CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1

The C/OH Instruction G	sulde explains how to complete this form,	1 Filer ID (Ethics Commission Filers) 80067606	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Laurie	MI WAR TO	OFFICE USE ONLY
NAME	NICKNAME Turner	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	CC, TX	CITY: STATE; ZIP CODE	SEP 3 0 2020 RISK MANAGEMENT
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 563-2263	_FXTFN8(DN	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr first Mys. Anne	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Bauman	The edge as in	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S		TR412
		100	10 H 150 H 10 N N N N N N N N N N N N N N N N N N
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (34) 754-3183		
	and the second	GEARLY TEXASON	1 3.5 A
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Oay Year 7 /16 /2020	THROUGH 107	Day Year 5 / Эоэо
11 ELECTION	Month Day Year Primary 11 / 63 / 3030 General	ELECTION TYPE Runoff Other Description Special	1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (17 known) Del Mar Bo Distric	pard of Regent
mention of son	я 80 то	PAGE 2	001 200 C 30 1 200

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT

COVER SHEET PG 2

14 C/OH NAME Laurie Turner 15 Filer ID (Ethics Commission Filers) 00067606				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IRES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
MAN DOLLEGE	GENERAL SPECIFIC	COMMITTEE ADDRESS		
THE STATE OF THE PARTY OF THE P	2163			
See A Section	23.63	COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	-			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
į	4. TOTAL	POLITICAL EXPENDITURES	\$ 148.00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ ©	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$ O	
18 AFFIDAVIT	-1-1			
	MARIA PILAR PUENTE Notary ID #131339210 My Commission Expires November 8, 2021	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder	
866				
AFFIX NOTARY STAN	AP/SEALABOVE			
Sworn to and subso	7) .~	by the said LAVRIE TURNER to certify which, witness my hand and seal of office.	, this the <u>SEPTEMBER</u>	
Mana P. R	Sentl	Maria P. Prente	NOTARY	
Signature of officer	administering oath	Printed name of officer administering cath	Title of officer administering oath	

SUBTOTALS - C/OH **COVER SHEET PG 3**

19 FILER NAME	00.00-10	In the second se
1		(Ethics Commission Filers)
21 SCHEDULE SUE NAME OF SCHE	BTOTALS	SUBTOTAL AMOUNT
1. SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS	* 1/12 \$ E
2. SCHE	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	as anoa \$
3. SCHE	EDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHE	EDULE E: LOANS	\$ 0
5. SCHE	EDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$ 0
6. SCHE	EDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHE	EDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTI	ions \$
8. SCHE	EDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. X SCHE	DULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 148.00
10. SCHE	DULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (
11. SCHE	DULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	is \$ D
12. SCHE	DULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	RNED \$ 6
12. SCHE	TO FILER	6
	TO FILER	
	TO FILER	
	TO FILER	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME -aurie Turner 00067606 7 Amount of contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#:___ D City; State; Zip Code 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) ontributor address; City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (#D#:___ Date Amount of contribution (\$) State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ State; Zip Code Contributor address: City: Employer (See Instructions) Principal occupation / Job title (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 SCHEDULE A2

The instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME Laure Turner	3 Filer ID (Ethics Commission Filers) DO DO TUD G
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	витион \$\$ 7619.00
w TX-	Zip Code 8 Amount of Signs 2 In-kind contribution description \$ 990,000 Lawpaign \$1505 Check if travel outside of Texas. Complete Schedule T.
10 Principal accupation / Job title (FOR NON-JUDICIAL) (See Instructions) Wortgage Banker	11 Employer (FOR NON-JUDICIAL) (See Instructions) HMG Mortauge
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)	
9/24 Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ tn-kind contribution description Zip Code Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED

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

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laurie Turner 00067606 4 TOTAL OF UNITEMIZED PLEDGES 9 In-kind contribution 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ Amount of Pledge \$ description 7 Pledgor address; State; Zip Code City; Check if travel outside of Texas, Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#: Pledge \$ description City: State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor Out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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		71K /-			
	The	instruction Guide explains t	ow to compl	ete this for	m.	1 Total pages Schedule E:
	FILER NAME Lauri	ie Turner	W n I		# 7 ₁	3 Filer ID (Ethics Commission Filers
	TOTAL OF UN	NITEMIZED LOANS			H- 78	\$ 0
	Date of loan	7 Name of lender	out-of-etate i	PAC (ID#:		8 Loan Amount (\$)
	is lender a financial Institution?	8 Lender address;	City;		State; Zip Code	10 Interest rate
	Y N	- + - 10+				11 Maturity date
2	Principal occupati	on / Job title (See Instructions)		13 Emplo	yer (See Instructions)	e - 1 - 1 - 2 - 1
	Description of Coli	steral	12	15	Check if personal fundaccount (See Instruct	ds were deposited into political
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
		18 Guarantor address;	City;	*****	State; Zip Code	
	Principal Occupat	tion (See Instructions)	1,1	21 Emplo	/er (See Instructions)	
=	Date of loan	Name of lender	out-of-state	PAC (ID#:	1	Loan Amount (\$)
-	is lender a financial	Lender address;	City;		State; Zip Code	Interest rate
	Institution?	#" _{\$1} 1425			E 81 SW = 1930M	Maturity date
	Principal occupation	on / Job title (See Instructions)		Emplo	/er (See Instructions)	0= = 94 ° =
	Description of Coll	steral			Check if personal fund account (See Instruct	ds were deposited into political ions)
_	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
		Guarantor address;	City;		State: Zip Code	N with the
	not applicable	on (See Instructions)		Employ	ver (See Instructions)	12001/2017
	pai Occupati	on (see matricions)	······································	Entiplo	e. (ose manucions)	
	if le	ATTACH ADDIT			S SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidas/Officialods/Political Committee

Event Expense Feet Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagea/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (action partners)

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a catagory not using above)
1 Total pages Schedule F1:	2 FILER NAME Laurie Turnor	131 85	3 Filer ID (Ethics Commission Filers)
4 Dr~	5 Payee name		// N =1 9
B Amount (\$)	7 Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- I = 5 H
=80	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	ШО	LM V
Amount (\$)	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Chack if travel outside of Texas. Complete Schedula T.	Check if Austi	in, 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
v			et; # ac
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 Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED Research

UNPAID INCURRED OBLIGATIONS

STMENTER OF INTERPRET SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Feet Food/Beverage Expense Food/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The instruction Guide explains how to complete this form.	res carate incompania — 71 Maj
1 Total pages Schedule F2:	2 FILERNAME LAURICE TURNER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$ 0
5 Date	6 Payee name	1
7 Amount (\$)	8 Payes address; City:	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF Expenditure		
	(C) Check if travel outside of Texas, Complete Schedule T, Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	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	No.
	Check if travel outside of Texas. Complete Schedule T. Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL CODICS OF THE COLUMN TO A	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILERNAME	je Turner	3 Filer ID (Ethics Commission Filers)
	Laur	re lurker	800 676060
4	Date	5 Name of person from whom investment is purchased	- x x x
		6 Address of person from whom investment is purchased; Cit	y; 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	y; State; Zip Code
		Description of investment	
		Amount of investment (\$)	
_			
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

D SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Rehmbursement Office Overhead/Rentel Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expens
Travel in District
Travel Out Of District
Other (enter a category not listed above)

	The instruction Guide explains how to complete	this form.
1 Total pages Scheduls F4:	2 FILERNAME TURNEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT	CARD \$ O
5 Date approx	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	Detroite N
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription = 11 Mag
	(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 sou	
Date	rayee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	Be-11000747 F-30
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	escription
	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 sou	ight Office held
acadaedl	(SPanov Sept.) — — policing	Sant II 762 ga II
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidat-Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Seleries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule G:	Lawre Turner	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2020	5 Payor name Schoot Republic Wima Cor	pus chuisti
Amount (\$) / 8 . 65 Relimbursement from political contributions intended	Z Rayes address:	pus Christim 78411
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) D Food Beverage	Description Meet the Candedats Luncheon
	(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		e sought Office held
9 24/2020	Costal Media	5.110 3 39.
Amount (\$) 130-00 Relmbursement from political contributions intended	Corpus Ca	City: State: Zip Code Aristi, TX 78403
PURPOSE OF EXPENDITURE	Printing Solicitation	enaor booth handouts
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		e sought Office held
Date	Payee name	E5/U
Amount (\$) 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
	Check if travel outside of Texas, Complete Schodule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED == == == == == == == == == == == == ==

PAYMENT MADE FROM POLITICAL FIRST PAYMENT PA CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) 101 101

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

Loan Repsyment/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 fisted above)

The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: FILER NAME urner aurie 4 Date 6 Amount (\$) 7 Business address: City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **OF** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date **Business name** Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	Laurie Turner	}	3 Filer ID (Ethics C		
4 Date	5 Payee name	-0 6°	a 178		
5 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type o	f information	
Date	Payee name	3,000	77 MI	ME TO THE	
Amount (\$)	Payee address; mgm at the	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type (of information	
Date	Payee name	11 = 9			
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type	of information	
Date	Payee name			i	
Amount (\$)	Payee address:	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type	of Information	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME Lau	rie Turner	3 Filer ID (Ethic	S Commission Filers)
4 Date	5 Name of person from whom amount is received	1890/11890/2 33 To	8 Amount (\$)
II - IC ∗a#	6 Address of person from whom amount is received; City; Sta	ate; Zip Code	
	7 Purpose for which amount is received	political contribution	returned to filer
			TV X
Date	Name of person from whom amount is received	09 Ö I	Amount (\$)
	Address of person from whom amount is received; City; Si	ale, Zip Code	
-	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received	nos iš ii	Amount (\$)
		ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	
Date	Name of person from whom amount is received	-,,-	Amount (\$)
W. 70	Address of person from whom amount is received; City; St	ate; Zip Code	
		0 11 11 22 3	
	Purpose for which amount is received Check if	political contribution	returned to filer
- EE,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS NEEDED	

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:		
2 FILER NAME Laurie J Turner		3 Filer ID (Ethics Commission Filers) りひひにてほかん		
4 Name of Contributor / Corporation or Labor Organization / Piedgor / Payes				
5 Contribution / Expenditure reported on:				
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 Destinat	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				
	edule 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				
Destina	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 Sched		Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling				
Departi	Departure city or name of departure location			
B4	Destination city or name of destination location			
Destina				
Means of transportation Purpose of travel (including name of conference, s		eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				