CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			3 T. 1 T. 1	
The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MArk NICKNAME LAST Turn ball	MI	Date ROUNEY ELECTIONS RECEIVED TO	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO BOX 3 Conroe TX AREA CODE PHONE NUMBER (832) 791-329	77305 EXTENSION	JAN 2 9 2018 Shapes Silling Date Hand Schwered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MANE NICKNAME LAST Tunhall	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SL	ersham CT TOTAL	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 791-32	extension -90		
9 REPORT TYPE	July 15 30th day before electrical and a second sec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 1 / 2018	THROUGH	Day Year 25/2018	
11 ELECTION	ELECTION DATE Month Day Year Primary 3 / 6 / 2018 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any) County Cleark	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Ark T	Twaball 15	Filer ID (Ethics Commission Filers)	
16 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			
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME			
Ü		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0,00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 3, 101.80		
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00		
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3 200,00		
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. Notary Public, State of Texas Comm. Expires 09-12-2021 Notary ID 1144354 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said MARK Turnbin , this the 29th day of Canacara, 20 18, to certify which, witness my hand and seal of office.				
Debra Aribar Debra Aribar				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME MARK T Turnbull 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 30,00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3101.80
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	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME MARK Trumbull 3 Filer ID (Ethics Commission Filers				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 1-6-2018	Conroe / Lake Conroe Chamber of Commence				
7 Amount (\$)	8 Payee address; City; State; Zip Code PD BOX 2347 Conroe TX 77305				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Danktion Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Afternal Political Event				
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held				
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
į	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office (Polling se Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
	Credit Card Payment		The Instruction Guide e	xplains how t	o complete this form.		
1	Total pages Schedule G:	2 FILER NA	ME MARKT	Turn	bu U	3 Filer ID (Eth	nics Commission Filers)
4	Date 1-2-2018	5 Payee na	ne Speed Printin	19			
6	Amount (\$) 97.43 Reimbursement from political contributions intended	7 Payee ad	Conrue T	Dall			
8	PURPOSE OF EXPENDITURE	\sim	(See Categories listed at the top of ting Expanse		Check if travel outs	Meiness CA side of Texas. Complete So TX, officeholder living a	hedule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date 1-4-2018	Payee nar	ie Conrue A		gpublican h	lomen	
	Amount (\$) 25.00	Payee ad	dress; City; State	; Zip Code 37			
	Reimbursement from political contributions intended		Montgomer	y TX	. 7735	6	
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of			Hend Politicside of Texas. Complete Sc TX, officeholder living e	hedule T.
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date 1-4-2018	Payee nar	me Melante L	Bush C	ampaign		
	Amount (\$) 20,00	Payee ad	dress; City; State 25227 (; Zip Code	, Mill s	te 220	•
	Reimbursement from political contributions intended		dress; City; State 25227 (The Wood	lands	77380		
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of ibution/Dan An		(b) Description (b) Check if travel outs	tend Politics side of Texas. Complete Sc TX, officeholder living e	hedule T.
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
					190 1 100		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Con Credit Card Payment	Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pe	oan Repayment/Reimbursement ffice Overhead/Rental Expense billing Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G: 2 FI	LER NAME MARK TTO	irnbull	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Pa	ayee name Conroe/LakeConr	ve Chember o	of Commerce		
6 Amount (\$) 7 Page 30,000 Pelimbursement from political contributions intended	ayee address; City; State; Zip Co Po Box 234 Course Tx 7-				
	ategory (See Categories listed at the top of this schedu	(b) Description At-1 Check if travel outsid	end Blittia Event e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date Pa	ayee name · Dittert				
3312	\mathcal{L}				
Reimbursement from political contributions intended	Conroe Tx 77	301			
PURPOSE A	ategory (See Categories listed at the top of this schedul dvertising Expense	Check if travel outside	SAPMA e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
1-10-2018 Usadlands Area Republican Women					
Amount (\$) Pa	ayee address; City; State; Zip Co		-		
Reimbursement from political contributions intended	fo Box 729. The Woodlands				
PURPOSE	ategory (See Categories listed at the top of this schedul antribution / Donation	Check if travel outside	end Political Event e of Texas. Complete Schedule T. K, 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					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Mark TT	umball	3 Filer ID (Ethics Commission Filers)	
4 Date 1-12-2018	5 Payee name Toppel Phone	bog raphy		
6 Amount (\$) 10 8, 25 Reimbursement from political contributions intended	7 Payee address; City; State; Zip 10 Barons Conroe Ty	Place		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expen	Chools if travel autoid	le of Texas. Complete Schedule T. X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/4		Office sought	Office held	
Date 1-13-2018	Payee name Montgomery Coa		Υ	
Amount (\$) 50,00	Payee address; City; State; Zip EAST BI	uelake Dr		
Aeimbursement from political contributions intended	Mugnolia TX	77354		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Control buttion / Don A446	Check if travel outside	t + cal Event Table Renta (le of Texas. Complete Schedule T. X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/G		Office sought	Office held	
Date 1-18-2018	Payee name Tex4s GOP Sto	ore.		
Amount (\$) 2598,00	Payee address; City; State; Zip H04 I-45 So			
Reimbursement from political contributions intended	Huntsville TX 7	7340		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Advertising Etpense	Check if travel outside	A YAND Sign 5 e of Texas. Complete Schedule T. X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
0	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		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)	
L		The instruction during explain	is now to complete this form.		
1	Total pages Schedule G:	2 FILER NAME MANK T	Turnbull	3 Filer ID (Ethics Commission Filers)	
4	Date 1-25-2018	5 Payee name Montgomery Count	y Republican W	men	
6	Amount (\$) 18.00 Reimbursement from political contributions	7 Payee address; City; State; Zip Po Box 176 Centre Tx 77	Code		
L	intended			1 All 1 Cart	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sof	Chack if travel out	Side of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	Date	Payee name			
	Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip	o Code		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sof	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/C	I Candidate / Officeholder латте ЭН	Office sought	Office held	
	Date	Payee name			
	Amount (\$)	Payee address; City; State; Zip	o Code		
	Reimbursement from political contributions intended				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder пате DH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				