor	ate; Zip Code	Amount of Pledge \$	In-kind contribution description de of Texas. Complete Schedule T.
	Principal occupation	/ Job title (See Instructions)	Employer (See	Instructions)	
		Full name of pledgor	; Zip Code	Amount of Pledge \$	In-kind contribution description
	Principal occupation	/ Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	roquiromente
	If contr	ibutor is out-of-state PAC, please see Inst	ruction guide for	additional reporting	requirements.

LOANS SCHEDULE E

	12 NO.			
The Instruction Guide explains how to complete this form.				
2 FILER NAME Andre Tune		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS		\$		
5 Date of loan 7 Name of lender Out-of-state P	f Ioan 7 Name of lender Out-of-state PAC (ID#)			
6 Is lender a financial Institution? 8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
Y N				
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collateral Check if personal fur account (See Instruc		s were deposited into political ons)		
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)		
18 Guarantor address; City; ☐ not applicable	State; Zip Code			
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan Name of lender out-of-state in	PAC (ID#:)	Loan Amount (\$)		
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate		
Y N		Maturity date		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral		ds were deposited into political		
none	account (See Instruction			
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)		
Guarantor address; City;	State; Zip Code	0		
not applicable	Employer (Can Instance)			
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.				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME THE	nv	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2021	5 Payee name Postal	Service	1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 73.00	350 S. Buckna	r Blud. Dalla	5,7×75217
8	(a) Category (See Categories listed at the top of thi	(b) Description	
PURPOSE OF EXPENDITURE	Overhead Exper	rse	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	~	<u> </u>
12/17/2021	TEXAS Coalitic	on of Black	Democrats.
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.	P.O. BOX 163.	712 - FT. WOR	4,17-16161
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	fees (Dues)		
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/18/2021	PHI BetA Si	gma Frater	nity
Amount (\$)	Payee address;	City;	\$tate; Zip Code
\$35.00	P.O.BOX 41146	7 Dallas, To	1524/
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	~
OF EXPENDITURE	EXVENT EXPE	ense Scho	olarship Dinne
	Check if travel outside of Texas. Complete		tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Travel Out Of District Consulting Expense Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Payee name 4 Date Zip Code State; City; 7 Payee address; (b) Description 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State City; Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Zip Code **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense vel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested infor	rmation is not applicable, DO NOT include t		poru
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political (Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E. Committee Legal Services Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Paymen	The Instruction Guide explains how to o	complete this form.	2 Till 12 (Ethics Commission Filers)
1 Total pages Schedule F1: 2	2 FILER NAME TWONE		3 Filer ID (Ethics Commission Filers)
12 20 21	5 Payee pame Stonewall Den	roccats city;	State; Zip Code
\$ 35,000	P.O. Box 192305	DAIAS T	1/ 75019
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees-		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, 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
Ar+ (e)	Payee address:	City.	
	2.44	_	
7 -			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			ustin, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.		Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office field
	Payee name	Na.	0
12/24/21	Dallas Co. Dem	ocratic	State: Zip Code
Amount (\$)	Payee address;	City;	State, Zip State
\$500.0	1414 N. Washing	5ton. Av	1e. JAVAS, 177520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expension	se Votet	MAIL.
	Check if travel outside of Texas. Complete Schedule T		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS I	NEEDED
		a ty iie	Revised 8/17/20

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Food/severage Expense Gift/Awards/Memorials Expense Demmittee Legal Services Frinting Expense Printing Expense Printing Expense Other (enter a category not listed above) Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	FILER NAME Andre TWOW 3 Filer ID (Ethics Commission Filers)
4 Date 22 2 5	Payee name Caldwell Creative City: State: Zip Code
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$3,333.66	P.O. BOX 12484 DAllas, TX 75005-
8	(a) Category (See Categories listed at the top of this schedule)
PURPOSE	Hovertising steepe Printing wessites
OF EXPENDITURE	101) 24/11/2 / 1005/17/2, 1
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Data	Payee name
Date	,
	City; State; Zip Code
Amount (\$)	Payee address;
₫ '	* 1
í	Category (See Categories listed at the top of this schedule) Description
	Category (See Categories listed at the top of this same
PURPOSE OF	
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Check if travel outside of leads. Compare to the Co
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officenoider name
8.4	Payee name
Date	DAllys, Co. Democratic Party State: Zip Code
12/13/22	City; State; Zip Code
Amount (\$)	Payee address;
31000	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	YCCS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS WELL STATEMENT Revised 8/17/2020

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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 Office Overhead/Rental Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel In District 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 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date Zip Code City; State: 8 Pavee address 7 Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held 11 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Date State; Zip Code City; Amount (\$) Payee address; TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER	Andre Turner	3 Filer ID (Ethics Commission Filers)
4 Date		City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILERMAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME Andre Turnu 5 Payee name		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of	of information
Date	Payee name N1A			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information
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 to not applicable, 20 to 1 metable and 125 metabl					
The Instruction G	uide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	dre turner	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corpora	ion or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure repo	irted on:				
Schedule A2	Schedule B Schedule B(J) Schedule	C2 Schedule D Schedule F1			
	Schedule F4 Schedule G Schedule				
6 Dates of travel 7 Nam	e of person(s) traveling				
8 Dep	arture city or name of departure location				
9 Des	ination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of confere	ence, seminar, or other event)			
Name of Contributor / Corpora	tion or Apor Organization / Pledgor / Payee				
Contribution / Expenditure repo	orted pn:				
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Des	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					
Contribution / Expenditure reported on:					
Schedule A2 Sc	hedule B Schedule B(J) Schedule C	Schedule D Schedule F1			
Schedule F2 Sc	hedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Nar	Dates of travel Name of person(s) traveling				
Departure city or name of departure location					
Des	Destination city or name of destination location				
Means of transportation	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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense P	olling Expense Travel In District Travel Out Of District Travel Out Of District Other (enter a category not listed above) ow to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Andre T 6 Payee name	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
political contributions intended				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Cincertotter / tarrie			
Date	Payee name M			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedu			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date	Payee name M			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedu	le T. 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			

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services	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 expla	ins how to complete this form.		
1 Total pages Schedule H:	2 FILER NAME Andre	Tumb 3	Filer ID (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austin, TX	X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description		
	Check if travel outside of Texas. Complete S	chedule T. Check if Austin, TX	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description		
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEED!	ED	

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedul			dule K:		
2 FILER NAME	Andre Turne	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State	e; Zip Code	8 Amount (\$)		
	7 Purpose for which amount is received Check if p	political contribution	returned to filer		
Date	Name of person from whom amount is received	As The Code	Amount (\$)		
		te; Zip Code			
	Purpose for which amount is received Check if p	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Stat	ie; Zip Code			
	Purpose for which amount is received 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; Sta	ite; Zip Code			
	Purpose for which amount is received 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 	al Report" ••		
1	C/OH N	Andre Turner	2 Filer ID (Ethics Commission Filers)		
3	SIGNA				
	designa	expect any further political contributions or political expenditures in connection with material ting a report as a final report terminates my campaign treasurer appointment. I also use the contributions or make any campaign expenditures without a campaign treasurer appointment. Signature	inderstand that I may not accept any		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned fr	om 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	OFFIC	EHOLDER			
_		plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions i an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as		
		S	signature of Officeholder		

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