

# 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: **7**

**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  
Roanoke, TX 76262  
(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  
4 / 25 / 24 THROUGH 6 / 30 / 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC Additional Pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
JUL 15 2024  
*[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #    Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Sean Turner		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 750.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 4,664.60
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,183.98
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>Sean Turner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/30/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jerry Gilbert</b> ..... 6 Contributor address; City; State; Zip Code <b>Roanoke, TX 76262</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Corp. Officer</b>		9 Employer (See Instructions) <b>SIS Trencher Parts</b>
Date <b>05/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Maureen Joza</b> ..... Contributor address; City; State; Zip Code <b>Roselle, IL 60172</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>American Airlines</b>
Date <b>05/06/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Taylor Turner</b> ..... Contributor address; City; State; Zip Code <b>Eules, TX 76040</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Insurance Advisor</b>		Employer (See Instructions) <b>Buffer Insurance</b>
Date <b>05/04/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nate Schatzline</b> ..... Contributor address; City; State; Zip Code <b>Fort Worth, TX 76111</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Mercy Culture Church</b>

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: <b>1</b>
2 FILER NAME <b>Sean Turner</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>23,544.65</b>
5 Date of loan <b>04/29/2024</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Sean Turner</b>	9 Loan Amount (\$) <b>4,664.60</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>Roanoke, TX 76262</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>CEO</b>		13 Employer (See Instructions) <b>Buffer Insurance</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  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)

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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.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>Sean Turner</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/30/2024</b>	<b>5</b> Payee name <b>Ardent Campaign Solutions</b>	
<b>6</b> Amount (\$) <b>5,000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>17350 St. Hwy. 249, Ste. 220 #21792, Houston, TX 77064</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <b>Services + Signs</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> 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 <b>05/06/2024</b>	Payee name <b>Twilio Sendgrid</b>	
Amount (\$) <b>15.99</b>	Payee address; City; State; Zip Code <b>1801 California St., Ste. 500, Boulder, CO 80202</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other - Marketing</b>	Description <b>Campaign Marketing</b>
	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 <b>05/14/2024</b>	Payee name <b>Mary Lansford</b>	
Amount (\$) <b>72.00</b>	Payee address; City; State; Zip Code <b>318 Branson Road, Roanoke, TX 76262</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Wages</b>	Description <b>Services</b>
	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.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>Sean Turner</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>05/14/2024</b>	<b>5</b> Payee name <b>Stephanie Rogers</b>
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<b>6</b> Amount (\$) <b>80.00</b>	<b>7</b> Payee address; <b>993 Bentley Dr., Roanoke, TX 76262</b>	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Wages</b>	<b>(b)</b> Description <b>Services</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/06/2024</b>	Payee name <b>Twilio Sendgrid</b>
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Amount (\$) <b>15.99</b>	Payee address; <b>1801 California St., Ste. 500, Boulder, CO 80202</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other - Marketing</b>	Description <b>Campaign Marketing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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