


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: 35	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Andre	MI	OFFICE USE ONLY 
	NICKNAME	LAST Turner	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 170952 DALLAS, TX 75217			
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 668-6610	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Timmy	MI	Date Received
	NICKNAME	LAST Williams	SUFFIX	Date Hand-delivered or Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2698 Deep Hill Cir. DALLAS, TEXAS 75233			Receipt #
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 458-0860	EXTENSION	Amount \$
9 REPORT TYPE	<input 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 7 / 16 / 2023 THROUGH 01 - / 15 2024			
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) DALLAS Co. Commissioner 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Andre L Turner</u>		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)	\$ <u>11,000.26</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,828.97</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3374.27</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

Andre L Turner
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by [Signature] this the 16th day of January, 2024, 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 _____, and my date of birth is _____.

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Andre L Turner</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>11,000.26</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8,828.97</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:

17

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/23

5 Full name of contributor

ALAN T. WRIGHT

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

N/A

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

N/A

Date

8/26/23

Full name of contributor

Michael Rachs

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

Amount of contribution (\$)

\$50.00

Contributor address;

N/A

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/23

Full name of contributor

Lionel Lopez

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

Amount of contribution (\$)

\$200.00

Contributor address;

N/A

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Attorney

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andre L. Turner		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Martin	7 Amount of contribution (\$) \$104.42
6 Contributor address; City; State; Zip Code 4306 RAVENBANK Drive, Rockwall, TX		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions)
Date 11/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarcus Ward.	Amount of contribution (\$) \$260.59
Contributor address; City; State; Zip Code 2201 Main St. Ste 502 Dallas, TX 75201		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Reed.	Amount of contribution (\$) \$26.34
Contributor address; City; State; Zip Code 1800 Lakefront Dr. Prosper, TX 75078		
Principal occupation / Job title (See Instructions) Police.		Employer (See Instructions)
Date 11/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Asberry	Amount of contribution (\$) \$104.42
Contributor address; City; State; Zip Code 1010 Chuck Wagon Ln. Princeton, TX 75407		
Principal occupation / Job title (See Instructions) EMS		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/23

5 Full name of contributor

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

Gilbert Hardings -

7 Amount of contribution (\$)

\$104.42

6 Contributor address; City; State; Zip Code

445 E. Fm. 1382 suite #3
Cedar Hill, TX 75104

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

Date

11/28/23

Full name of contributor

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

Charles Jefferson

Amount of contribution (\$)

\$104.42

Contributor address; City; State; Zip Code

3430 S. Marsalis Ave.
Dallas, TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

Date

11/28/23

Full name of contributor

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

Rev. Donald Brown.

Amount of contribution (\$)

\$260.59

Contributor address; City; State; Zip Code

2008 North Hickory Street
McAlester, OK 74501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/23

Full name of contributor

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

Dan Anderson

Amount of contribution (\$)

\$520.87

Contributor address; City; State; Zip Code

4916 Cape Corn Drive
Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

11/30/23

5 Full name of contributor

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

Willard GALL, more

7 Amount of contribution (\$)

\$208.54

6 Contributor address;

City;

State;

Zip Code

360 Ash Brook Ln.
Sunnyvale, TX 75182

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

11/9/23
30

Full name of contributor

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

Anthony Peterson

Amount of contribution (\$)

\$260.55

Contributor address;

City;

State;

Zip Code

1700 White Falk, Dr
Desoto, TX

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Date

11/30/23

Full name of contributor

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

Russell Tarver

Amount of contribution (\$)

\$104.42

Contributor address;

City;

State;

Zip Code

1705 Running River Dr
Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/23

Full name of contributor

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

Myron Green-

Amount of contribution (\$)

\$52.37

Contributor address;

City;

State;

Zip Code

2327 Inca Dr. 1b.
Dallas, TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

~~12/20/23~~
12/01/23

5 Full name of contributor

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

Elizabeth Frizell

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City;

State;

Zip Code

203 E. Colorado, Boulevard

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

12/01/23

Full name of contributor

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

Kenneth Martin

Amount of contribution (\$)

\$107.42

Contributor address;

City;

State;

Zip Code

2404 Sleepy Hollow
Ennis, TX 75119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/23

Full name of contributor

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

Joyce Rogers

Amount of contribution (\$)

\$260.59
~~\$107.75~~

Contributor address;

City;

State;

Zip Code

8355 South Lawrence Ave
Chicago, Ill 60619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/23

Full name of contributor

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

Jeffrey Tyler

Amount of contribution (\$)

\$52.37

Contributor address;

City;

State;

Zip Code

1931 Livingston Road
Irving, TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/23

5 Full name of contributor

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

Bobby Thrash

7 Amount of contribution (\$)

\$104.42

6 Contributor address:

City:

State:

Zip Code

5335 Lake Placid Dr.
Dallas, TX 75232

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/5/23

Full name of contributor

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

LASHICA WALTON

Amount of contribution (\$)

\$520.87

Contributor address:

City:

State:

Zip Code

CARDIGAN LAKE
LANCASTER, TX 75134

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

12/6/23

Full name of contributor

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

Robert Lumpkins

Amount of contribution (\$)

\$33.63

Contributor address:

City:

State:

Zip Code

5438 Prairie Lane
Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/4/23

Full name of contributor

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

Ty Pettiford

Amount of contribution (\$)

\$1041.44

Contributor address:

City:

State:

Zip Code

1800 Russed Trail
Midlothia, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/06/23

5 Full name of contributor

FRANK Boldoe

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

7 Amount of contribution (\$)

\$104.42

6 Contributor address:

120 E. FM Ste B
Murphy, TX 75094

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/9/23

Full name of contributor

Helen Benjamin-

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

Amount of contribution (\$)

\$500.87-

Contributor address:

1224 M. Dolebrook Pkce
DALLAS, TX 75008

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12/10/23

Full name of contributor

Aaron Rich.

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

Amount of contribution (\$)

\$50.37

Contributor address:

542 Dharma Circle
Winter Garden, FL

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

B.O.P.

Employer (See Instructions)

Date

12/12/23

Full name of contributor

Martin Brown.

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

Amount of contribution (\$)

\$200.00

Contributor address:

2943 North Camino Lagos -
Grand Prairie, TX 75054

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/23

5 Full name of contributor

Dianne Jones

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address:

201 Landry Court.
Irving, TX 75063

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/14/23

Full name of contributor

Raymond Ferrell

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

Amount of contribution (\$)

\$104.42

Contributor address:

7322 Canadian Dr
Irving, TX 75039

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/23

Full name of contributor

Corey Wilson

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

Amount of contribution (\$)

\$26.34

Contributor address:

1816 Masters Dr
Desoto, TX

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/23

Full name of contributor

Charlie Dean

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

Amount of contribution (\$)

\$52.37

Contributor address:

1957 Garrison Way
Garland, TX 75040

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andre L. Turner		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG JEFFREYS	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code N/A		
8 Principal occupation / Job title (See Instructions) Retired -		9 Employer (See Instructions)
Date 12/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Mann	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code N/A		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Litt	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code N/A		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23 8/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Levine	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Andre L. Turner** 3 Filer ID (Ethics Commission Filers)

4 Date 11/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacquelyn Leach	7 Amount of contribution (\$) \$ 52.37
6 Contributor address; City; State; Zip Code 15889 Preston Rd. #1001 Dallas, TX 75248		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 11/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Wilson	Amount of contribution (\$) \$520.87
Contributor address; City; State; Zip Code 1910 Pacific Ave. #12050 Dallas, TX 75201		

Principal occupation / Job title (See Instructions) **Attorney,** Employer (See Instructions)

Date 11/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rufus Bardwell	Amount of contribution (\$) \$104.42
Contributor address; City; State; Zip Code 402 Old York Road. Coppell, TX		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Andre L. Turner** 3 Filer ID (Ethics Commission Filers)

4 Date **1/10/24** 5 Full name of contributor out-of-state PAC (ID#: _____) **Kenneth Weatherspoon** 7 Amount of contribution (\$) **\$260.59**
 6 Contributor address: _____ City: _____ State: _____ Zip Code _____
1700 Pacific Ave Ste. 3740
Dallas, TX 75201

8 Principal occupation / Job title (See Instructions) **Attorney** 9 Employer (See Instructions)

Date **1/11/24** Full name of contributor out-of-state PAC (ID#: _____) **Ben Jalloff** Amount of contribution (\$) **\$26.34**
 Contributor address: _____ City: _____ State: _____ Zip Code _____
2700 Colorado Blvd -
Denton, TX

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **1/11/24** Full name of contributor out-of-state PAC (ID#: _____) **Joni Cooper** Amount of contribution (\$) **\$100.00**
 Contributor address: _____ City: _____ State: _____ Zip Code _____
1914 Elder Leaf Drive
Dallas, TX 75232

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **1/11/24** Full name of contributor out-of-state PAC (ID#: _____) **George Daniels** Amount of contribution (\$) **\$260.59**
 Contributor address: _____ City: _____ State: _____ Zip Code _____
225 Dancing Light
Red Oak, TX 75154

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Andre L. Turner** 3 Filer ID (Ethics Commission Filers)

4 Date 12/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN LEA	7 Amount of contribution (\$) \$520.87
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ 5745 Glen Haven Dr. Roanoke, VA 24019		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 12/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Ross	Amount of contribution (\$) \$52.37
Contributor address: _____ City: _____ State: _____ Zip Code _____ 1511 College St South, Texas Ave. #300, College Station, TX		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenore Bell	Amount of contribution (\$) \$104.42
Contributor address: _____ City: _____ State: _____ Zip Code _____ 1021 W. Bell Tower Dr. Green Valley, AZ 85614		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Retired

Date 1/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetrius THOMAS	Amount of contribution (\$) \$52.37
Contributor address: _____ City: _____ State: _____ Zip Code _____ 1531 Inspiration Dr #3080 Dallas, TX		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

12/18/23

5 Full name of contributor

Tyrone Williams

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

7 Amount of contribution (\$)

\$260.59

6 Contributor address; City; State; Zip Code

5351 Peterson Ln. #411
Dallas, TX 75240

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/18/23

Full name of contributor

Keith Wooten

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

Amount of contribution (\$)

\$104.42

Contributor address; City; State; Zip Code

104 Mountain View Dr.
Pflugerville, TX 78660

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12/18/23

Full name of contributor

Monique Ward

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

Amount of contribution (\$)

\$104.42

Contributor address; City; State; Zip Code

Twin Creek Drive
Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

12/21/23

Full name of contributor

Benton V. Eaglin

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

Amount of contribution (\$)

\$52.37

Contributor address; City; State; Zip Code

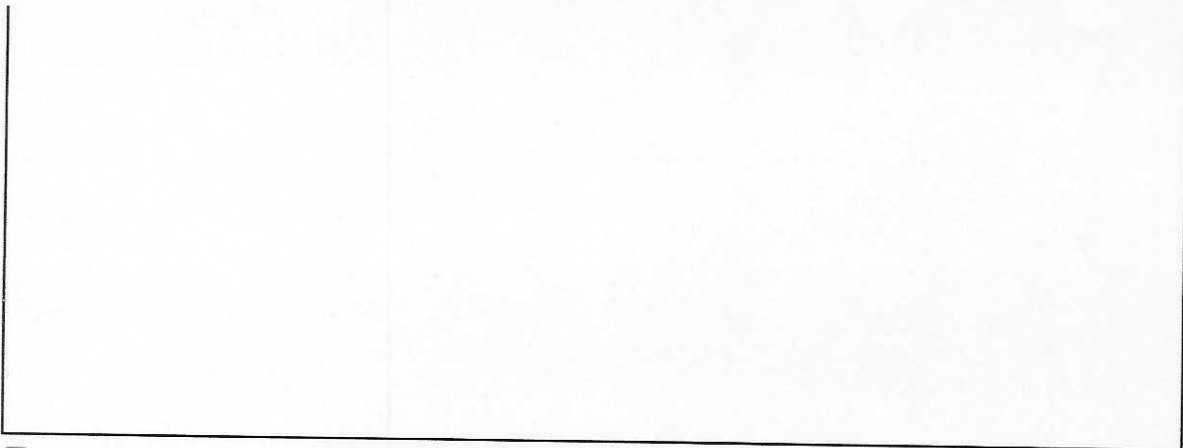
2209 Apollonia Lane
Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date 08/28/2023
5 Full name of contributor out-of-state PAC (ID#:)
FLOYD ENDSLEY
6 Contributor address; City; State; Zip Code
8402 Edgewood Dr Rowlett, TX 75089

7 Amount of contribution (\$)

\$104.60

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 8/28/23
Full name of contributor out-of-state PAC (ID#:)
TERELL MCNEAL
Contributor address; City; State; Zip Code
6431 Still Waters Court Midlothian, TX 76065

Amount of contribution (\$)

\$52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/12/2023
Full name of contributor out-of-state PAC (ID#:)
MELVIN MCCORMICK
Contributor address; City; State; Zip Code
1235 Coronado Duncanville, TX 75137

Amount of contribution (\$)

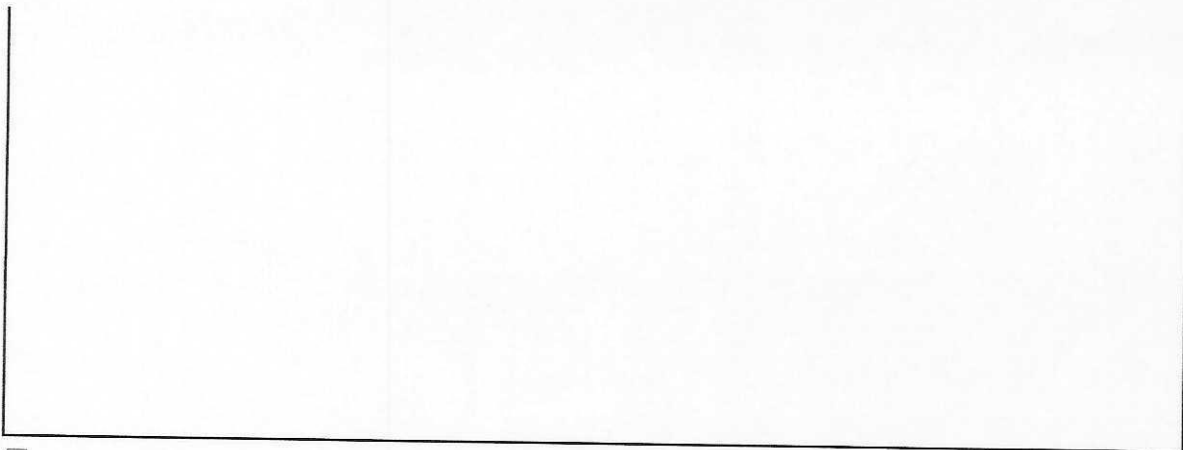
\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$)



-
-

MONETARY POLITICAL CONTRIBUTIONS **SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

08/27/2023

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

7 Amount of contribution (\$)

\$104.15

6 Contributor address; City; State; Zip Code
9916 Snake River Dr Oak Point, TX 75068

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/26/2023

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

Amount of contribution (\$)

\$27.31

Contributor address; City; State; Zip Code
1100 Elk Grove Dr Richardson, TX 75081-3110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2023

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

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code
701 E 15th St Suite 204 Plano, TX 75074

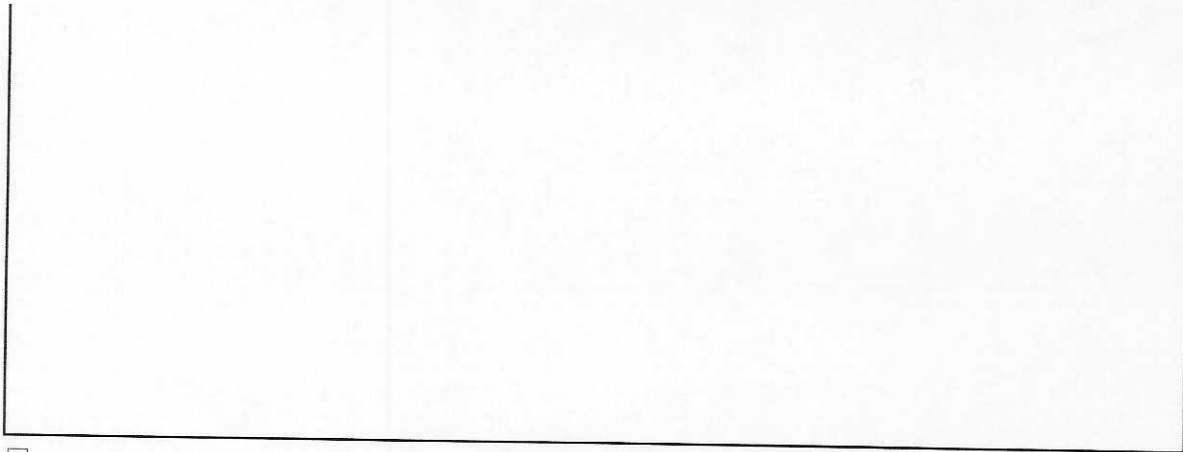
Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)



MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turm

3 Filer ID (Ethics Commission Filers)

4 Date

09/06/2023

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

LONNIE BANKS

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

12601 N Pennsylvania Ave Apt 104 Garland, TX 75040-3742

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/01/2023

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

SAMUEL L. BATES

Amount of contribution (\$)

\$65

Contributor address; City; State; Zip Code

1802 Whitehall Ln Garland, TX 75043

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)

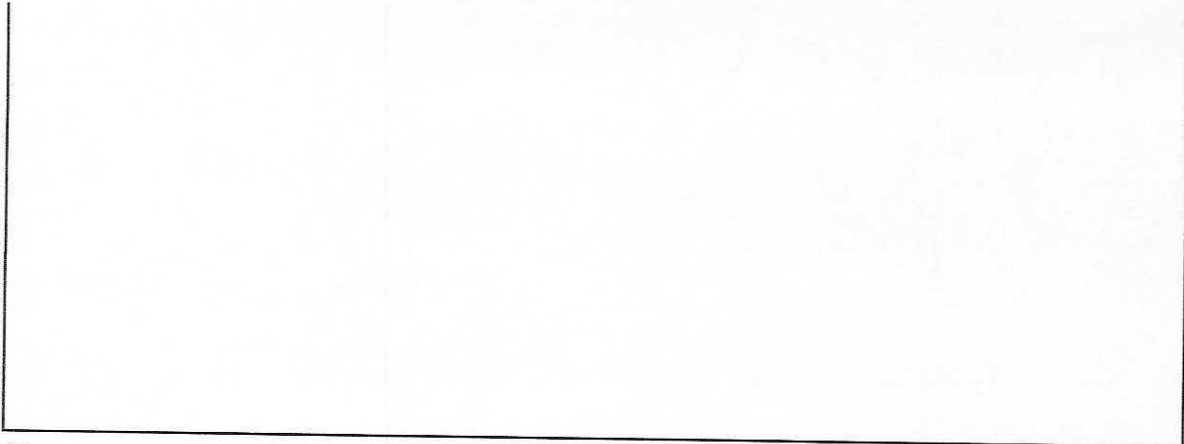
Employer (See Instructions)

Date

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

Amount of contribution (\$)

GEORGE MEDELLIN



-
-

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2023

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

7 Amount of contribution (\$)

\$520.87

6 Contributor address; City; State; Zip Code
1129 Ashington Pl DeSoto, TX 75115

8 Principal occupation / Job title (See Instructions)
Case Manager

9 Employer (See Instructions)
Rainbowplace

Date
10/5/23
~~10/7/2023~~

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

Amount of contribution (\$)

\$208.57

Contributor address; City; State; Zip Code
6337 Warwick Hills Dr Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2023

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

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code
118 Veranda Dr Madison, AL 35758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Andre L. Turner

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?
Y N

8 Lender address;

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Andre L. Turner	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/23	5 Payee name DFW Custom Imprints	
6 Amount (\$) \$2200.00	7 Payee address 3710 Rawlins-street's suite #1420 Dallas, TX 75219.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign - Yard Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 11/30/23	Payee name Fred Carter	
Amount (\$) \$350.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense -	Description D.J. For Community Meet & Greet.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 ONLY 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Andre L. Turner	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 1/13/24	5 Payee name Garland NAACP 35th Annual Parade
--------------------------	---

6 Amount (\$) \$30.00	7 Payee address; P.O. Box 460941 Garland, TX 75046
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Parade Entry Fee -
	(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
--	-------------------------------	---------------	-------------

Date 1/13/24	Payee name Mesquite NAACP - MLK Parade
------------------------	--

Amount (\$) \$45.00	Payee address; P.O. Box 852895 Mesquite, TX 75185
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Parade Entry Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 11/30/23	Payee name The Island Spot
-------------------------	--------------------------------------

Amount (\$) \$499.20	Payee address; 309 Jefferson Blvd. Dallas, TX 75208
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Exp	Description Meet & Greet Event Community Event
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Andre L. Turney	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 1/8/24	5 Payee name THE Political ARM
-------------------------	--

6 Amount (\$) \$470.89	7 Payee address: 8604 Turtle Creek Blvd. #12484 DALLAS, TX 75225
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising exp.	(b) Description Campaign Flyers - (Print card stock)
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/27/23	Payee name THE Political ARM.
-------------------------	---

Amount (\$) \$503.36	Payee address: 8604 Turtle Creek Blvd. #12484 DALLAS, TX 75225
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising exp	Description Campaign Tshirts - Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/23/23	Payee name THE Political Arm
-------------------------	--

Amount (\$) \$4730.52	Payee address: 8604 Turtle Creek Blvd #12484 DALLAS, TX 75225
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising exp -	Description *Campaign Branding web Design. /Inst CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8828.97

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 | 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.

1 Total pages Schedule F2:	2 FILER NAME <i>Andre L. Turner</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<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 ONLY 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 POLITICAL CONTRIBUTIONS

SCHEDULE F3

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:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; 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

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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.

1 Total pages Schedule F4: 2 FILER NAME *Andre L. Turner* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

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

The Instruction Guide explains how to complete this form.

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

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 <i>Andre L. Turner</i>		3 Filer ID (Ethics Commission Filers)	
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.)	
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:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

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

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

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

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Andre L. Turner

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

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:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or 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:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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