

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MARCUS	MI L
	NICKNAME	LAST Turner	SUFFIX JR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 852444	APT / SUITE #: RICHARDSON TX	STATE: ZIP CODE 75085
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 604-4228
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST LASHAUNDA	MI
	NICKNAME	LAST JONES	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1350 N. GREENVILLE AVE, APT 1130 RICHARDSON TX 75081		
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 916 1094	EXTENSION N/A
9 REPORT TYPE	<input checked="checked" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year		
11 ELECTION	ELECTION DATE Month / Day / Year 3 / 1 / 2021	ELECTION TYPE <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) DALLAS COUNTY CLERK	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
2022 JAN 14 PM 3:01

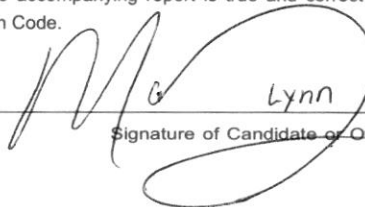
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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DALLAS COUNTY
ELECTIONS DEPARTMENT
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME MARCUS Turner Jr 2022 JAN 14 PM 3:01 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,037.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2930.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 106.97
OUTSTANDING LOAN TOTALS	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.


Lynn Turner Jr
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

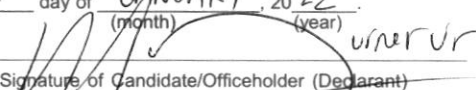
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARCUS Turner Jr, and my date of birth is 8-13-1988.
My address is 1350 N. GREENVILLE AVE APT 1130, RICHARSON, TX, 75081, U.S.
(street) (city) (state) (zip code) (country)
Executed in DALLAS County, State of TX, on the 14 day of JANUARY, 2022.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

RECEIVED FOR FILING
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ELECTIONS DEPARTMENT

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

MARCUS Turner Jr

2022 JAN 14 PM 3: 02

Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,037.67
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2930.70
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

2022 JAN 14 PM 3:02

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME MARCUS Turner Jr		3 Filer ID (Ethics Commission Filers)
4 Date 7/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED RAMIREZ	7 Amount of contribution (\$) 10.71
6 Contributor address; City; State; Zip Code 7537 GAYLEN DR. DALLAS TX 75217		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENISECIA TALABI	Amount of contribution (\$) 34.00
Contributor address; City; State; Zip Code 915 DESCO LANE GRAND PRAIRIE TX 75051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRINA GIBSON	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 10362 WHITE ELM ROAD DALLAS TX 75243		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAWNA Turner	Amount of contribution (\$) 104.15
Contributor address; City; State; Zip Code 1110 YUKON BLVD WAXAHACHIE TX 75167		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		