

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 31
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: Andre MI: L. NICKNAME: Turner LAST: Turner SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box APT / SUITE #: CITY: Dallas, TX STATE: ZIP CODE: 75217	Date Received <i>[Handwritten Signature]</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (214) PHONE NUMBER: 668-6610 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: Timmy MI: NICKNAME: Williams LAST: SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 2698 Deep Hill Cir. CITY: Dallas, TX STATE: ZIP CODE: 75233	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (214) PHONE NUMBER: 459-0860 EXTENSION:	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 15 / 2024 6 / 30 / 24		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas Co. Commissioner #7	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Andre L. Turner</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>7,969.61</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4924.85</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>600.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

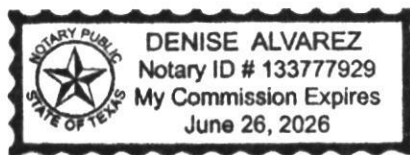
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Andre L. Turner

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by ANDRE L. TURNER this the 16 day of JULY, 2024, to certify which, witness my hand and seal of office.

[Signature] DENISE ALVAREZ NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Andre Turner</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7969.61</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4924.85</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

1969.61

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andre Turner		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnnie King	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1243 Pleasant Run Rd Desoto, TX		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions)
Date 1/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resham Finkley	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 6400 Windcrest Drive APT. 418 Plano, TX 75024		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 1/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David W Griffin	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 10219 Sand Springs AVE Dallas TX 75227-7624		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Spears	Amount of contribution (\$) \$ 850.00
Contributor address; City; State; Zip Code 5729 Lebanon Road Suite 144 Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Louis Garrett Andrew Turner		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Garrett	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 407 Coahuila Drive Dallas, TX 75217		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Armstrong	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1781 Timbergrove Dr		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noah Armstrong	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1731 Timbergrove Circle Dallas/TX/75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Harmon	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andre Turner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Byron Temple</i>	7 Amount of contribution (\$) <i>\$ 26.34</i>
6 Contributor address; City; State; Zip Code <i>849 raintree ln, Desoto, United States 75115-7526</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/22/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arthur Caster</i>	Amount of contribution (\$) <i>\$ 20.00</i>
Contributor address; City; State; Zip Code <i>950 Henderson unit 1112 Forth worth, TX 7615</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/22/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEYTER Traresn</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>806 Belcaine cedar Hill, TX, 75104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/22/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aubrey Allen</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>1002 Haze Creek rd. Crowley, TX, 76036</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andre Turner		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubrey Hooper 6 Contributor address; City; State; Zip Code 4313 South Ewing Ave, Dallas, TX, 75216	7 Amount of contribution (\$) \$ 55.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vonda Freeman Contributor address; City; State; Zip Code 3824 Cedar Springs Rd. # 207, Dallas TX, 75219	Amount of contribution (\$) \$ 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Burrows Contributor address; City; State; Zip Code 4426 Staten Island Dr, Plano, TX, 75024	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Wells Contributor address; City; State; Zip Code 7329 117th Pl Se, Newcastle, WA, United States, 98056	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andre Turner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/23/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Reggie Landa</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
6 Contributor address; City; State; Zip Code <i>15643 cherry Blossom Road, Frisco TX 75034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/23/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Hamilton</i>	Amount of contribution (\$) <i>\$ 109.42</i>
Contributor address; City; State; Zip Code <i>1206 Rivercrest Drive, Mesquite, TX, 75181</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/25/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Xavier Perry</i>	Amount of contribution (\$) <i>\$ 52.37</i>
Contributor address; City; State; Zip Code <i>18335 Atasca Woods Trce, Humble, United states, 77346</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/28/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jeffrey Greenwood</i>	Amount of contribution (\$) <i>\$ 156.48</i>
Contributor address; City; State; Zip Code <i>4335 4335 Hollow Oak Dr, Dallas, TX 75287</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andre L Turner		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WARREN HEALY, PLLC.	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1910 Pacific Ave - Ste. 9500 DALLAS, TX 75201		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 2/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARSAW & ASSOCIATES - PLLC	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8228 Bruton Road DALLAS, TX 75217		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony Brown	Amount of contribution (\$) \$104.42
Contributor address; City; State; Zip Code 5314 Olive Drive Concord, CA 94524		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 2/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TAVIN DILLON	Amount of contribution (\$) \$104.42
Contributor address; City; State; Zip Code 716 Creekside Dr. Little Elm, TX 75068		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Ahrmann Hunt

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

390 EAST OAKENWALD STREET
DALLAS, TX 75203

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

Date

2/17/24

Full name of contributor out-of-state PAC (ID#: _____)

Christopher Jordan

Amount of contribution (\$)

\$26.34

Contributor address; City; State; Zip Code

3653 BRIARWOOD LANE #1336
DALLAS, TX 75287

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

Date

2/15/24

Full name of contributor out-of-state PAC (ID#: _____)

Darryl Culpepper

Amount of contribution (\$)

\$104.42

Contributor address; City; State; Zip Code

130 WILDWOOD DR
DUNCANVILLE, TX 75137

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

Date

2/2/24

Full name of contributor out-of-state PAC (ID#: _____)

Linda Allen

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

1740 VALLEY DRIVE
CEDAR HILL, TX 75104

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/24

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kevin Crawford

7 Amount of contribution (\$)

\$104.42

6 Contributor address:

City:

State:

Zip Code

3541. Estacado Lane
MANSFIELD, TX 75025

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Date

2/21/2024

Full name of contributor

out-of-state PAC (ID#: _____)

William Cox III

Amount of contribution (\$)

\$500.00

Contributor address:

City:

State:

Zip Code

9304 Lucarno Dr.
DALLAS, TX 75243

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

2/21/24

Full name of contributor

out-of-state PAC (ID#: _____)

LARRY JEFFERSON

Amount of contribution (\$)

\$260.59

Contributor address:

City:

State:

Zip Code

1203 Ridge Lane
Duncanville, TX 75216

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

Date

2/22/24

Full name of contributor

out-of-state PAC (ID#: _____)

Darryl Mallett

Amount of contribution (\$)

\$52.37

Contributor address:

City:

State:

Zip Code

9206 S. Bell Ave
Chicago, IL 60643

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andre L. Turner		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Collins	7 Amount of contribution (\$) \$104.42
6 Contributor address: _____ City: _____ State: _____ Zip Code 606 Brihamy Dr mesquite, TX 75150		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions)
Date 2/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Crane	Amount of contribution (\$) \$52.37
Contributor address: _____ City: _____ State: _____ Zip Code 919 Thistle Green Lane Duncanville, TX 75137		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 2/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Weathersby	Amount of contribution (\$) \$104.42
Contributor address: _____ City: _____ State: _____ Zip Code 37 Painted Rock court Frisco, TX 75034		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 2/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deverly Orupabo	Amount of contribution (\$) \$104.42
Contributor address: _____ City: _____ State: _____ Zip Code 1402 Mountain Laurel Ct Desoto, TX 75115		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Andre C. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/24

5 Full name of contributor

Allyn Swan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$104.42

6 Contributor address;

1604 WISB17
Wildflower
Drive

City;

Menomonee
Falls

State;

WI

Zip Code

53051

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Date

3/2/24

Full name of contributor

Leon Reed Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$208.50

Contributor address;

5045 Wilmington
Drive

City;

Fort
Worth

State;

TX

Zip Code

76107

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

3/3/24

Full name of contributor

Kris Akimaru

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

3305 Destiny
Way

City;

Dallas

State;

TX

Zip Code

75237

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

3/3/24

Full name of contributor

John Brewer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$104.42

Contributor address;

6407 Liberty
Court

City;

Frisco

State;

TX

Zip Code

75035

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Andre L. Turner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Warren Abrams</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>10900 N Central Expwy Suite 283 Dallas TX 75231</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions)
Date <i>3/5/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reggie Bibb</i>	Amount of contribution (\$) <i>\$104.42</i>
Contributor address; City; State; Zip Code <i>1309 Sutters Way Mesquite TX 75101</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Andre L. Turner		3 Filer ID (Ethics Commission Filers)
4 Date 2/29/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura & Lloyd Humphreys	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4720 melissa Ln. DALLAS, TX 75229		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions)
Date 3/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theo Tanner	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Andre Turner</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: ,	
2 FILER NAME <i>Andre Turner</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Andre Turner</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.