

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: 1- 50
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Andre MI	OFFICE USE ONLY	
	NICKNAME LAST Turner SUFFIX	Date Received <i>BY John F. Warren County Clerk Dallas County Deputy</i>	2026 JAN 15 PM 1:46 FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. BOX 170952 APT / SUITE #: DALLAS, TX 75217	CITY: STATE: ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 6668-6610	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Anna MI NICKNAME LAST Maria SUFFIX Delgado	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 5939 Fairway Ave. APT / SUITE #: DALLAS, TX 75227 CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) PHONE NUMBER 233-7871	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 1530th day <input type="checkbox"/> before election Runoff 15th <input type="checkbox"/> day after campaign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 7 Day 16 Year 2025	Month 1 Day 15 Year 2026	treasurer appointment (Officeholder Only)
11 ELECTION	Month / Day / Year Primary Runoff /	DATE ELECTION TYPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General Special <input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Pet. 5 Pl. 2	
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	

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE	
REPORT COVER SHEET PG 2	
15 JC/OH NAME <i>Andie Turner</i>	
16 File ID (Ethics Commission Files) <i>2-0552</i>	
17 CONTRIBUTION TOTALS	
1.	TOTAL UNITIALIZED POLITICAL CONTRIBUTIONS MADE ELECTRONICALLY PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
2.	TOTAL POLITICAL CONTRIBUTIONS \$ <i>13,608.16</i>
3.	TOTAL UNITIALIZED POLITICAL EXPENDITURE \$ <i>41,030.48</i>
4.	TOTAL POLITICAL EXPENDITURES \$ <i>49,600.00</i>
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
LOAN TOTALS OUTSTANDING BALANCE CONTRIBUTION BALANCE EXPENDITURE TOTALS CONTRIBUTION TOTALS OUTSTANDING BALANCE LOAN TOTALS	

GO TO PAGE 2	
COMMITTEE(S)	COMMITTEE ADDRESS GENERAL <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER ADDRESS <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> SPECIFIC

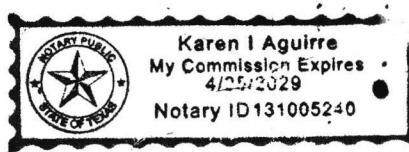
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 L. Aguirre

Karen I. Aguirre

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>13,608.16</u>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ _____

1. *Geography and History*

3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	<input type="checkbox"/>
4.	SCHEDULE E: LOANS	\$	<input type="checkbox"/>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,080.48	<input checked="" type="checkbox"/>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	<input type="checkbox"/>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	<input type="checkbox"/>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	<input type="checkbox"/>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	<input type="checkbox"/>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	<input type="checkbox"/>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	<input type="checkbox"/>
	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$	<input type="checkbox"/>
	TO FILE		

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:

4-0F 54

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

7/18/25

5 Full name of contributor out-of-state PAC ID#: _____)6 Contributor address: Tyronne Walker
1137 Esplanade Ave-
New Orleans, LA 70116

7 Amount of contribution (\$)

\$100.

8 Contributor's principal occupation

VP Urban League

9 Contributor's job title

VP

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	Full name of contributor	out-of-state PAC ID#: _____)	Amount of contribution (\$)
7/19/25	Pierre Cobb		\$10.76
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	Full name of contributor	out-of-state PAC ID#: _____)	Amount of contribution (\$)
7/21/25	Robbie Warren		\$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)

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: <i>5-07 58</i>
2 FILER NAME <i>Andre Turner</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>7/21/25</i>	5 Full name of contributor <i>Isaac Berry</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)	7 Amount of contribution (\$) <i>\$261.28</i>
6 Contributor address; City; State; Zip Code			
8 Contributor's principal occupation		9 Contributor's job title <i>Retired.</i>	
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 <i>7/21/25</i>	Full name of contributor <i>Denise Robinson</i>	out-of-state PAC ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Atio-</i>			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>7/23/25</i>	Full name of contributor <i>Warren Abrams</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) <i>\$522.24</i>
Contributor address; City; State; Zip Code <i>10300 North Central Exp. Dallas, TX 75231</i>			
Contributor's principal occupation <i>ATA</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: 6 OF 50</p>
<p>2 FILER NAME <u>Andre Turner</u></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>10/20/25</u></p>	<p>5 Full name of contributor <u>A. Randolph B. Isenberg</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>7 Amount of contribution (\$) <u>100.00</u></p>
<p>6 Contributor address <u>4303 N. central exp</u> <u>Dallas, TX 75205</u></p>		<p>City: _____</p>	<p>State: _____</p>	<p>Zip Code _____</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions) <u>Attty</u></p>		
<p>Date <u>8/27/25</u></p>	<p>Full name of contributor <u>Warren / Healy</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>Amount of contribution (\$) <u>\$500.00</u></p>
<p>Contributor address; <u>1510 Pacific Ave STE-9500</u> <u>Dallas, TX</u></p>		<p>City: _____</p>	<p>State: _____</p>	<p>Zip Code _____</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions) <u>Attty</u></p>		
<p>Date <u>7/30/25</u></p>	<p>Full name of contributor <u>Dr. Renelda Roberson</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>Amount of contribution (\$) <u>\$50.00</u></p>
<p>Contributor address; <u>3603 Palomino Trl</u> <u>manvel, TX 77578</u></p>		<p>City: _____</p>	<p>State: _____</p>	<p>Zip Code _____</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p>Date <u>8/1/25</u></p>	<p>Full name of contributor <u>Diane Jones</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>Amount of contribution (\$) <u>\$100.00</u></p>
<p>Contributor address; _____</p>		<p>City: _____</p>	<p>State: _____</p>	<p>Zip Code _____</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

(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: 7-0F50
2 FILER NAME <i>Andre Turner</i>			3 Filer ID (Ethics Commission Filers)
4 Date 7/23/25	5 Full name of contributor Gina Guillory	<input type="checkbox"/> out-of-state PAC ID#: _____)	7 Amount of contribution (\$) \$26.41
6 Contributor address; City: Cedar Hill State: TX		9 Contributor's job title	
8 Contributor's principal occupation N/A		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 8/01/25	Full name of contributor Andrew Jackson	out-of-state PAC ID#: _____)	Amount of contribution (\$) \$200.00
Contributor address; City: N/A State: TX		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 8/5/25	Full name of contributor Neo Lindley	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) \$26.41
Contributor address; City: LANCASTER State: TX		Contributor's job title	
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

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1 Total pages Schedule A(J)1:

8 OF 50

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

8/16/25

5 Full name of contributor

 out-of-state PAC ID#: _____

Frank Boldoe

7 Amount of contribution (\$)

\$104.70

6 Contributor address:

City: State: Zip Code

8 Contributor's principal occupation

9 Contributor's job title

Retired

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

8/16/25

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

Contributor address:

City:

State: Zip Code

\$104.70

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

8/19/25

Full name of contributor

 out-of-state PAC ID#: _____

Amount of contribution (\$)

Cory Falade

2896 Highland Meadow
Seagoville, TX

\$52.51

Contributor address:

City:

State: Zip Code

Contributor's principal occupation

Contributor's job title

Stream Realty

Accountant

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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1 Total pages Schedule A(J)1:

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2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/25

5 Full name of contributor

Yulanda Smith

out-of-state PAC ID#: _____)

7 Amount of contribution (\$)

\$52.51

6 Contributor address;

City:

State: Zip Code

11

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

8/10/25

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Contributor address;

City:

State: Zip Code

\$26.41

Contributor's principal occupation

Contributor's job title

NA

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 10 - DF 58
2 FILER NAME Andre Turner			3 Filer ID (Ethics Commission Filers)
4 Date 8/16/25	5 Full name of contributor Terri McBee	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) \$ 104.70
6 Contributor address; City: Houston, TX		State: Zip Code	
8 Contributor's principal occupation		9 Contributor's job title Retired	
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 8/16/25	Full name of contributor Nicolas Rios	out-of-state PAC ID#: _____	Amount of contribution (\$) \$ 57.19
Contributor address; Dallas, TX	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 8/16/25	Full name of contributor Carlos Stewart	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$104.00
Contributor address; City: NY	State: Zip Code		
Contributor's principal occupation	Contributor's job title		

Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
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If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

(JUDICIAL)

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1:

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3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

8/17/25

5 Full name of contributor

 out-of-state PAC ID#: _____)

Vernell T. 95-

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 contributo '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

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Damien Carter

\$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 contributo 's spouse (if any)

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

Date

8/27/25

Full name of contributor

 out-of-state PAC ID#: _____)

Amount of contribution (\$)

Roberto CANAS

\$500.24

Contributor address:

1508 North Buckner Blvd
Dallas, TX 75218

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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1 Total pages Schedule A(J)1:

12 of 50

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

8/17/25

5 Full name of contributor

out-of-state PAC ID#: _____)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$104.70

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)

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Date
9/12/25

Sévon Fraser

Contributor address;

City;

State; Zip Code

\$19.00

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
9/13/25

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Marcus White

Contributor address;

City;

State; Zip Code

\$52.51

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

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

MONETARY POLITICAL CONTRIBUTIONS

(JUDICIAL)

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1:

14 OF 50

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

9/21/25

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

La'Quin Peters

7 Amount of contribution (\$)

\$34.63

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	Full name of contributor	out-of-state PAC ID#:	Amount of contribution (\$)
9/23/25	Vicki High		\$21.10
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	Full name of contributor	out-of-state PAC ID#:	Amount of contribution (\$)
9/23/25	Traciion T. Rodgers		\$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

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2 FILER NAME

Andre Turner

1 Total pages Schedule A(J)1:

15 OF 50

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/15

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

Vanessa Lee

7 Amount of contribution (\$)

\$110.41

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	Full name of contributor	out-of-state PAC ID# _____)	Amount of contribution (\$)
9/23/15	Luis Sanchez		\$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)

Date	Full name of contributor	out-of-state PAC ID# _____)	Amount of contribution (\$)
9/23/15	Vernon Smith		\$104.70
Contributor address: City: State: Zip Code			
16321 Old Ox Road Dallas TX 75241			

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:

16 OF 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date
9/23/255 Full name of contributor out-of-state PAC ID#: _____
Johnny Williams

7 Amount of contribution (\$)

\$26.41

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
9/24/25

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$150.89

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
9/26/25

Full name of contributor

 out-of-state PAC ID#: _____

Amount of contribution (\$)

\$100

Charles Jefferson

Contributor address:

City: DALLAS

State: TX

Zip Code
75206

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

9/21/25

5 Full name of contributor

out-of-state PAC ID#: _____)

Jeremiah McBurnies

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)

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Date
9/28/25

MARK Scott

\$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

out-of-state PAC ID#: _____)

Amount of contribution (\$)

\$52.51

JOSEPH Crane

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:

18-0F50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date
10/18/2025

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

Thomas Cox

7 Amount of contribution (\$)

\$500

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
10/18/2025

Full name of contributor

out-of-state PAC ID# _____

Amount of contribution (\$)

Contributor address

City

State, Zip Code

\$104.70

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
10/18/2025

Full name of contributor

out-of-state PAC ID# _____

Amount of contribution (\$)

Sallen Mathis

Contributor address

City

State, Zip Code

\$104.70

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:

19.0F50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date
10/10/2015

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

Jeffery Sims

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 10/21/2015	Full name of contributor William Cox III	out-of-state PAC ID# _____	Amount of contribution (\$) \$250
	Contributor address: 9304 Locarno Dr	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 10/22/2015	Full name of contributor Jean Lofton	out-of-state PAC ID# _____	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:

20 - OF 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/2025

5 Full name of contributor

out-of-state PAC ID# _____)

Roderick Miles Jr.

7 Amount of contribution (\$)

\$522.24

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

10/25/2025

Full name of contributor

out-of-state PAC ID# _____)

Amount of contribution (\$)

Contributor address

City

State, Zip Code

\$52.51

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

10/25/2025

Full name of contributor

out-of-state PAC ID# _____)

Amount of contribution (\$)

Stanley Mays

Contributor address

City

State, Zip Code

\$500

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:

21 - of 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2025

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# _____)

Contributor address

City

State, Zip Code

Amount of contribution (\$)

\$26.41

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# _____)

Contributor address

City

State, Zip Code

Amount of contribution (\$)

\$15.98

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 -0450

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/2025

5 Full name of contributor

Kevin Crawford

out-of-state PAC ID# _____

7 Amount of contribution (\$)

\$104.70

6 Contributor address

City. State. Zip Code

3521 Estacado in Plano TX 75025

8 Contributor's principal occupation

9 Contributor's job title

Manager

10 Contributor's employer/law firm

Direct TV

11 Law firm of contributo

'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# _____

Amount of contribution (\$)

Scottie Hawkins

\$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
11/02/2025

Full name of contributor

out-of-state PAC ID# _____

Amount of contribution (\$)

Bethy Demby

\$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 - 0P 50

2 FILER NAME

Andre TURNER

3 Filer ID (Ethics Commission Filers)

4 Date

11/02/2025

5 Full name of contributor

Bro Johnson

out-of-state PAC ID# _____)

7 Amount of contribution (\$)

\$26.41

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# _____)

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# _____)

Amount of contribution (\$)

\$104.70

Anthony Brown

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: 24 -0F-50
2 FILER NAME <i>Andre Turner</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/11/2015</i>	5 Full name of contributor <i>John Gussio</i>	<input type="checkbox"/> out-of-state PAC ID# _____)	7 Amount of contribution (\$) <i>\$250</i>
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 <i>11/10/2015</i>	Full name of contributor <i>Lasinica Walton</i>	out-of-state PAC ID# _____)	Amount of contribution (\$) <i>\$300</i>
Contributor address. <i>Cardigan Lane</i>	City. <i>Lancaster</i>	State. Zip Code <i>TX 75154</i>	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Walton Law Office</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>12/04/2015</i>	Full name of contributor <i>Jimmy C. Carter</i>	<input type="checkbox"/> out-of-state PAC ID# _____)	Amount of contribution (\$) <i>\$100</i>
Contributor address. <i></i>	City. <i></i>	State. Zip Code <i></i>	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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.			
2 FILER NAME		1 Total pages Schedule A1: <i>25 - OF 50</i>	
4 Date <i>11/24/25</i>		5 Full name of contributor <i>Michael J. Todd</i>	
6 Contributor address: <i>700 N. Pearl St. Dallas, TX 75201</i>		7 Amount of contribution (\$) <i>\$250. ⁰⁰</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Attorney</i>	
Date <i>11/24/25</i>		Full name of contributor <i>Robert Gregg.</i>	
Contributor address: <i>2024 Commerce St Dallas, TX</i>		Amount of contribution (\$) <i>\$300. ⁰⁰</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Attorney</i>	
Date <i>12/15</i>		Full name of contributor <i>Bertric Armstrong</i>	
Contributor address: <i>1731 Timbergrove Cir Dallas, TX 75208</i>		Amount of contribution (\$) <i>\$500. ⁰⁰</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Retire -</i>	
Date <i>12/15/25</i>		Full name of contributor <i>Irene Redmond-</i>	
Contributor address: <i>250 E Highway 67. Duncanville, TX 75137</i>		Amount of contribution (\$) <i>\$100. ⁰⁰</i>	
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.

2 FILER NAME

Andre Turner

1 Total pages Schedule A(J)1:

26 - JFS

3 Filer ID (Ethics Commission Filers)

4 Date
12/04/2015

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
12/04/2015

Full name of contributor

out-of-state PAC ID# _____)

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
12/04/2015

Full name of contributor

out-of-state PAC ID# _____)

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: 27 - 0F50
2 FILER NAME <i>Andre Turner</i>			3 Filer ID (Ethics Commission Filers)
4 Date 12/4/25	5 Full name of contributor Jeffery Mason	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$50.00
6 Contributor address: 517 Palo Duro C.R Desoto, TX 75115		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Educator</i>	
Date 12/5/25	Full name of contributor Finkley Law Firm	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
Contributor address: 501 Elm Street Dallas, TX 75202		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Attorney</i>	
Date 12/23/25	Full name of contributor Sam Bates	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50.00
Contributor address: 1802 Whitehall Ln. Garland, TX 75043		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/25	Full name of contributor Robert Hinton Jr.	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150.00
Contributor address: 3300 Oak Lawn Ave. Ste 700 Dallas, TX 75219		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

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

MONETARY POLITICAL CONTRIBUTIONS					
(JUDICIAL) SCHEDULE A(j)1					
If the requested information is not applicable, DO NOT include this page in the report.					
1 Total Pages Schedule A(j)1: 29 - 25					
The Instruction Guide explains how to complete this form.					
2 FILER NAME: <i>Andie Turner</i>					
3 Filer ID (Ethics Commission Filer's) <i>29-25</i>					
4 Date <i>12/04/2025</i>					
5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Verizon Smith</i>					
6 Contributor address <i>634 Old Oak Rd Dallas TX 75241</i>					
7 Amount of contribution (\$) <i>\$25</i>					
8 Contributor's principal occupation <i>Manager of Political Director</i>					
9 Contributor's job title <i>9</i>					
10 Contributor's employer/law firm <i>Verizon Smith</i>					
11 Law firm of contributor's spouse (if any) <i>Verizon Smith</i>					
12 If contributor is a child, law firm of parent(s) (if any) <i>Verizon Smith</i>					
13 Date <i>12/04/2025</i>					
14 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>STACI Williams</i>					
15 Contributor address <i>634 Williams</i>					
16 Contributor's job title <i>\$104.70</i>					
17 Amount of contribution (\$) <i>\$104.70</i>					
18 Contributor's principal occupation <i>STACI Williams</i>					
19 Contributor's job title <i>19</i>					
20 Contributor's employer/law firm <i>STACI Williams</i>					
21 Law firm of contributor's spouse (if any) <i>STACI Williams</i>					
22 If contributor is a child, law firm of parent(s) (if any) <i>STACI Williams</i>					
23 Date <i>12/04/2025</i>					
24 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>HD Raczni</i>					
25 Contributor address <i>2544 Broadway Ln Dallas TX 75225</i>					
26 Contributor's job title <i>HD Raczni</i>					
27 Amount of contribution (\$) <i>\$10</i>					
28 Contributor's principal occupation <i>HD Raczni</i>					
29 Contributor's job title <i>29</i>					
30 Contributor's employer/law firm <i>HD Raczni</i>					
31 Law firm of contributor's spouse (if any) <i>HD Raczni</i>					
32 If contributor is a child, law firm of parent(s) (if any) <i>HD Raczni</i>					
33 Date <i>12/04/2025</i>					
34 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>INSURANCE</i>					
35 Contributor address <i>2544 Broadway Ln Dallas TX 75225</i>					
36 Contributor's job title <i>INSURANCE</i>					
37 Amount of contribution (\$) <i>0</i>					
38 Contributor's principal occupation <i>INSURANCE</i>					
39 Contributor's job title <i>39</i>					
40 Contributor's employer/law firm <i>INSURANCE</i>					
41 Law firm of contributor's spouse (if any) <i>INSURANCE</i>					
42 If contributor is a child, law firm of parent(s) (if any) <i>INSURANCE</i>					
43 Date <i>12/04/2025</i>					
44 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>SEAL</i>					
45 Contributor address <i>2544 Broadway Ln Dallas TX 75225</i>					
46 Contributor's job title <i>SEAL</i>					
47 Amount of contribution (\$) <i>0</i>					
48 Contributor's principal occupation <i>SEAL</i>					
49 Contributor's job title <i>49</i>					
50 Contributor's employer/law firm <i>SEAL</i>					
51 Law firm of contributor's spouse (if any) <i>SEAL</i>					
52 If contributor is a child, law firm of parent(s) (if any) <i>SEAL</i>					
53 Date <i>12/04/2025</i>					

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 230 of 50
2 FILER NAME <i>Andre Turner</i>		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/25	5 Full name of contributor <i>Eric Phentz</i>	6 Contributor address, City; State; Zip Code <i>601 Haines Ave Dallas, TX 75208</i>
7 Amount of contribution (\$) \$250.00		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/25	Full name of contributor <i>MARSALI & Associates</i>	□ out-of-state PAC (ID#) _____ Amount of contribution (\$) \$500.00
Contributor address, City; State; Zip Code <i>8228 Bruton Rd. Dallas, TX 75217</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor □ 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 □ 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.**

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A(J)1: 31 - OF 58</p>																				
<p>2 FILER NAME Andre Turner</p>			<p>3 Filer ID (Ethics Commission Filers)</p>																				
<p>4 Date 12/08/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joseph Singletary</p>		<p>7 Amount of contribution (\$) \$52.51</p>																				
<p>6 Contributor address, City, State, Zip Code</p>																							
<p>8 Contributor's principal occupation</p>		<p>9 Contributor's job title</p>																					
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>																					
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td>Date 12/08/2025</td> <td>Full name of contributor Anthony Collins</td> <td>out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) \$150</td> </tr> <tr> <td>Contributor address: 160 Brittany Dr</td> <td>City: Mesquite</td> <td>State: Zip Code TX 75150</td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation Chief Operations Officer</p> </td> <td colspan="2"> <p>Contributor's job title</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Housing Crisis Center</p> </td> <td colspan="2"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				Date 12/08/2025	Full name of contributor Anthony Collins	out-of-state PAC ID#: _____	Amount of contribution (\$) \$150	Contributor address: 160 Brittany Dr	City: Mesquite	State: Zip Code TX 75150		<p>Contributor's principal occupation Chief Operations Officer</p>		<p>Contributor's job title</p>		<p>Contributor's employer/law firm Housing Crisis Center</p>		<p>Law firm of contributor's spouse (if any)</p>		<p>If contributor is a child, law firm of parent(s) (if any)</p>			
Date 12/08/2025	Full name of contributor Anthony Collins	out-of-state PAC ID#: _____	Amount of contribution (\$) \$150																				
Contributor address: 160 Brittany Dr	City: Mesquite	State: Zip Code TX 75150																					
<p>Contributor's principal occupation Chief Operations Officer</p>		<p>Contributor's job title</p>																					
<p>Contributor's employer/law firm Housing Crisis Center</p>		<p>Law firm of contributor's spouse (if any)</p>																					
<p>If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td>Date 12/09/25</td> <td>Full name of contributor Rade Osinowo</td> <td>out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) \$50</td> </tr> <tr> <td>Contributor address:</td> <td>City:</td> <td>State: Zip Code</td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation</p> </td> <td colspan="2"> <p>Contributor's job title</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm</p> </td> <td colspan="2"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				Date 12/09/25	Full name of contributor Rade Osinowo	out-of-state PAC ID#: _____	Amount of contribution (\$) \$50	Contributor address:	City:	State: Zip Code		<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		<p>If contributor is a child, law firm of parent(s) (if any)</p>			
Date 12/09/25	Full name of contributor Rade Osinowo	out-of-state PAC ID#: _____	Amount of contribution (\$) \$50																				
Contributor address:	City:	State: Zip Code																					
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>																					
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>																					
<p>If contributor is a child, law firm of parent(s) (if any)</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:

32 01-50

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Date

12/09/2015

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

Stephanie Morrison

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 12/10/2015	Full name of contributor Addie Richburg	out-of-state PAC ID#: _____	Amount of contribution (\$) \$261.28
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 12/13/2015	Full name of contributor Sherman Lee	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$250
Contributor address: 5145 Glen Haven Dr	City: Roanoke	State, Zip Code VT 24019	

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

NHSS

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

12/12/2015

5 Full name of contributor

Vernon Weatherby

 out-of-state PAC ID#:

7 Amount of contribution (\$)

\$100

6 Contributor address:

37 Painted Rock Ct Frisco TX 75034

City:

State:

Zip Code

8 Contributor's principal occupation

Banker

9 Contributor's job title

10 Contributor's employer/law firm

Bank DK

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

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

Date	Full name of contributor	out-of-state PAC ID#:	Amount of contribution (\$)
01/02/2020	Floyd Endsley		\$51.45
Contributor address:	City:	State: Zip Code	
8402 Edgewood Dr.	Bowlett	TX 75089	
Contributor's principal occupation	Contributor's job title		
IT			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
TCS			
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 (\$)
01/08/2020	Willie Franklin		\$52.51
Contributor address:	City:	State: Zip Code	
117 Quail Ridge Rd.	Red Oak	TX 75154	
Contributor's principal occupation	Contributor's job title		
Assistant Director			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
City of Dallas			
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	Full name of contributor	out-of-state PAC ID#: _____)	Amount of contribution (\$)
01/10/2020	Reggie Bibb		\$104.70

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date	Full name of contributor	out-of-state PAC ID#: _____)	Amount of contribution (\$)
01/10/2020	Wyntown Henderson		\$104.70

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
35 of 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

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

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

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 out-of-state PAC (ID#_____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)

(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

ATTACH ADDITIONAL COPIES OF 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):
36 OF 50

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#:

7 Pledgor address; City; State; Zip Code

8 Amount
Pledge \$

9 In-kind contribution of
description

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's spouse (if any)

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

Check if travel outside of Texas. Complete Schedule T.

Pledgor address

City;

State; Zip Code

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)

Date

Full name of pledgor

out-of-state PAC (ID#:

Amount
of Pledge \$

In-kind contribution
description

Check if travel outside of Texas. Complete Schedule T.

Pledgor address

City;

State; Zip Code

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

LOANS (JUDICIAL)		SCHEDULE E(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 E(J): 37 of 50
2 FILER NAME <i>Andre Turner</i>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS	\$	
5 Date of loan	7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION	20 Name of guarantor <input type="checkbox"/>	22 Amount Guaranteed (\$)
21 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	38 of 50	
6 Amount (\$)	7 Payee address:	City:	State: Zip Code
8 PURPOSE O F EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp-	(b) Description Texting to Voters	
	(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	Payee name		
12/10/25	Silverio Group-		
Amount (\$) \$400.00	Payee address;	City;	State; Zip Code
PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Full Page Ad. Program Booklet.	
	<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	Payee name		
12/20/25	The Political Arm-		
Amount (\$) \$665.74	Payee address; 8604 Turtle Creek Blvd #12489 Dallas, TX 75225	City;	State; Zip Code
PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description Push Cards	
	<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			

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: <i>10</i>	2 FILER NAME <i>Andre Turner</i>	3 Filer ID (Ethics Commission Filers) <i>390F 50</i>	
4 Date <i>10/21/25</i>	5 Payee name <i>THE Political ARM.</i>		
6 Amount (\$) <i>\$844.35</i>	7 Payee address: <i>8604 Turtle Creek Blvd # 1248Y Dallas, TX 75225</i>	City:	State: Zip Code
8 PURPOSE O F EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Exp-</i>	(b) Description <i>Road Signs & Yard Signs</i>	
	(c) <input type="checkbox"/>	Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH

1. $\frac{d}{dx} \int_{a(x)}^{b(x)} f(x, t) dt = f(x, b(x)) b'(x) - f(x, a(x)) a'(x)$
2. $\frac{d}{dx} \int_{a(x)}^{b(x)} f(t) dt = f(b(x)) b'(x) - f(a(x)) a'(x)$
3. $\frac{d}{dx} \int_{a(x)}^{b(x)} f(x, t) dt = f(x, b(x)) b'(x) - f(x, a(x)) a'(x)$
4. $\frac{d}{dx} \int_{a(x)}^{b(x)} f(t) dt = f(b(x)) b'(x) - f(a(x)) a'(x)$

Date	Payee name		
9/20/25	The Political Arm		
Amount (\$)	Payee address: City: State: Zip Code		
\$146.14	8604 Turtle Creek Blvd #1248V Dallas, TX 75225		
PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Exp	10 yards. su- \$. Balloon / Decorations	
<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	Payee name		
8/20/25	The Political Arm -		
Amount (\$)	Payee address: City: State: Zip Code		
974.25	8604 Turtle Creek Blvd #1248V Dallas, TX 75225		
PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printings Exp	UV Pushcards T-Shirts / Biz-cards	
<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			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

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

PURCHASE OF INVESTMENTS MADE FROM

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	SCHEDULE 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		

6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code		
8 PURPOSE OF EXPENDITURE <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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
PURPOSE OF EXPENDITURE <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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
PURPOSE OF EXPENDITURE <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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM 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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	<i>Andre Turner</i>	<i>43 of 50</i>		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				
8 PURPOSE O F 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		
9 Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				
PURPOSE O F 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		
Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			SCHEDULE H	
If the requested information is not applicable, DO NOT include this page in the report.				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense 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.				
1 Total pages Schedule H:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
			49 of 50	
4 Date	5 Business name			
6 Amount (\$)	7 Business address;			City; State; Zip Code
8 PURPOSE O F 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
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 O F 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 O F 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		3 Filer ID (Ethics Commission Filers)
<i>Andre Turner</i>		<i>115 of 50</i>	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)		(b)Description (See 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.)	
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.)	
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: <i>46 of 50</i>
2 FILER NAME	<i>Andre Turner</i>	
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	
	Address of person from whom amount is received;	
	Purpose for which amount is received	

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		

OUTSTANDING LOANS		SCHEDULE L
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 L: <i>47 OF 50</i>
2 FILER NAME	<i>Andre Turner</i>	
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	

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

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

The Instruction Guide explains when and how to complete this form.

1 Total pages Schedule M:

3 Eiler ID (Ethics Commission Filers)

2 FILER NAME

Andre Turner

4 Description of Asset

Description of Asset

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

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

SCHEDULE T

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

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

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

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

50.050.

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check *only* one:



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



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

B. ASSETS

Check *only* one:



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



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



Signature of Candidate

5 OFFICEHOLDER

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



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



Signature of Officeholder