CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission	ion Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME	FIRST Andre LAST Furner	MI	FIX	OFFICE Date Reseived	USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P. O. Box 17 Dallas, Texas	70952	CITY; STATE; ZIP C	CODE	OLERA DEP	S AMIO
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 66	PHONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	Timmy LAST William	J SUFF	FIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S		•	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(214) 45	PHONE NUMBER 8-0860	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before d	Eveneded M		treasurer as (Officeholde	
10 PERIOD COVERED	1/1/23	Day Year	THROUGH 7/15	Month 5/23 /	Day Year	r
11 ELECTION	Month Day	Year Primary General	Runoff Ott	her escription		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT Dallas Cou			ner 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	ACCEPTED OR POLITICAL EXPENI S MAY HAVE BEEN MADE WITHOUT IRED TO REPORT THIS INFORMATION	T THE CAND	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
	GENERAL	COMMITTEE NAME COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

				-	
15 C/OH NAME Andr	e L. Turner		16 Filer	ID (Ethics Com	nmission Filers)
17 CONTRIBUTION TOTALS	SOLV COLLEGE ACCORD CONTROL CO		HAN	\$	
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	IBUTIONS ANS, OR GUARANTEES OF LOA	NS)	\$5,84	6.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$1599	9.39
	4. TOTAL POLITICAL EXPEN	DITURES		\$1599	9.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE	LAST DAY	\$0.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORT)	OF ALL OUTSTANDING LOANS AS NG PERIOD	S OF THE	\$	
	wear, or affirm, under penalty of perjury,		true and co	errect and include	des all information
rec	quired to be reported by me under Title 15,	Election Code.	,	Λ	
		An of		luss	e
		Signature of	Candidate	or Officeholder	
	Diagonam	nlata aithar antion hal	low:		
	Please Colli	plete either option bel	OW.		
(1) Affidavit	Julia Jaramillo My Commission Expires 05/18/2025 ID No. 133106486				
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by ANAYL TU	Mer this	the 12 ^{to}	_ day of	uly.
	which, witness my hand and seal of office.				9
	Mille Tulia Ja	ramillo		Notar 4	
Signature of officer administe	ring oath Printed name of o	fficer administering oath		Title of officer	dministering oath
	INTERNATION OF THE	OR	THE		SMILE VERS
(2) Unsworn Declaration	on				
My name is		and my date of hirt	h is		
				20	-
iviy address is	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	5 5.5	12 050	, 20	
and the second s	CA-manus V Matassargan (200	(m	onth)	(year)	
		Signature of Ca	andidate/Offic	ceholder (Decla	rant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Andre L. Turner	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5846.01
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 CO	NTRIBUTIONS	\$1599.39
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 FU	NDS	§324. ³³
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 211 56
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A1

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

ii tiic reque	sted information is not applicable, 20 No. In		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Andre L. T			3 Filer ID (Ethics Commission Filers)
4 Date 06/23/23	5 William out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City;	State; Zip Code	
	William T. Knox 900 Jackson Street St 650	Dallas, Texas 75202	
8 Principal occi Attorney	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 06/20/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$1500.00
	Contributor address; City;	State; Zip Code	
	Jose Luis Villela 111 Continental Ave Ste. 500 Da	allas , Texas 75207	
Principal occu Bail Bond	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 06/21/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; City;		
	Elvin John Rosa 515 S. Riverfront Blvd. Dall	las, Texas 75207	
Principal occu Bail Bond	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 06/23/2023	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$) \$100.00
	Contributor address; City;	State; Zip Code	
	Carter Thompson 4304 Village Green Dr. Irv	ing, Texas 75038	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

Revised 11/15/2022

SCHEDULE A1

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

		550 ST	15	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Andre L. Tu	ırner			
4 Date 06/21/23	5 Full name of contributor uut-of-state PAC	7 Amount of contribution (\$) 104.15		
	6 Contributor address; City;	State; Zip Code		
	Norris Minter 810 Oakway Court Richardson	ı, Texas 75081		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 06/15/2023	Full name of contributor	(ID#)	Amount of contribution (\$) \$250.0	
	Contributor address; City;	State; Zip Code		
	Peter Barrett 3500 Maple Ave , Ste 550. Dalla	as, Texas 75219		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date 06/21/2023	Full name of contributor		Amount of contribution (\$) \$100.00	
	Contributor address; City;	State; Zip Code		
	Randell Isenberg 4308 N. Central Exp. Dalla	s, Texas 75205		
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date 06/15/2023	Full name of contributor out-of-state_PAC (ID#:		Amount of contribution (\$) \$100.00	
	Contributor address; City;	State; Zip Code		
	Theadora Owens 3602 Byrd Drive Mesquite,	Texas 75150		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

2 FILER NAME Andre L. Turner 4 Date 06/16/23 6 Con David 8 Principal occupation / Attorney	Il name of contributor ntributor address; I Finn 4015 Main Stree	□ out-of-state PAG City; et Ste. 100 Dalla	C (ID#:) State; Zip Code	1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$259.92
Andre L. Turner 4 Date	Il name of contributor ntributor address; I Finn 4015 Main Stree	City; et Ste. 100 Dalla	State; Zip Code	7 Amount of contribution (\$)
06/16/23 6 Corporation / Attorney Date Full	ntributor address; I Finn 4015 Main Stree	City; et Ste. 100 Dalla	State; Zip Code	
8 Principal occupation / Attorney	ntributor address; I Finn 4015 Main Stree	City; et Ste. 100 Dalla	State; Zip Code	
Attorney Ful	Job title (See Instructions)		
		,	9 Employer (See Instruc	ctions)
	ll name of contributor	out-of-state PA		Amount of contribution (\$) \$25.0
	ntributor address; les Payne 7631 Sc	city: outh May Chi	State; Zip Code	
Principal occupation / J	Job title (See Instructions)		Employer (See Instruc	ctions)
Date Ful 06/15/2023	Il name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$104.15
	ntributor address; opher Fisher 4402 Wood		State; Zip Code	
Principal occupation / . Unemployed	Job title (See Instructions)		Employer (See Instru	ctions)
Date Ful 06/12/2023	ll name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) \$250.0
	entributor address; quente 2400 Catherine	City; Street Ste. 400	State; Zip Code Dallas, Texas 75211	
Principal occupation / . Attorney	Job title (See Instructions)		Employer (See Instru	ctions)

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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 for	rm.	1 Total pages Schedule A1:
	mistraction dutide explains now to complete this lo	7111.	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Andre L. T	urner		
4 Date 06/10/2023	5 Full name of contributor out-of-state PAC (ID:	#:)	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City;	State; Zip Code	
	Andrew Jackson 5503 Summer Star Ln. Frisco	o, Texas 75036	
8 Principal occu Distribution	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date 06/08/2023	Full name of contributor	#	Amount of contribution (\$) \$52.23
	Contributor address; City;	State; Zip Code	
	Bryan Robinson 810 Meadow Flower LN. Garla	nd, Texas 75043	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Apple			
Date 05/23/23	Full name of contributor	#:)	Amount of contribution (\$) \$78.19
	Contributor address; City;	State; Zip Code	
	Anthony Brown 5314 Olive Drive Conce	ord, CA 94521	
Principal occu Unemploye	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 05/23/2023	Johnelle Peer	#) State; Zip Code	Amount of contribution (\$) \$50.00
	P.O. Box 2231 Cedar Hill	, Tx 75106	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			10

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 L. Ti	urner	
4 Date 05/23/2023	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$104.15
	6 Contributor address; City; State; Zip Code	
	Earl West 3558 Gus Way Powder Spring, Ga	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) \$104.15
	Contributor address; City; State; Zip Code	***
	Demarco Summers 12601 N. Pennsylvania Ave #104 Oklahoma City, Ok 73120	
	Demarco Summers 12001 N. Perinsylvania Ave #104 Oktahonia City, CK 75120	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ructions)
Date 03/15/2023	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$) \$104.15
	Contributor address; City; State; Zip Code	
	Michael Warr 14155 Dallas Parkway Dallas, Texas 75254	
D. 1. 1. 1.		ructions)
Unemploye	patient year management,	, delicitority
Date 02/28/2023	Full name of contributor out-of-state_PAC (ID#	Amount of contribution (\$) \$259.92
	Contributor address; City; State; Zip Code	
	TY Pettiford 1810 Rugged Trail Midlothian, Texas 76065	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tructions)
Data Altill	IGOI	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Andre L. Tu	ırner			3 Filer ID (Ethics Commission Filers)
4 Date 06/23/23	5 Willlamme、米中欧坎ibutor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address;		State; Zip Code	
	William T. Knox 900 Jackson			
	William 1, Knox 900 Jackson	Street 51 050		
8 Principal occu Attorney	pation / Job title (See Instructions)		9 Employer (See Instruc	ttions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
			State; Zip Code	
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

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

Andre L. Turner 4 Date 02/24/2023 5 Full name 6 Contribut William Cox 8 Principal occupation / Job tit Attorney Date 02/27/2023 Contribut Ray Smit! Principal occupation / Job titl	e of contributor or address;	City; o Dr. Dallas , o out-of-state f	PAC (ID#:	Amount of contribution (\$) \$100.00
Andre L. Turner 4 Date 02/24/2023 6 Contribut William Cox 8 Principal occupation / Job tith Attorney Date 02/27/2023 Contribut Ray Smitt Principal occupation / Job tith Principal occupation / Job tith	or address; (III 9304 Locarno le (See Instructions e of contributor or address; n 2711 Yance) e (See Instructions)	City; o Dr. Dallas ,	State; Zip Code Texas 75243 9 Employer (See Ins PAC (ID#	7 Amount of contribution (\$) \$500.00 Amount of contribution (\$) Amount of contribution (\$)
6 Contribut William Cox 8 Principal occupation / Job tit Attorney Date Full name 02/27/2023 Contribut Ray Smit! Principal occupation / Job titl	or address; (III 9304 Locarno le (See Instructions e of contributor or address; n 2711 Yance) e (See Instructions)	City; o Dr. Dallas ,	State; Zip Code Texas 75243 9 Employer (See Ins PAC (ID#	\$500.00 Amount of contribution (\$) \$100.00
8 Principal occupation / Job tit Attorney Date Full name 02/27/2023 Contribut Ray Smitt Principal occupation / Job titl Date Full name	or address; III 9304 Locarne le (See Instructions e of contributor or address; n 2711 Yance e (See Instructions)	City; o Dr. Dallas ,	State; Zip Code Texas 75243 9 Employer (See Ins PAC (ID#	Amount of contribution (\$) \$100.00
8 Principal occupation / Job tite Attorney Date Full name 02/27/2023 Contribut Ray Smitt Principal occupation / Job titl Date Full name	le (See Instructions e of contributor or address; n 2711 Yance	out-of-state f	9 Employer (See Ins	Amount of contribution (\$) \$100.00
Date 02/27/2023 Contribut Ray Smitt Principal occupation / Job titl Date Full name	or address; n 2711 Yance; e (See Instructions)	out-of-state f	State; Zip Code	Amount of contribution (\$) \$100.00
O2/27/2023 Contribut Ray Smittl Principal occupation / Job tittl Date Full name	or address; n 2711 Yance; e (See Instructions)	City: y Lane Lanh	State; Zip Code	\$100.00
Principal occupation / Job titl Date Full name	or address; n 2711 Yance; e (See Instructions)	city: y Lane Lanh	State; Zip Code	
Principal occupation / Job titl Date Full name	e (See Instructions)			tructions)
Date Full name			Employer (See Ins	tructions)
	of contributor	Out-of-state i		
Contribut		- out-on-atate	PAC (ID#) Amount of contribution (\$)
- 1			State; Zip Code	
Principal occupation / Job titl Unemployed	e (See Instructions))	Employer (See Ins	structions)
Date Full name	e of contributor	out-of-state	PAC (ID#	
Contribut	or address;	City;	State; Zip Code	****
Principal occupation / Job titl Data Architect	e (See Instructions))	Employer (See Ins	structions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 L. Turner	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of S In-kind contribution description
7 Contributor address; City; State;	Zip Code Check if travel outside of Texas. Complete Schedule T.
40 District Asset (FOR NON HIRISIA) VO Last effects	11 Employer (FOR NON-JUDICIAL)(See Instructions)
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	The Employer (FOR NON-SOBIOIAE)(Gee Institutions)
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 JODICIAC)	
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description
Contributor address; City; State;	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)	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	

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

If the requested information is not applicable, DO NOT include this page	iii tile report.	
The Instruction Guide explains how to complete this form.	1 Total pages Sched	ule B:
Andre L. Turner	3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$	
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description
	Check if travel outsi	 ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date Full name of pledgor Out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		
	Check if travel outsi	I ide of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions Employer (See	Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		
	Check if travel outs	I ide of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		
	Check if travel outs	lide of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	nstructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUM If contributor is out-of-state PAC, please see Instruction guide for		g requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

LOANS SCHEDULE E

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

	if the requested information is not applicable, be not include this page in the report.					
	The	ete this form.	1 Total pages Schedule E:			
2	FILER NAME	dre L. Turner		3 Filer ID (Ethics Commission Filers)		
4		ITEMIZED LOANS		\$		
5	Date of loan		AC (ID#:)	9 Loan Amount (\$)		
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 15			Check if personal fund account (See Instruction	ls were deposited into political ons)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
	not applicable					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Coll	ateral	Check if personal fund	ds were deposited into political		
none			account (See Instructi			
	GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	on (See Instructions)	Employer (See Instructions)			
		ATTACH ADDITIONAL COD	IES OE THIS SCHEDI II E AS NEE	-DED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Revised 11/15/2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awa	verage Expense rds/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)	
	The Ir	nstruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Andre L. Turne				3 Filer ID (Ethics C	ommission Filers)
4 Date 07/06/2023	5 Payee name	Political	Ar	m- LLC		
6 Amount (\$) \$1,182.63	/ Payee address;	reek Blvd. #1248		city; Dallas	State; Texas	Zip Code 75225
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca Advertising E.	tegories listed at the top of this XPENSE	schedule)	(b) Description Web Designer		
	(c) Check if tra	ivel outside of Texas, Complete Se	chedule T.	Check if Austi	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Offi	iceholder name		Office sought	Of	fice held
Date 3/6/2023	Payee name	Political	Aem	LLC.		
Amount (\$) \$281.45	Payee address; 8604 Turtle Cr	eek Blvd. #1248	34	city; Dallas	State; Texas	75225
PURPOSE OF EXPENDITURE	Category (See Cate Advertising E	egories listed at the top of this s XPENSE	chedule)	Campaign Flyers (print card Stock)		Stock)
	Check if tra	ivel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Offi	ceholder name		Office sought	Of	fice held
Date	Payee name					
06/01/2023	The Polit	tical Arm	LLC			
Amount (\$) \$135.31	Payee address;			City;	State;	Zip Code
	8604 Turtle Cr	eek Blvd. #1248	34	Dallas	Texas	75225
PURPOSE OF EXPENDITURE	Category (See Cate Advertising Ex	egories listed at the top of this sexpense	chedule)	Description		
	Check if tra	vel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name		Office sought	O	ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 7 Amount (\$) 8 Payee address; City; State: Zip Code 9 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Zip Code City; Payee address; Amount (\$) 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 sought Office held 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 NAME	ndre L. Turner	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	y; 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 SCHEDULE AS NEEDED						

Server of section

1

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 B Candidate/Officeholder/Politica		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 expla	ins how to complete this form.			
1 Total pages Schedule F4:	2 FILERNAME L. T	une	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$		
5 Date	6 Payee name	١			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE	(a) Category (See Categories listed at the top of the	is schedule) (b) Description			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete	e Stredule T. Check if Au	ustin, TX, officeholder living expense		
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			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	his schedule) Description			
Secretarias de la constitución de la constitución	Check if travel outside of Texas, Complete	ete Schedule T. Check if A	ustin, 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				
Forms provided by Texas Ethics	s Commission www.ethics	s.state.tx.us	Revised 11/15/2022		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES	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 The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains 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 G:	2 FILER NA Andre L	. Turner			3 Filer ID (Ethics C	Commission Filers)
4 Date 05/09/2023	5 Payee nar Reilly	Echols Printing	g, Inc			
6 Amount (\$) \$ 227.38 Reimbursement from political contributions intended	7 Payee add 1710 Sou	_{dress;} uth Harwood		^{City;} Dallas	State; Texas	Zip Code 75215
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s		(b) Description Remitting	Envelop	es
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	C	Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
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, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	C	Office held
04/30/2023	USPS					
Amount (\$) 97.00 Reimbursement from political contributions intended	350 S. Bu	_{dress;} uckner Blvd.		City: Dallas	State; TX	Zip Code 75217
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sal Expense		PO. Box		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held
	ATTA	CH ADDITIONAL COPIES C	F THIS SO	CHEDULE AS NEED!	ED	

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
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 Selector Masses (Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Travel Out Of District Other (enter a category not liste	d above)
1 Total pages Schedule H:	2 FILERNAME L.	Turner	3 Filer ID (Ethics Commis	sion Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
	(c) Check if travel outside of Texas. Comp	olete Schedule T. Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office h	eld
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	of this schedule) Description		
EXI ENDITORE	Check if travel outside of Texas. Comp	olete Schedule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office h	eld
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip	Code
PURPOSE OF	Category (See Categories listed at the top of	of this schedule) Description		
EXPENDITURE	Check if travel outside of Texas. Comp	plete Schedule T. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office h	eld
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to comp	plete this form.			
Total pages Schedule I: 2 FILER NAME Andre L. Turner				mmission Filers)	
o6/15/2023 St. Petes Dancing Marlin					
6 Amount (\$) \$211.56	7 Payee 'address; 2730 Commerce Street	City Dallas		State Texas	Zip Code 75221
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See i required.)	instructions regar	ding type of	information
OF EXPENDITURE	Food/Beverage Expense	Campaign	Meet	and	Greet
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions rega	rding 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.)	instructions rega	rding 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.)	instructions rega	rding type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

and appropriate to € and \$1.500		4 Tatal pages Schodule V		
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAME	ndre L. Turnt	3 Filer ID (Ethics Commission Filers)		
,	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; Sta	8 Amount (\$) ate; Zip Code		
	7 Purpose for which amount is received Check if	political contribution returned to filer		
Date .	Name of person from whom amount is received Address of person from whom amount is received; City; St.	Amount (\$) tate; Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
Date .	Name of person from whom amount is received Address of person from whom amount is requived; City; Sta	Amount (\$) ate; Zip Code		
_	Purpose for which amount is received Check if	f political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; St	tate; Zip Code		
	Purpose for which amount is received	f political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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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 Andre L.	Turner	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor C					
5 Contribution / Expenditure reported on:					
Schedule A2 Schedule B	Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4	Schedule G Schedule H				
Schedule F2 Schedule F4	Schedule A	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s)	7 Name of person(s) traveling				
8 Departure city or n	ame of departure location				
9 Destination city or	name of destination location				
10 Means of transportation 11 Purpo	ose of travel (including name of conference, so	eminar, or other event)			
Name of Contributor / Corporation or Labor C	Organization / Pledgor / Pavee				
Hame of Community Composition of Easter	J. Garingan Francisco				
Contribution / Expenditure reported on:					
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 n	Departure city or name of departure location				
Destination city or	name of destination location				
Means of transportation Purpo	ose of travel (including name of conference, s	eminar, or other event)			
Name of Contributor / Corporation or Labor C	Organization / Pledgor / Payee				
Contribution / Expenditure reported on:					
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					
Destination city or	Destination city or name of destination location				
Means of transportation Purpo	ose of travel (including name of conference, s	eminar, or other event)			
2					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.					
		⊷ Complete only if "Report Type" on page 1 is marked "Final	in report			
1	C/OH N	Andre L. Turner	2 Filer ID (Ethics Commission Filers)			
3	SIGNA					
	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.					
			re of Candidate / Officeholder			
4	· Com	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> 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	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	conly one:				
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
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 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.					
		S	ignature of Officeholder			

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