

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:

30

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Sean

H

NICKNAME

LAST

SUFFIX

Turner

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Sean

H

NICKNAME

LAST

SUFFIX

Turner

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1

29

24

THROUGH

3

25

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

4

24

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Sean Turner

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,735.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 17,511.45

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,246.96

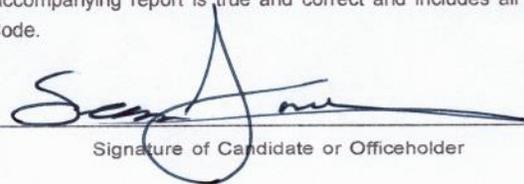
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 9,000.00

18 SIGNATURE

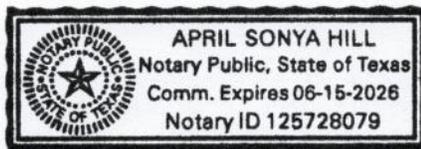
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sean Turner this the 4th day of April,

20 24, to certify which, witness my hand and seal of office.

April Sonya Hill
Signature of officer administering oath

April Sonya Hill
Printed name of officer administering oath

City Secretary/Notary
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

Sean Turner

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,035.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,700.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 9,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,356.08
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,155.37
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,155.37
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Troy Bravenboer 6 Contributor address; City; State; Zip Code Fort Worth, TX 76108	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Dawn TMS
Date 03/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Matt Albrecht Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Owner-Operator		Employer (See Instructions) Chick-Fil-A
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Yura Malamura Contributor address; City; State; Zip Code Keller, TX 76248	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) MRC USA
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Anton Van Vuren Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Meat Processor		Employer (See Instructions) Anton's African Cuisine
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: **9**

2 FILER NAME

Sean Turner

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/2024

5 Full name of contributor

Rusty Long

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

North Richland Hills, TX 76182

8 Principal occupation / Job title (See Instructions)

Independent Contractor

9 Employer (See Instructions)

Q Clothier

Date

03/22/2024

Full name of contributor

Rob Turner

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Eules, TX 76039

Principal occupation / Job title (See Instructions)

Node Manager

Employer (See Instructions)

USAN Solutions

Date

03/06/2024

Full name of contributor

Levi Mahan

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Justin, TX 76247

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Verde Outdoor Solutions

Date

03/05/2024

Full name of contributor

Nicole Van Vuuren

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Roanoke, TX 76262

Principal occupation / Job title (See Instructions)

Fulfillment

Employer (See Instructions)

Anton's African Cuisine

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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2024	5 Full name of contributor out-of-state PAC (ID#: _____) David Vega 6 Contributor address; City; State; Zip Code Eules, TX 76040	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Managing Consulting Engineer		9 Employer (See Instructions) CDW
Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Terata Kanu Contributor address; City; State; Zip Code Haslet, TX 76052	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Superior Urgent Care
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Alice Zavala Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Tyler Wall Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Commercial Specialist		Employer (See Instructions) EECU

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		
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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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Joshua Yale 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) My Grill Guy, Corp.
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Matt Albrecht Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Owner-Operator		Employer (See Instructions) Chick-Fil-A
Date 03/11/2024	Full name of contributor out-of-state PAC (ID#: _____) DeAnne Bradford Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Matt Davidson Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Davidson Law Group
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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Cody Franklin 6 Contributor address; City; State; Zip Code Tavares, FL 32778	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Agent Success Manager		9 Employer (See Instructions) Buffer Insurance
Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Jason McGee Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Taylor Turner Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Buffer Insurance
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Alessandro Alu Contributor address; City; State; Zip Code Keller, TX 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Broker-Owner		Employer (See Instructions) 5 Star Property Management
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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Branson Bollinger 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Bollinger Investment Group
Date 03/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Tanner Little Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Insurance Advisor		Employer (See Instructions) Buffer Insurance
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Morgan Padgett Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Simply The Best Bookkeeping
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Joshua Satterlee Contributor address; City; State; Zip Code Apopka, FL 32703	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Field Technician		Employer (See Instructions) EWMI
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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Simmons 6 Contributor address; City; State; Zip Code Dallas, TX 75207	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) DeadSoxy
Date 03/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Kim Turner Contributor address; City; State; Zip Code Eules, TX 76040	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) American Airlines
Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Kim Turner Contributor address; City; State; Zip Code Eules, TX 76040	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) American Airlines
Date 02/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Tyson Chambers Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Insurance Advisor		Employer (See Instructions) Buffer Insurance

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: 9
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Tyson Chambers 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Insurance Advisor		9 Employer (See Instructions) Buffer Insurance
Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Kelvin Waggoner Contributor address; City; State; Zip Code Tulsa, OK 74132	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Aflac
Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Camille Smith Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Buffer Insurance
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Ryan Turner Contributor address; City; State; Zip Code Apopka, FL 32703	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Lawn Care		Employer (See Instructions) Turner Lawn Care

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 Sean Turner		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jared Hilton 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Sales Manager		9 Employer (See Instructions) Wurth Louis and Company
Date 02/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Taylor Turner Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Buffer Insurance
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Sam Ervin Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Pickleball Instructor		Employer (See Instructions) Lifetime Fitness
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 03/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis Allen 7 Contributor address; City: State: Zip Code Colleyville, TX 76034	8 Amount of Contribution \$ 4,200.00	9 In-kind contribution description Venue for Campaign Kickoff Event <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Event Coordinator		11 Employer (FOR NON-JUDICIAL) (See Instructions) Oak Street Cottage	
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 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Richardson Contributor address; City: State: Zip Code Keller, TX 76248	Amount of Contribution \$ 500.00	In-kind contribution description Coffee for Roanoke Eggapalooza Booth <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Proprietor		Employer (FOR NON-JUDICIAL) (See Instructions) Summer Moon Coffee	
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)			
<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>			

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
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 2/1/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Sean Turner	9 Loan Amount (\$) \$500
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Southlake, TX 76092	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) Buffer Insurance
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 2/22/24	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Sean Turner	Loan Amount (\$) \$5,000
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code Southlake, TX 76092	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Buffer Insurance
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
2 FILER NAME Sean Turner		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 3/6/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Sean Turner	9 Loan Amount (\$) \$3,500
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Southlake, TX 76092	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) Buffer Insurance
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> 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 not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2024	5 Payee name Chicken Salad Chick	
6 Amount (\$) 184.02	7 Payee address; City; State; Zip Code 2101 E. Southlake Blvd., Ste. 180, Southlake, TX 76092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Appetizers for Campaign Kickoff Event
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Instacart (Aldi)	
Amount (\$) 130.00	Payee address; City; State; Zip Code 50 Beale St., San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Appetizers/Dessert for Campaign Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Instacart (Aldi)	
Amount (\$) 18.49	Payee address; City; State; Zip Code 50 Beale St., San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Appetizers/Dessert for Campaign Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
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4 Date 03/18/2024	5 Payee name Instacart (Costco)
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6 Amount (\$) 450.56	7 Payee address; 50 Beale St., San Francisco, CA 94107	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Charcuterie/Dessert Items for Campaign Kickoff Event
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/11/2024	Payee name Amazon
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Amount (\$) 278.48	Payee address; 325 9th Ave. N., Seattle, WA 98109	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Serving items, napkins, etc. for Campaign Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/18/2024	Payee name Amazon
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Amount (\$) 7.57	Payee address; 325 9th Ave. N., Seattle, WA 98109	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Additional serving items for Campaign Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
4 Date 02/29/2024	5 Payee name Printed Threads	
6 Amount (\$) 811.70	7 Payee address; City; State; Zip Code 210 S. Fwy., Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Campaign Apparel	(b) Description Adult size t-shirts for campaign supporters
	(c) Check if travel outside of Texas. Complete Schedule T. 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 02/29/2024	Payee name Printed Threads	
Amount (\$) 313.66	Payee address; City; State; Zip Code 210 S. Fwy., Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Campaign Apparel	Description Kids size t-shirts for campaign supporters
	Check if travel outside of Texas. Complete Schedule T. 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 02/23/2024	Payee name Printed Threads	
Amount (\$) 1,372.62	Payee address; City; State; Zip Code 210 S. Fwy., Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Campaign Apparel	Description Campaign hats for supporters (adult + kid sizes)
	Check if travel outside of Texas. Complete Schedule T. 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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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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2024	5 Payee name StickerMule	
6 Amount (\$) 195.48	7 Payee address; City; State; Zip Code 411 Lafayette St. 6th Floor, New York, NY 10013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign stickers for coffee cups provided @ Roanoke Eggpalooza
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/28/2024	Payee name Rolling Sands	
Amount (\$) 822.70	Payee address; City; State; Zip Code 295 N. Dr., Ste. G, Melbourne, FL 32934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Marketing	Description Coffee cups to give away @ Roanoke Eggpalooza
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 03/08/2024	Payee name Costco Wholesale	
Amount (\$) 140.70	Payee address; City; State; Zip Code 999 Lake Dr., Issaquah, WA 98027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Floral for Campaign Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
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4 Date 03/19/2024	5 Payee name Total Wine
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6 Amount (\$) 710.37	7 Payee address; 2501 Rio Grande Blvd., Euless, TX 76039	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Beverages for Campaign Kickoff Event
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/08/2024	Payee name Total Wine
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Amount (\$) 81.77	Payee address; 2501 Rio Grande Blvd., Euless, TX 76039	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Beverages for Campaign Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/2024	Payee name Fort Foundry
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Amount (\$) 60.00	Payee address; 160 Tracy St., Ste. 10, Athens, GA 30601	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Marketing	Description Purchase of font/graphic for campaign marketing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
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4 Date 02/16/2024	5 Payee name Banner Buzz
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6 Amount (\$) 246.49	7 Payee address; City; State; Zip Code 415 Horizon Dr., Ste. 350, Suwanee, GA 30024
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign flags
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/06/2024	Payee name Oriental Trading
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Amount (\$) 107.89	Payee address; City; State; Zip Code 5455 S. 90th St., Omaha, NE 68127
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Marketing	Description Eggs for families who visit campaign booth @ Roanoke Eggpalooza
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/12/2024	Payee name City of Roanoke
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Amount (\$) 103.25	Payee address; City; State; Zip Code 500 S. Oak St., Roanoke, TX 76262
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Roanoke Eggpalooza event + food permit charge
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2024	5 Payee name Ardent Campaign Solutions	
6 Amount (\$) 6,961.59	7 Payee address; City; State; Zip Code 17350 St. Hwy. 249, Ste. 220 #21792, Houston, TX 77064	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Yard signs, 4x4's, campaign marketing, website creation, etc.
	(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 02/14/2024	Payee name Wix.com	
Amount (\$) 246.81	Payee address; City; State; Zip Code 1691 Michigan Ave., Miami Beach, FL 33139	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Marketing	Description Campaign Website Platform
	<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 03/19/2024	Payee name Amazon	
Amount (\$) 28.93	Payee address; City; State; Zip Code 325 9th Ave. N., Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Condiments for Campaign Kickoff 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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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: 8	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Payee name Instacart (Sprouts)	
6 Amount (\$) 83.00	7 Payee address; City; State; Zip Code 50 Beale St., San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Charcuterie/Desserts for Campaign Kickoff Event
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <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	
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 <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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 6	2 FILER NAME Sean Turner	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 3,464.00	(b) Date Expenditure Charged 2/27/24	(c) Date(s) Credit Card Issuer Paid 3/5/24
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7 PAYEE	(a) Payee name Kingdom Influence	(b) Payee address; City, State, Zip Code 9016 Foxwood Dr., Fort Worth, TX 76244
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Promo/Social Media
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 10.00	(b) Date Expenditure Charged 3/9/24	(c) Date(s) Credit Card Issuer Paid 3/21/24
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PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 10.00	(b) Date Expenditure Charged 3/9/24	(c) Date(s) Credit Card Issuer Paid 3/21/24
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PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 6	2 FILER NAME Sean Turner	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 10.00	(b) Date Expenditure Charged 3/9/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
7 PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 10.00	(b) Date Expenditure Charged 3/9/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
PAYMENT	(a) Amount Charged \$ 15.00	(b) Date Expenditure Charged 3/9/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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

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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)

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|--|-------------------------------|--------------------------------|--|
| 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: 6	2 FILER NAME Sean Turner	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 15.00	(b) Date Expenditure Charged 3/9/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
7 PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(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
PAYMENT	(a) Amount Charged \$ 25.00	(b) Date Expenditure Charged 3/11/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(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
PAYMENT	(a) Amount Charged \$ 26.73	(b) Date Expenditure Charged 3/11/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 6	2 FILER NAME Sean Turner	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 35.00	(b) Date Expenditure Charged 3/11/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
7 PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 50.00	(b) Date Expenditure Charged 3/11/24
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(c) 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
PAYMENT	(a) Amount Charged \$ 75.00	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid 3/21/24	
PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
	(c) 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

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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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 6	2 FILER NAME Sean Turner	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 125.00	(b) Date Expenditure Charged 3/12/24	(c) Date(s) Credit Card Issuer Paid 3/21/24
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7 PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 175.00	(b) Date Expenditure Charged 3/13/24	(c) Date(s) Credit Card Issuer Paid 3/21/24
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PAYEE	(a) Payee name Facebook	(b) Payee address; City, State, Zip Code 1 Hacker Way, Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Description Campaign Social Media
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
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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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 6	2 FILER NAME Sean Turner	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution Visa	
6 PAYMENT	(a) Amount Charged \$ 34.64	(b) Date Expenditure Charged 2/6/24
7 PAYEE	(a) Payee name Spaceship Domains	(c) Date(s) Credit Card Issuer Paid 2/21/24
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Marketing	(b) Payee address; City, State, Zip Code 4600 E. Washington St., Ste. 305, Phoenix, AZ
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Campaign Website Domain	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 75.00	(b) Date Expenditure Charged 2/7/24
PAYEE	(a) Payee name Eventbrite	(c) Date(s) Credit Card Issuer Paid 2/21/24
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Payee address; City, State, Zip Code 95 Third St., 2nd Fl., San Francisco, CA 94103
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Payee address; City, State, Zip Code
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	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: 1	2 FILER NAME Sean Turner	3 Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Payee name American Express	
6 Amount (\$) 3,464.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3151 W. Behrend Dr., Phoenix, AZ 85027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card payment	(b) Description Campaign promo/social media videos
	(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 3/21/24	Payee name American Express	
Amount (\$) 581.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3151 W. Behrend Dr., Phoenix, AZ 85027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description Campaign Facebook marketing expenses
	<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 2/21/24	Payee name Visa	
Amount (\$) 109.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 900 Metro Center Blvd., Foster City, CA 94404	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	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