

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE Beaumont GENERAL ELECTION BALLOT
 TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Councilman at large</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
--	---

FULL NAME (First, Middle, Last) <u>Albert Lee Turner</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Albert "A.J." Turner</u>
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PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>9720 Mississippi</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)
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CITY <u>Beaumont</u>	STATE <u>Tx</u>	ZIP <u>77707</u>	CITY <u>Beaumont</u>	STATE <u>Tx</u>	ZIP <u>77707</u>
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PUBLIC EMAIL ADDRESS (If available) <u>ASTurner Campaign@gmail.com</u>	OCCUPATION (Do not leave blank)	DATE OF BIRTH <u>09/12/86</u>	VOTER REGISTRATION VOID NUMBER (Optional) ²
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: <u>(409) 993-5690</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>34</u> year(s) ____ month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>34</u> year(s) ____ month(s)

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) Albert Lee Turner Jr, who being by me here and now duly sworn, upon oath says:

"I, (name) Albert Lee Turner Jr of Beaumont County, Texas, being a candidate for the office of Beaumont City Council At Large, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X Albert SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 4:19 p.m. this the 14th day of January

Tina Gail Broussard Notary
 Signature of Officer Administering Oath⁴ Title of Officer Administering Oath

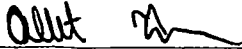
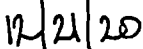


TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)
1.14.21 Date Received
Tina Broussard Signature of Secretary

Voter Registration Status Verified

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt#		Amount\$	
5 OFFICE HELD (if any)	None					Date Hand-delivered or Postmarked	
6 OFFICE SOUGHT (if known)	City Council At Large					Date Processed	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	Date Imaged	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
	 Signature of Candidate			 Date Signed			

CITY CLERK'S OFFICE
CITY OF BEAUMONT
2020 DEC 21 PM 12:52

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

2021 JAN 14 PM 4: 24
 CITY CLERK'S OFFICE
 CITY OF BEAUMONT

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr.

Albert

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

A.J.

Turner

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(409)

893-5690

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9720 Mississippi

Beaumont, Tx

77707

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr.

Richard

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Rosario

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

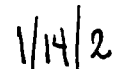
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

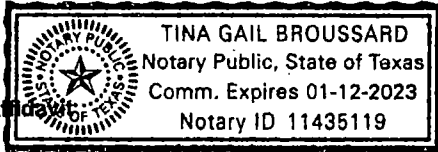
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1037
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,360
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,345.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,014.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Aut [Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Albert L. Turner, Jr. this the 1st day of April 2021, to certify which, witness my hand and seal of office.
Tina Gail Broussard Tina Gail Broussard Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,710
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 650
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,345.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,000
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 <i>Albert "AJ" Turner, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>See Attached</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

Checks

Date	Address	Amount
1/14/21	CMP3 Enterprise LLC 17435 Tallamar Drive Beaumont, Texas 77713	\$2,000
1/15/21	Bailey Reyes , LLC 470 Orleans Street Beaumont, Texas 77701	\$250
1/19/21	Paul A. Brown 4370 Cartwright Street Beaumont, Texas 77707	\$175
1/21/21	Mohommad S. Javed Farhat Javed 2290 Avalon Street Beaumont, Texas 77707	\$700
1/25/21	Pawan Kumar 1590 IH 10 South Beaumont, Texas 77707	\$300
2/2/21	Family Construction LLC 3196 Washington Blvd Beaumont, Texas 77705	\$250
2/10/21	Arthur Lewis 1785 Rafes Way Beaumont, Texas 77706	\$100
2/12/21	MDC Walker LLC 6410 Delaware Beaumont, Texas 77706	\$500
2/13/21	Bobbie J. Patterson 4865 Cornell Drive Beaumont, Texas 77705	\$49

2/21/21	Carolyn Evans 330 W. Avenue L Silsbee, Texas 77656	\$100
2/24/21	Lorenzo Castille 6306 Roos Houston, Texas 77074	\$100
2/25/21	Toni J Prados 1090 Avenue H Beaumont, Texas 77701	\$500
2/25/21	Penas Tax Service LLC (Warren Pena) 3308 Medical Trangle Street Port Arthur, Texas 77642	\$500
2/25/21	Joe Muhammed Aref (DBA Joe's Shopping Plaza) 2610 California Street Nederland, Texas 77627	\$1,500
2/26/21	Mannings Office Solution 1510 N. 7 th Street Beaumont, Texas 77703	\$200
2/26/21	Earnest L. Doyle 3685 Augusta Drive Beaumont, Texas 77707	\$50
2/27/21	Thomas Noyola 971 Sun Meadow Drive Beaumont, Texas 77706	\$30
2/27/21	Albert Turner S.R. 4585 Jancar Drive Beaumont, Texas 77708	\$40

3/8/21	SAAD Tahir Javed Haiqa Aamir 2295 Avalon Street Beaumont, Texas 77707	\$1,500
3/8/21	Muhammad Z Bashir Atiqa Zahid 7335 Brazos Avenue Port Arthur, Texas 77642	\$500
3/8/21	Seven Major Operation LLC 1780 N. Major Drive Beaumont, Texas 77713	\$1,000
3/8/21	Mary Ann Turner 127 S. Hook Street Lake Dallas, Texas	\$200
3/11/21	The Byrd Law Firm, PC 448 Orleans Beaumont, Texas 77701	\$500
3/17/21	Fred R. Vernon 4645 Jimmy Johnson Blvd Port Arthur, Texas 77642	\$2,500
3/23/21	The Bailey Law Firm 470 Orleans Street Ste 950 Beaumont, Texas 77701	\$500

PayPal

1/6/21 Levy Barnes \$25

3741 Avalon Avenue Port Arthur, Texas 77642

1/7/21 Issac Mouton \$200

7885 Shire Lane Beaumont, Texas 77706

1/7/21 Devin Dart \$50

9670 Mississippi Street Beaumont, Texas 77707

1/8/21 Terell Dominique \$150

108 Oak Lane Ovilla, Texas 75154

1/9/21 Issac Mouton \$200

7885 Shire Lane Beaumont, Texas 77706

1/9/21 Tyrone Cormier \$100

5735 Crestland Loop Beaumont, Texas 77705

3/29/21 Issac Mouton \$300

7885 Shire Lane Beaumont, Texas 77706

Cash App

1/5/21	Jeanie Melton	\$100
	11231 Hatteras Drive Knoxville, Tennessee 37934	
1/7/21	Mary Simon	\$100
	PO Box 5248 Beaumont, Texas 77726	
1/7/21	Candis Hamilton	\$200
	8131 Southwestern BLVD 103 Dallas, Texas 75206	
1/31/21	Jeremy Williams	\$200
	20311 Bristol Bluff Ln. Richmond, Texas 77407	
2/6/21	Ashley Williams	\$100
	4062 Rothwell Beaumont, Texas 77705	
2/6/21	Charles Adams	\$100
	4330 Cartwright Beaumont, Texas 77707	
2/26/21	Alphonse Domeaux	\$200
	PO Box 6712 Beaumont, Texas 77725	
2/27/21	Brittanie Holmes	\$300
	2045 88 th Circle Beaumont, Texas 77707	
3/24/21	Damion Henson	\$500
	7925 Windcastle Street Beaumont, Texas 77713	
4/1/21	Jeanie Melton	\$100
	11231 Hatteras Drive Knoxville, Tennessee 37934	

4/1/21 Charity Martin

\$100

5475 Ada Street Beaumont, Texas 77708

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: <u>3 1</u>	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>650</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nikki Relford</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>6640 Eastex Fwy Beaumont, Tx 77708</u>	<u>500</u>	<u>Shirts</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Katya Dreine</u>	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code <u>6645 Kipling Dr Beaumont, Tx 77706</u>	<u>150</u>	<u>Shirts</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)			
<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>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(See Attached)	
	(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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

<u>Date Food</u>	<u>696.16</u>		
1/16/2021 Stir It Up Bistro	259.80 Food	<u>Expense Total</u>	<u>\$ 12,345.75</u>
1/22/2021 Raos	35.61 Food		
2/9/2021 Sertinos	4.21 Food		
2/14/2021 Market Basket	43.28 Food		
2/28/2021 Donuts	29.77 Food		
3/7/2021 La Cantina	101.15 Food		
3/16/2021 Family Dollar	45.19 Food		
3/23/2021 Pappadeaux	177.15 Food		
<u>Ads</u>	<u>7482.84</u>		
1/31/2021 Academy	108.24 Sign Supplies		
2/14/2021 Stillwater Visuals	244.00 Advertising		
2/23/2021 Southerlands	77.54 Advertising		
3/21/2021 Home Depot	244.63 Sign Supplies		
3/31/2021 Build a Head	10.99 Advertising		
3/31/2021 Ace Consulting	30.00 Consulting		
3/31/2021 Build a Head	10.99 Advertising		
3/19/2021 Home Depot	72.49 Sign Supplies		
3/31/2021 Home Depot	13.98 Sign Supplies		
3/28/2021 Home Depot	78.98 Sign Supplies		
3/29/2021 Stillwater Visuals	212.00 Advertising		
3/2/2021 Tracer	4398.00 Signs		
1/24/2021 CashApp Charnele	250.00 Marketing		
1/24/2021 CashApp Rodman	100.00 Website Design		
1/28/2021 CashApp Mike	445.00 Door Hangers/PushCards Posters		
1/30/2021 CashApp Shisha	40.00 Social Media		
1/31/2021 CashApp Mike	125.00 Flyers		
2/8/2021 CashApp Jacoby	320.00 Graphic Designs		
2/11/2021 CashApp CA	80.00 Social Media		
2/22/2021 CashApp Rodman	120.00 Graphic Designs		
2/16/2021 CashApp Ysuaia	100.00 Social Media		
2/28/2021 CashApp Rhonda	25.00 Social Media		
3/31/2021 CashApp	376.00 Flyers		
<u>Consulting</u>	<u>442.04</u>		
1/24/2021 SQ Andre	22.00 Image Consulting		
2/22/2021 CahApp Roderick	10.00 Image Consultant		
2/21/2021 PayPal	46.61 Membership		
3/4/2021 CashApp Maurice	300.00 Campaign Strategy		
3/31/2021 Munros Cleaners	63.43 Image Consulting		
<u>Event Expenses</u>	<u>767.00</u>		
3/14/2021 CashApp Ashley	192.00 Event Expenses		
3/25/2021 CashApp Gina	500.00 Event Expenses		
3/29/2021 CashApp Johnathan	50.00 Event Expenses		
3/28/2021 CashApp Isacc	25.00 Event Expenses		

<u>Contribution/Donation</u>	<u>430.00</u>
3/7/2021 CashApp Roland	40.00 Donation
3/16/2021 CashApp Albert	90.00 Donation
3/21/2021 CashApp Nikki	75.00 Donations
3/25/2021 CashApp Toyya	75.00 Donation
3/29/2021 CashApp Alayah	150.00 Donation
<u>Printing Expenses</u>	<u>139.50</u>
1/22/2021 Office Depot	75.57 Printing
2/2/2021 Office Depot	8.93 Printing
2/9/2021 USPS	55.00 Postage
<u>Contract Labor</u>	<u>2110.00</u>
1/19/2021 Contract Labor	60.00 Block Walking
1/22/2021 Contract Labor	60.00 Phone Banking
1/22/2021 Contract Labor	120.00 Phone Banking
1/22/2021 Contract Labor	150.00 Phone Banking
2/1/2021 Contract Labor	180.00 Phone Banking
2/8/2021 Contract Labor	180.00 Block Walking
2/8/2021 Contract Labor	180.00 Phone Banking
2/26/2021 Contract Labor	360.00 Block Walking
3/8/2021 Contract Labor	180.00 Block Walking
3/15/2021 Contract Labor	180.00 Block Walking
3/22/2021 Contract Labor	180.00 Block Walking
3/29/2021 Contract Labor	180.00 Phone Banking
3/19/2021 Contract Labor	100.00 Block Walking
<u>Fees</u>	<u>165.96</u>
1/21/2021 Harland Clarke	165.96 Checks
<u>Other</u>	<u>112.25</u>
2/14/2021 Dollar General	49.80 Campaign Supplies
2/22/2021 Office Depot	62.45 Campaign Supplies

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------------	---------------------	--

4 Date 1/25/2021	5 Payee name Tej Rodman
----------------------------	-----------------------------------

6 Amount (\$) \$1,000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2590 McFaddin #5 Beaumont TX 77702
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Design
	(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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

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

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

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

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Albert	MI L
	NICKNAME A.J.	LAST Turner	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9720 Mississippi Beaumont, Tx 77707		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (409)	PHONE NUMBER 893-5690	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Richard	MI
	NICKNAME Rosario	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5320 Dawn Dr. Beaumont TX 77706		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 659-7867	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 4 / 01 / 2021 THROUGH Month Day Year 4 / 23 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council At-Large	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

2021 APR 23 PM 2:23

CITY CLERK
CITY OF BEAUMONT

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

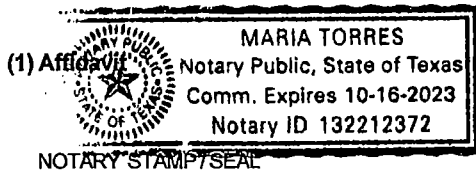
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1260.41
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,450.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,926.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,538.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Albert A. Turner

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Albert A. Turner this the 23 day of April

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

Maria Torres

MARIA TORRES

NOTARY

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

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

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

Signature of Candidate/Officeholder (Declarant)

Cash On Hand Previous	\$ 4,014.25
Revenue	\$ 4,450.41
Expenses	<u>\$ 6,926.39</u>
Cash On Hand	<u>\$ 1,538.27</u>

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,926.39
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) (See Attached)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.		

Date	Cash App	
4/6/2021	197.00	100
4/8/2021	98.50	100
4/19/2021	1117.98	100
4/20/2021	507.28	100
4/22/2021	275.80	100
	2196.56	200
		500
		100
		250
Grouped	646.56	1550

	PayPal	
4/5/2021	594.00	
4/21/2021	509.85	100
	1103.85	150
		240
Group	613.85	490

	Deposits
4/9/2021	650.00
4/16/2021	350.00
4/22/2021	150.00
	1150.00

TOTAL **4450.41**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input 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? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(See Attached)	
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

<u>Date Food</u>	<u>435.37</u>
4/7/2021 La Cantina	89.22 Food
4/15/2021 Sams	182.12 Snacks and Drinks
4/16/2021 Family Dollar	3.25 Snacks
4/18/2021 King Foods	160.78 Food and Drinks
<u>Ads</u>	<u>3487.78</u>
4/1/2021 Groupon	69.98 Face Signs
4/6/2021 Kirkseys	500.00 Signs
4/9/2021 Jacoby dumas	240.00 Photography and Graphic Designs
4/11/2021 Kirkseys	654.15 Signs
4/13/2021 The Home Depot	36.72 Sign Supplies
4/14/2021 Graphic Designs	116.00 Shirt Designs
4/15/2021 Academy Sports	160.14 Hats
4/18/2021 Shedrick Jenkins	225.00 Shirts
4/18/2021 Kirkseys	409.51 Signs
4/20/2021 Cumulus Radio	1041.00 Radio Ads
4/20/2021 Home Depot	4.59 Sign Supplies
4/21/2021 Home Depot	30.69 Sign Supplies
<u>Consulting</u>	<u>40.00</u>
4/9/2021 Andre Carter	40.00 Image Consutling
<u>Event Expenses</u>	<u>788.09</u>
4/9/2021 David Anderson	120.00 DJ
4/11/2021 MCM Elegante	463.68 Fundraising Costs
4/16/2021 Hookah Café	204.41 Food and Drinks
<u>Contribution/Donation</u>	<u>456.00</u>
4/2/2021 Shannon Richard	21.00 Door Prize
4/12/2021 CVKE Supplies	30.00 Business Expo
4/12/2021 Dunk	65.00 Business Expo
4/12/2021 Julian Stevens	40.00 Business Expo
4/12/2021 Pariss Boykin	100.00 Business Expo
4/22/2021 DNA New	200.00 Basketball Tournament
<u>Printing Expenses</u>	<u>44.00</u>
4/7/2021 USPS	44.00 Postage
<u>Contract Labor</u>	<u>1534.44</u>
4/5/2021 Contract Labor	180.00 Block Walking
4/6/2021 Contract Labor	540.00 Phone Banking
4/12/2021 Contract Labor	180.00 Block Walking
4/13/2021 Contract Labor	404.44 Phone Banking
4/20/2021 Contract Labor	230.00 Block Walkers
<u>Other</u>	<u>140.71</u>
4/9/2021 Office Depot	4.60 Printing
4/20/2021 Best Buy	140.71 Campaign Supplies

Expense Total \$ 6,926.39

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

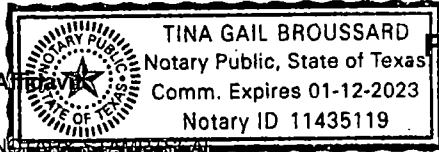
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST Albert			MI L	Date Received
		NICKNAME "A.J."	LAST Turner	SUFFIX Jr			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
		<input type="checkbox"/> Final report Other (specify) _____			Date Hand-delivered or Date Postmarked	2021 APR 30 PM 9:35 CITY OF BEAUMONT CLERK'S OFFICE	
5 ORIGINAL PERIOD COVERED		Month Day Year 12 / 23 / 2020 THROUGH 4 / 1 / 2021			Receipt #		Amount \$
					Date Processed		
					Date Imaged		

6 EXPLANATION OF CORRECTION
 Received monies from LLC's in error. Money received in error have been returned to the LLC's totaling \$6,000.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Albert L. Turner
 Signature of Candidate/Officeholder



Please complete either option below:

(1) Sworn to and subscribed before me by Albert L. Turner this the 30th day of April, 2021 to certify which, witness my hand and seal of office.
Tina Gail Broussard Tina Gail Broussard Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration
 My name is _____, and my date of birth is _____
 My address is _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections