

# JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>1- 50</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Andre</b> FIRST MI NICKNAME LAST <b>Turner</b> SUFFIX		<b>OFFICE USE ONLY</b> Date Received BY <b>JOHN F. HANSEN</b> COUNTY CLERK DALLAS COUNTY <b>2026 JAN 15 PM 1:46</b> <b>FILED</b> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>P.O. BOX 170952</b> <b>DALLAS, TX 75217</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(214) 668-6610</b>		
6 CAMPAIGN TREASURER NAME	MS MRS / MR <b>Anna Maria</b> FIRST MI NICKNAME LAST <b>Delgado</b> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <b>5939 Fairway Ave.</b> <b>DALLAS, TX 75227</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(469) 233-7871</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 1530th day <input type="checkbox"/> before electionRunoff15th <input type="checkbox"/> day after campaign <input type="checkbox"/> treasurer appointment (Officeholder Only) <input type="checkbox"/> July 158th day before election <input type="checkbox"/> Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit		
10 PERIOD COVERED	Month Day Year Month Day Year <b>7 / 16 / 25</b> THROUGH <b>1 / 15 / 2026</b>		
11 ELECTION	ELECTION DATE/ELECTION TYPE Month Day YearPrimaryRunoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <b>Justice of the Peace Act. 5 P 2</b>		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME		

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<input type="checkbox"/> COMMITTEE(S)		<input type="checkbox"/> COMMITTEE ADDRESS GENERAL
<input type="checkbox"/> Additional Pages		
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE	
REPORT COVER SHEET PG 2	
15 JC/OH NAME <i>Andre Turner</i>	
16 Filer ID (Ethics Commission Filers) <i>20152</i>	
17 CONTRIBUTION TOTALS	
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 13,608.16
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
\$	
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	
\$	
4. TOTAL POLITICAL EXPENDITURES	
\$ 4,030.48	
CONTRIBUTION BALANCE	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	
\$ 9,000.00	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
\$	

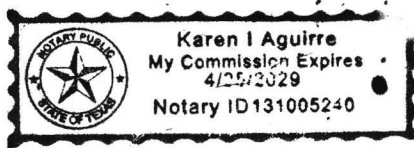
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Andre Turner*

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andre Turner this the 14 day of January, 202026, to certify which, witness my hand and seal of office.

*Karen I. Aguirre*

Signature of officer administering oath

Karen I. Aguirre

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME

*Andre Turner*

20 Filer ID (Ethics Commission Filers)

*3 of 50*

21 SCHEDULE SUBTOTALS NAME OF  
SCHEDULE

SUBTOTAL AMOUNT

1.



SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

*\$13,608.16*

2.



SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$



1894

1894

1894

1894

1894

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1894

1894

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1894

3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,030.46
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/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>4-OF-50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/18/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Tyronne Walker</b> <b>1137 Esplanade Ave-</b> 6 Contributor address; City; State; Zip Code <b>New Orleans, LA 70116</b>	7 Amount of contribution (\$) <b>\$100.</b>
8 Contributor's principal occupation <b>VP Urban League</b>		9 Contributor's job title <b>VP</b>
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 <b>7/19/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Pierre Cobb</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$10.76</b>
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>7/21/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Robbie Warren</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$2641</b>
Contributor's principal occupation		Contributor's job title <b>Retired</b>
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)		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>5 - of 58</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/21/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Isaac Berry</b>	7 Amount of contribution (\$) <b>\$261.28</b>
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation		9 Contributor's job title <b>Retired</b>
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 <b>7/21/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Denise Robinson</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>Atio</b>	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>7/23/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>WARREN ABRAMS</b>	Amount of contribution (\$) <b>\$522.24</b>
	Contributor address; City; State; Zip Code <b>10300 North Central Exp. DALLAS, TX 75231</b>	
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# 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: 6 of 50
2 FILER NAME Andre Turner		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. Randall B. Isenberg- 6 Contributor address; City; State; Zip Code 4303 N. Central Exp- Dallas, TX 75205	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Atty-
Date 8/27/25 11/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Warren / Healy - Contributor address; City; State; Zip Code 1510 Pacific Ave - Ste 9500 Dallas, TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Atty
Date 7/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Renelda Roberson Contributor address; City; State; Zip Code 3603 Palomino Trl Manvel, TX 77578	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Diane Jones Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 1.5em;">7-0F50</span>
<b>2</b> FILER NAME <span style="font-size: 1.2em;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.2em;">7/23/25</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <span style="font-size: 1.2em;">Gina Guillory</span>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.5em;">\$26.41</span>
<b>6</b> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">Cedar Hill, TX</span>		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <span style="font-size: 1.2em;">8/01/25</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <span style="font-size: 1.2em;">Andrew Jackson</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$200.00</span>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <span style="font-size: 1.2em;">NA</span>		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 <span style="font-size: 1.2em;">8/5/25</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <span style="font-size: 1.2em;">Neo Lindley</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$26.41</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">LANCASTER TX</span>		
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)		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>8 of 50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/6/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Frank Boldoe</b>	7 Amount of contribution (\$) <b>\$104.70</b>
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation		9 Contributor's job title <b>Retired</b>
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 <b>8/9/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Raymond Ferrell</b>	Amount of contribution (\$) <b>\$104.70</b>
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>8/9/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Cory Falade</b>	Amount of contribution (\$) <b>\$52.51</b>
Contributor address; City; State; Zip Code <b>2896 Highland Meadow. Seagrville, TX</b>		
Contributor's principal occupation <b>stream Realty</b>		Contributor's job title <b>Accountant</b>
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)		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 1.5em;">9 - of 50</span>
<b>2</b> FILER NAME <span style="font-size: 1.5em; margin-left: 100px;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.5em;">8/10/25</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <span style="font-size: 1.5em; margin-left: 20px;">Julanda Smith</span>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.5em;">\$52.51</span>
<b>6</b> Contributor address; City; State; Zip Code <span style="margin-left: 100px;">" " " 11</span>		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <span style="font-size: 1.5em;">8/10/25</span>	Full name of contributor out-of-state PAC ID#: <span style="font-size: 1.5em; margin-left: 20px;">Quentin Arnold</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$26.41</span>
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title <span style="font-size: 1.5em; margin-left: 50px;">N/A</span>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>10 - 2F 50</b>
<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Andre Turner</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/16/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">TERR McGEE</div>	<b>7</b> Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">\$ 104.70</div>
<b>6</b> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Houston, TX</div>		<b>9</b> Contributor's job title <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Retired</div>
<b>8</b> Contributor's principal occupation		<b>11</b> Law firm of contributor's spouse (if any)
<b>10</b> Contributor's employer/law firm		<b>12</b> If contributor is a child, law firm of parent(s) (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>8/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Nicolas Rios</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">\$ 57.19</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Dallas, TX</div>		Contributor's job title
Contributor's principal occupation		Law firm of contributor's spouse (if any)
Contributor's employer/law firm		If contributor is a child, law firm of parent(s) (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>8/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">CARLOS STEWART</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">\$ 104.00</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">NH</div>		Contributor's job title
Contributor's principal occupation		Law firm of contributor's spouse (if any)
Contributor's employer/law firm		If contributor is a child, law firm of parent(s) (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

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2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/25

5 Full name of contributor

Vernell Trigg

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

\$104.70

6 Contributor address; City; State; Zip Code

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

8/17/25

Full name of contributor

Damien Carter

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$19.06

Contributor address;

201 Crystal Lake Dr.  
Desoto, TX 75115

City;

State; Zip Code

Contributor's principal occupation

Facilities Service

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

8/27/25

Full name of contributor

Roberto Canas

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$522.24

Contributor address;

1508 North Buckner Blvd  
Dallas, TX 75018

City;

State; Zip Code

Contributor's principal occupation

Dallas Co.

Contributor's job title

Lawyer

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)

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 1.5em;">12 of 50</span>
<b>2</b> FILER NAME <span style="font-size: 1.5em; margin-left: 100px;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.5em;">8/17/25</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.5em; margin-left: 20px;">Vernell Trigs</span>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">\$104.70</span>
<b>6</b> Contributor address; City; State; Zip Code		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <span style="font-size: 1.5em;">9/12/25</span>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.5em; margin-left: 20px;">Sekou Fraser</span>	<b>Amount of contribution (\$)</b> <span style="font-size: 1.5em; margin-left: 20px;">\$19.00</span>
<b>Contributor address; City; State; Zip Code</b>		
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <span style="font-size: 1.5em;">9/13/25</span>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.5em; margin-left: 20px;">Marcus White</span>	<b>Amount of contribution (\$)</b> <span style="font-size: 1.5em; margin-left: 20px;">\$52.51</span>
<b>Contributor address; City; State; Zip Code</b>		
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 1.5em;">13 of 50</span>
<b>2</b> FILER NAME <span style="font-size: 1.2em;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.2em;">9/19/25</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">Ezekiel Tyson</span>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.2em;">\$100</span>
<b>6</b> Contributor address; City; State; Zip Code		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <span style="font-size: 1.2em;">9/20/25</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">Timothy Parkes</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$52.51</span>
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <span style="font-size: 1.2em;">9/20/25</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">Todd Sellers</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$522.24</span>
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

14 OF 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/25

5 Full name of contributor



out-of-state PAC ID#:

La'Quin Peters

7 Amount of contribution (\$)

\$4.63

6 Contributor address;

City;

State;

Zip Code

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributo 's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/23/25

Full name of contributor

out-of-state PAC ID#:

Vicki High

Amount of contribution (\$)

\$2.19

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributo 's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/23/25

Full name of contributor



out-of-state PAC ID#:

Traeton T. Rodgers

Amount of contribution (\$)

\$52.51

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15 OF 50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/23/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Vanessa Lee</b>	7 Amount of contribution (\$) <b>\$26.41</b>
6 Contributor address: City: State: Zip Code		
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 <b>9/23/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Luis Sanchez</b>	Amount of contribution (\$) <b>\$52.51</b>
Contributor address: City: State: Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/23/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Vernon Smith</b>	Amount of contribution (\$) <b>\$104.70</b>
Contributor address: City: <b>Dallas</b> State: <b>TX</b> Zip Code: <b>75241</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>16 OF 50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/23/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Johnny Williams</b>	7 Amount of contribution (\$) <b>\$20.41</b>
6 Contributor address; City; State; Zip Code		
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 <b>9/24/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Darron Banks</b>	Amount of contribution (\$) <b>\$150.89</b>
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>9/26/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Charles Jefferson</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>3430 S Monserath Ave Dallas TX 75216</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

17 of 50

2 FILER NAME

Andrea Turner

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/25

5 Full name of contributor

☐

out-of-state PAC ID#:

Jeremiah McBurns

7 Amount of contribution (\$)

\$105.02

6 Contributor address:

City:

State:

Zip Code

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

9/28/25

Full name of contributor

Mark Scott

out-of-state PAC ID#:

Amount of contribution (\$)

\$522.24

Contributor address:

11300 N. Central  
Expressway, Suite 370

City:

Dallas

State:

Zip Code

Tx 75243

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

9/28/25

Full name of contributor

Joseph Crane

☐

out-of-state PAC ID#:

Amount of contribution (\$)

\$52.51

Contributor address:

919 Thistle Green Ln

City:

Duncanville

State:

Zip Code

Tx 75137

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)

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>18-0550</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/09/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Thomas Cox</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address City State Zip Code		
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 <b>10/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Lalorri Hogerman</b>	Amount of contribution (\$) <b>\$104.70</b>
Contributor address City State Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Sarah Mathis</b>	Amount of contribution (\$) <b>\$104.70</b>
Contributor address City State Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>19 OF 50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/10/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Jeffery Sims</b>	7 Amount of contribution (\$) <b>\$52.51</b>
6 Contributor address, City, State, Zip Code		
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 <b>10/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>William Cox III</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address, City, State, Zip Code <b>9304 Locarno Dr Dallas TX 75243</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Jean Leflon</b>	Amount of contribution (\$) <b>\$104.70</b>
Contributor address, City, State, Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 1.2em;">20 OF 58</span>
<b>2</b> FILER NAME <span style="font-size: 1.2em;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.2em;">10/22/2025</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <span style="font-size: 1.2em;">Roderick Miles Jr.</span>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.2em;">\$522.24</span>
<b>6</b> Contributor address, City, State, Zip Code		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

<b>Date</b> <span style="font-size: 1.2em;">10/25/2025</span>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID# _____ <span style="font-size: 1.2em;">Saivion McCauley</span>	<b>Amount of contribution (\$)</b> <span style="font-size: 1.2em;">\$52.51</span>
<b>Contributor address, City, State, Zip Code</b>		
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

<b>Date</b> <span style="font-size: 1.2em;">10/25/2025</span>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID# _____ <span style="font-size: 1.2em;">Stanley Mays</span>	<b>Amount of contribution (\$)</b> <span style="font-size: 1.2em;">\$500</span>
<b>Contributor address, City, State, Zip Code</b>		
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
**21 - of 50**

2 FILER NAME

**Andre Turner**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/25/2025**

5 Full name of contributor

☐ out-of-state PAC ID# \_\_\_\_\_

**Heath Harris**

7 Amount of contribution (\$)

**\$261.28**

6 Contributor address City State Zip Code

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

**10/27/2025**

Full name of contributor

☐ out-of-state PAC ID# \_\_\_\_\_

**David Tyson**

Amount of contribution (\$)

**\$26.41**

Contributor address City State Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

**10/31/2025**

Full name of contributor

☐ out-of-state PAC ID# \_\_\_\_\_

**Benjamin Jallouh**

Amount of contribution (\$)

**\$15.98**

Contributor address City State Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

22 - 0150

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/2025

5 Full name of contributor

☐ out-of-state PAC ID#

Kevin Crawford

7 Amount of contribution (\$)

\$104.70

6 Contributor address

City

State

Zip Code

75025

3511 Estacado Ln Plano TX

8 Contributor's principal occupation

9 Contributor's job title

Manager

10 Contributor's employer/law firm

Direct TV

11 Law firm of contributor

's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/31/2025

Full name of contributor

out-of-state PAC ID#

Scottie Hawkins

Amount of contribution (\$)

\$20.41

Contributor address

City

State

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/02/2025

Full name of contributor

☐ out-of-state PAC ID#

Bobby Demby

Amount of contribution (\$)

\$104.70

Contributor address

City

State

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

23 - of 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

11/02/2025

5 Full name of contributor

☐ out-of-state PAC ID#

Bro Johnson

7 Amount of contribution (\$)

\$2641

6 Contributor address, City, State, Zip Code

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

11/07/2025

Full name of contributor

☐ out-of-state PAC ID#

Chukwudi Agbakwu

Amount of contribution (\$)

\$150

Contributor address, City, State, Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/08/2025

Full name of contributor

☐ out-of-state PAC ID#

Anthony Brown

Amount of contribution (\$)

\$104.70

Contributor address, City, State, Zip Code

5314 Olive Drive  
Concord

State: Zip Code  
CA 94521

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)

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>24 - 05-50</b>
<b>2</b> FILER NAME <b>Andre Turner</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/11/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>John Gussio</b>	<b>7</b> Amount of contribution (\$) <b>\$250</b>
<b>6</b> Contributor address _____ City _____ State _____ Zip Code _____		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/19/2025</b>	Full name of contributor _____ out-of-state PAC ID# _____ <b>Lashica Walton</b>	Amount of contribution (\$) <b>\$300</b>
Contributor address _____ City _____ State _____ Zip Code _____ <b>Cordogan Lane Lancaster TX 75134</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Walton Law Office</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/04/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Jimmy C. Carter</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address _____ City _____ State _____ Zip Code _____		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# 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: <b>25-0150</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/24/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael J. Todd</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>700 N. Pearl St. Dallas, TX 75201</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>Attorney -</b>
Date <b>11/24/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert Gregg</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>2024 Commerce St Dallas, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Attorney</b>
Date <b>12/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bertric Armstrong</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1731 Timbergrove Cir Dallas, TX 75202</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Retiree -</b>
Date <b>12/15/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Irene Redmond</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>250 E Highway 67 Duncanville, TX 75137</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

RECEIVED  
JAN 10 1964

FROM  
JAN 10 1964

TO  
JAN 10 1964

BY  
JAN 10 1964

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

26 - OF 50

2 FILER NAME

Andie Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/04/2025

5 Full name of contributor

☐

out-of-state PAC ID#

John Bruner

7 Amount of contribution (\$)

\$25

6 Contributor address

City

State

Zip Code

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

12/04/2025

Full name of contributor

out-of-state PAC ID#

Kendrick Denman

Amount of contribution (\$)

\$25

Contributor address

City

State Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/04/2025

Full name of contributor

☐

out-of-state PAC ID#

Alison Ginter

Amount of contribution (\$)

\$50

Contributor address

City

State Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# 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): <b>27 - OF 50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/4/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JEFFERY MASON</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>517 Palo Duro Cir Desoto, TX 75115</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>Educator</b>
Date <b>12/5/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Finkley Law Firm</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>501 Elm Street Dallas, TX 75202</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Attorney</b>
Date <b>12/23/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sam Bates</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1802 Whitehall Ln. Garland, TX 75043</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/15/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert Hinton Jr.</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>3300 Oak Lawn Ave. #6700 Dallas, TX 75219</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

(JUDICIAL)

SCHEDULE A(J)1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

208-0150

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

ANDRE TURNER

4 Date

12/04/2025

5 Full name of contributor

SHAWN WILLIAMS

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$50

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

12/04/2025

Full name of contributor

Toni West

Contributor address

4837 Paladino Lane Dallas TX 75246

State: TX Zip Code

Contributor's principal occupation

Consultant

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/04/2025

Full name of contributor

ELIZABETH FINELL

Contributor address

203 E. Colorado Blvd. City: Dallas State: TX Zip Code 75203

Contributor's job title

Contributor's principal occupation

Attorney

Contributor's employer/law firm

THE FINELL FIRM

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Amount of contribution (\$)

\$100

# MONETARY POLITICAL CONTRIBUTIONS

(JUDICIAL)

SCHEDULE A(J)1

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

The instruction guide explains how to complete this form.

1 Total pages, Schedule A(J)1:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

12/04/2025

5 Full name of contributor

Vernon Smith

out-of-state PAC ID#

7 Amount of contribution (\$)

\$25

6 Contributor address

654 Old Ox Rd Dallas TX 75241

8 Contributor's principal occupation

Manager & Funeral Director

9 Contributor's job title

10 Contributor's employer/law firm

Evergreen Memorial Funeral Home

12 If contributor is a child, law firm of parent(s) (if any)

11 Law firm of contributor's spouse (if any)

12/04/2025

Full name of contributor

Staci Williams

out-of-state PAC ID#

Contributor address

City

State: Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

12/04/2025

Full name of contributor

MD Ruchel

out-of-state PAC ID#

Contributor address

City

State: Zip Code TX 75025

Contributor's principal occupation

INSURANCE

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# 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 <b>230 of 50</b>
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/22/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Eric Puente</b>	7 Amount of contribution (\$) <b>\$252.00</b>
6 Contributor address; City; State; Zip Code <b>601 Haines Ave DALLAS, TX 75208</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARSAL &amp; ASSOCIATES</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>8228 Bruton Rd. DALLAS, TX 75217</b>		
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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

31 - of 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/08/2025

5 Full name of contributor



out-of-state PAC ID#:

Joseph Singleton

7 Amount of contribution (\$)

\$52.51

6 Contributor address: City: State: Zip Code

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

12/08/2025

Full name of contributor

out-of-state PAC ID#:

Anthony Collins

Amount of contribution (\$)

\$150

Contributor address:

City:

State: Zip Code

1000 Brittany Dr

Mesquite

TX

75150

Contributor's principal occupation

Chief Operations Officer

Contributor's job title

Contributor's employer/law firm

Housing Crisis Center

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/09/25

Full name of contributor

☐ out-of-state PAC ID#:

Ade Osinowo

Amount of contribution (\$)

\$50

Contributor address:

City:

State: Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 1.5em;">32 OF 50</span>
<b>2</b> FILER NAME <span style="font-size: 1.2em;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.2em;">12/09/2025</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">Stephanie Morrison</span>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.2em;">\$50</span>
<b>6</b> Contributor address: _____ City: _____ State: _____ Zip Code: _____		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <span style="font-size: 1.2em;">12/10/2025</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">Addie Richburg</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$261.28</span>
Contributor address: _____ City: _____ State: _____ Zip Code: _____		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <span style="font-size: 1.2em;">12/13/2025</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">Sherman Lea</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$250</span>
Contributor address: _____ City: _____ State: _____ Zip Code: _____ <span style="font-size: 1.2em;">5745 Glen Haven Dr Rockville VT 05419</span>		
Contributor's principal occupation <span style="font-size: 1.2em;">Owner</span>		Contributor's job title
Contributor's employer/law firm <span style="font-size: 1.2em;">NHSS</span>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

33 of 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/2015

5 Full name of contributor

☐

out-of-state PAC ID#:

George Weathersley

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

37 Painted Rock Ct Frisco TX 75034

8 Contributor's principal occupation

Banker

9 Contributor's job title

10 Contributor's employer/law firm

Bank OZK

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

01/02/2020

Full name of contributor

out-of-state PAC ID#:

Floyd Endsley

Amount of contribution (\$)

\$51.45

Contributor address;

City;

State; Zip Code

8402 Edgewood Dr. Rowlett TX 75089

Contributor's principal occupation

IT

Contributor's job title

Contributor's employer/law firm

TCS

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

01/08/2020

Full name of contributor

☐

out-of-state PAC ID#:

Willie Franklin

Amount of contribution (\$)

\$52.51

Contributor address;

City;

State; Zip Code

117 Quail Run Rd. Red Oak TX 75154

Contributor's principal occupation

Assistant Director

Contributor's job title

Contributor's employer/law firm

City of Dallas

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

34 of 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

01/09/2020

5 Full name of contributor

☐ out-of-state PAC ID#:

Christian Johnson

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

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

01/10/2020

Full name of contributor

out-of-state PAC ID#:

Reggie Bibb

Amount of contribution (\$)

\$104.70

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

01/10/2020

Full name of contributor

☐ out-of-state PAC ID#:

Wynntown Henderson

Amount of contribution (\$)

\$104.70

Contributor address; City; State; Zip Code

6451 Alta Dr.

Dallas

TX 75217

Contributor's principal occupation

Art Specialist

Contributor's job title

Contributor's employer/law firm

Dallas ISD

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# 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? <b>35 A-50</b>	
2 FILER NAME <b>Andre Turner</b>		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)			

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

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

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(J): <b>36 of 50</b>	
2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount Pledge \$	9 In-kind contribution of description
7 Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor or's spouse (if an )	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		de of Texas. Complete Schedule T.	
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if an )	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		de of Texas. Complete Schedule T.	
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if an )	
If pledgor is a child, law firm of parent(s) (if any)			

Pledgor's principal occupation	Pledgor's job title
Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>	

<b>LOANS (JUDICIAL)</b>		<b>SCHEDULE E(J)</b>	
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.			
The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E(J): <span style="font-size: 1.5em;">37 of 50</span>	
<b>2</b> FILER NAME <span style="font-size: 1.5em;">Andre Turner</span>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$	
<b>5</b> Date of loan	<b>7</b> Name of lender out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)	
<b>6</b> Is lender a financial institution?  <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate	
		<b>11</b> Maturity date	
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title	
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is a child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral  <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)	
<b>21</b> Guarantor	address; City; State; Zip Code      not applicable		



23 Guarantor's Principal Occupation	24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)	

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Andre Turner</div>	3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">38 of 50</div>
4 Date <div style="font-size: 1.2em; font-family: cursive;">1/6/26 -</div>	5 Payee name <div style="font-size: 1.2em; font-family: cursive;">Texting For Less</div>	
6 Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$1000.00</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">354 state st. Hackensack, NJ 07601.</div>	
8 <div style="text-align: center; font-weight: bold; font-size: 0.8em;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Advertising Exp-</div>	(b) Description <div style="font-size: 1.2em; font-family: cursive;">Texting to Voters</div>
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T.         </div> <div style="text-align: center;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> </div>	

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

1. *Phragmites australis* (Cav.) Trin. ex Steud.

Date <b>12/10/25</b>	Payee name <b>Silverio Group-</b>		
Amount (\$) <b>\$400.00</b>	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Exp</b>	Description <b>Full Page Ad. Program Booklet.</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date <b>12/20/25</b>	Payee name <b>The Politicalarm-</b>		
Amount (\$) <b>\$665.74</b>	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Exp-</b>	Description <b>Push Cards</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



1. The first part of the paper is devoted to a discussion of the

importance of the problem of the origin of life. It is pointed out that the problem is one of the most important in the history of science, and that it has been the subject of many theories and hypotheses. The author then discusses the various theories and hypotheses, and points out the difficulties of each.

2. The second part of the paper is devoted to a discussion of the

importance of the problem of the origin of life. It is pointed out that the problem is one of the most important in the history of science, and that it has been the subject of many theories and hypotheses. The author then discusses the various theories and hypotheses, and points out the difficulties of each.

23 Guarantor's Principal Occupation	24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.	

<b>POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</b> SCHEDULE <b>F1</b>			
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.			
<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
<b>1</b> Total pages Schedule F1: <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">10</div>	<b>2</b> FILER NAME <div style="border: 1px solid black; padding: 5px; font-family: cursive;">Andre Turner</div>		<b>3</b> Filer ID (Ethics Commission Filers) <div style="border: 1px solid black; padding: 5px; font-family: cursive;">39 OF 50</div>
<b>4</b> Date <div style="border: 1px solid black; padding: 5px; font-family: cursive;">10/21/25</div>	<b>5</b> Payee name <div style="border: 1px solid black; padding: 5px; font-family: cursive;">THE Political ARM.</div>		
<b>6</b> Amount (\$) <div style="border: 1px solid black; padding: 5px; font-family: cursive;">\$844.35</div>	<b>7</b> Payee address: <div style="border: 1px solid black; padding: 5px; font-family: cursive;">8604 Turtle creek Blvd # 1242Y Dallas, TX 75225</div>		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 5px; font-family: cursive;">Printing Exp.</div>	<b>(b)</b> Description <div style="border: 1px solid black; padding: 5px; font-family: cursive;">Road signs &amp; 1/4 rd sign</div>	
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.         </div> <div style="text-align: center;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> </div>		
<b>9</b> Complete <u>ONLY</u> if direct      Candidate / Officeholder name      Office sought      Office held expenditure to benefit C/OH			

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Date <b>9/20/25</b>	Payee name <b>THE Political Arm</b>		
Amount (\$) <b>\$146.14</b>	Payee address; City; State; Zip Code <b>8604 Turtle Creek Blvd #12484 Dallas, TX 75225</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Exp</b>	Description <b>10 Yards: su- &amp; Balloon/Decorations</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date <b>8/20/25</b>	Payee name <b>THE Political Arm-</b>		
Amount (\$) <b>974.25</b>	Payee address; City; State; Zip Code <b>8604 Turtle Creek Blvd #12484 Dallas, TX 75225</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Exp</b>	Description <b>UV Pushcards T-shirts / Biz-cards</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

Received of the Treasurer of the  
Board of Directors

the sum of \$100.00 for the year 1900

for the year 1900

Received of the Treasurer of the  
Board of Directors

the sum of \$100.00 for the year 1900

for the year 1900

# 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  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <b>Andre Turner</b>	3 Filer ID (Ethics Commission Filers) <b>40 OF 50</b>
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule )	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
TYPE OF EXPENDITURE	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule )	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	
	Office sought	
	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# PURCHASE OF INVESTMENTS MADE FROM

## SCHEDULE F3 POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

41 of 50

2 FILER NAME

Andre 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; 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 SCHEDULE AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

**F4**  
**SCHEDULE**

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES F4:	2 FILER NAME <i>Andre Turner</i>	3 FILER ID (Ethics Commission Filers) <i>412 of 50</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution <del>_____</del>	



<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought Office Held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Andre Turner</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>43 of 50</i>
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

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

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

## SCHEDULE H

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Andre Turner</div>	3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.5em; font-family: cursive;">44 of 50</div>
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		

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

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <b>Andre Turner</b>		3 Filer ID (Ethics Commission Filers) <b>115 of 50</b>	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;		City	State Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a)Category (See instructions for examples of acceptable categories.)		(b)Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			

Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE **K**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>46 of 50</b>
2 FILER NAME <b>Andre Turner</b>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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

<b>OUTSTANDING LOANS</b>		<b>SCHEDULE L</b>
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: <b>47 OF 50</b>
2 FILER NAME	<b>Andre Turner</b>	
3 Filer ID (Ethics Commission Filers)		
LENDER INFORMATION	4 Name of lender	
	5 Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	

<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor <hr style="border-top: 1px dotted black;"/> Guarantor address; City; State; Zip Code
<b>LENDER INFORMATION</b>	Name of lender <hr style="border-top: 1px dotted black;"/> Lender address; City; State; Zip Code
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor <hr style="border-top: 1px dotted black;"/> Guarantor address; City; State; Zip Code
<b>LENDER INFORMATION</b>	Name of lender <hr style="border-top: 1px dotted black;"/> Lender address; City; State; Zip Code
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor <hr style="border-top: 1px dotted black;"/> Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

<b>ASSETS PURCHASED WITH CONTRIBUTIONS</b>		<b>SCHEDULE M</b>
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.		
The Instruction Guide explains when and how to complete this form.		1 Total pages Schedule M: <div style="font-size: 1.5em; font-family: cursive;">48 of 50</div>
2 FILER NAME	<div style="font-size: 1.5em; font-family: cursive;">Andre Turner</div>	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	<div style="font-size: 4em; font-family: cursive; transform: rotate(-15deg); opacity: 0.5;">X</div>	
Description of Asset		





<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule T:</b> <div style="font-size: 1.5em; font-family: cursive;">49-0F50</div>
<b>2 FILER NAME</b> <div style="font-size: 1.5em; font-family: cursive;">Andre Turner</div>	<b>3 Filer ID (Ethics Commission Filers)</b>	
<b>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>5 Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule</div> <div><input type="checkbox"/> A2Schedule</div> <div><input type="checkbox"/> BSchedule</div> <div><input type="checkbox"/> B(J)Schedule</div> <div><input type="checkbox"/> C2Schedule</div> <div><input type="checkbox"/> DSchedule F1</div> <div><input type="checkbox"/> Schedule</div> <div><input type="checkbox"/> F2Schedule</div> <div><input type="checkbox"/> F4Schedule</div> <div><input type="checkbox"/> GSchedule</div> <div><input type="checkbox"/> HSchedule COH-</div> <div><input type="checkbox"/> UCSchedule B-</div> </div>		
<b>6 Dates of travel</b>	<b>7 Name of person(s) traveling</b>	
	<b>8 Departure city or name of departure location</b>	
	<b>9 Destination city or name of destination location</b>	
<b>10 Means of transportation</b>	<b>11 Purpose of travel (including name of conference, seminar, or other event)</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2Schedule</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> F1</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> <div><input type="checkbox"/> Schedule F2</div> </div>		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2Schedule</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	

Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

<b>CANDIDATE / OFFICEHOLDER REPORT:</b> <b>DESIGNATION OF FINAL REPORT</b>		<b>FORM C/OH - FR</b>
<p>The Instruction Guide explains how to complete this form.</p> <p><b>** Complete only if "Report Type" on page 1 is marked "Final Report" **</b></p>		
<b>1 C/OH NAME</b>	<b>2 Filer ID (Ethics Commission Filers)</b> 50.050.	
<b>3 SIGNATURE</b>  <p>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.</p> <p>_____  Signature of Candidate / Officeholder</p>		

**4 FILER WHO IS NOT AN OFFICEHOLDER**

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

**A. CAMPAIGN FUNDS**

Check *only* one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

**B. ASSETS**

Check *only* one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

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



Signature of Candidate

**5 OFFICEHOLDER**

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

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



Signature of Officeholder