CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 10 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE 3550 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (832) 791- 3290 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MANK TREASURER Date Processed NAME NICKNAME Turn by 11 Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP ÇODE CAMPAIGN Haversham Ct TREASURER **ADDRESS** Conrae TX 77384 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** (832) 791-3290 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded \$500 limit Final Report (Attach C/OH - FR) July 15 8th day before election 10 PERIOD 2/24/2018 COVERED 126/2018 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description 3/6/2018 General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Clerk County Clerk

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET

14 C/OH NAME	Mark Turnbull 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'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE ADDRESS					
Additional Pages						
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, 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	\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES	\$ 3577.65				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>O.</i> 00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3200,00				
18 AFFIDAVIT	I swear, or affirm, under penalty of perjury, to true and correct and includes all information under Title 15, Election Code.	[
Note M	FRANCESCA MALLIS Try Public, State of Texas Try Public,	or Officeholder				
	ribed before me, by the said Mark Turnbull	, this the				
day of Tebruar	7, 20 18, to certify which, witness my hand and seal of office.					
Signature of officer a	Mally Fram Mall'5 Idministering oath Printed name of officer administering oath Title	e of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME MARE T Turnball 20 Filer ID (Ethics (Commission 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	\$ 250,00
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	\$ 3,327,64
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	\$

SCHEDULE F2 UNPAID INCURRED OBLIGATIONS **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME MARK 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 2-13-2018 City; State; Zip Code 7 Amount (\$) 250,00 TYPE OF Non-Political Y Political **EXPENDITURE** (b) Description Facebook Ad (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Exponse OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code

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

Non-Political

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Political

Category (See Categories listed at the top of this schedule)

TYPE OF

EXPENDITURE

PURPOSE

EXPENDITURE

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment					
1 Total pages Schedule G:	2 FILER NAME MARK Turn Sull 3 Filer ID (Ethics Commission Filers)				
4 Date 1-27-208	5 Payee name Greg Parker Campaign				
6 Amount (\$) 25,00 Reimbursement from political contributions	Greg Parker Campaigh 7 Payee address; City; State; Zip Code 2226 OAk Rise Arive Conrol Texas 77307				
intended 8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Canthibution Anation (b) Description Attend Political Event Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name Office sought Office held OH				
Date 1-30-2018	Payee name Tackie Waters Campaign				
Amount (\$) 50,00	Payee address; City; State; Zip Code 1707 \(\frac{1}{2} \) Post OAK Blud #454				
Reimbursement from political contributions intended	Houston Texas 77056				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Contributi				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH				
Date 1-31-2018	Montgomery County Fair Association				
Amount (\$) 100.00 Relimbursement from political contributions	Payee address; City; State; Zip Code Po Box 869 Conrue Texas 77305				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATE	GORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		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)				
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule G:	2 FILER NAME MARKT TO	urn bull	3 Filer ID (Ethics Commission Filers)				
4 Date 1-31-2018	5 Payee name Texas GOP.	Store					
6 Amount (\$) 1,461.38	7 Payee address; City; State; Z 404 I-45	South					
Reimbursement from political contributions intended	Huntsville Te	100 5					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this su Advertising Expens	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held				
Date 2-2-208	Payee name The Cham	ber					
Amount (\$) 75,00		wide blud ste					
Reimbursement from political contributions intended	The Wood/And	ds Texas 77					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if traval oute	tend Political Event ide of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held				
Date 2-4-2018	Payee name Houston Livestod	e Show and K	deo				
Amount (\$)	Payee address; City; State; Z						
Reimbursement from political contributions intended	Houston Texas						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Contribution / Abnation	Check if travel outs	end CoTexan ParAde ide of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	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 s how 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 FILER NAME TTUM	Lull	3 Filer ID (Ethics Commission Filers)		
4 Date 2-9-2018	5 Payee name The Courier				
6 Amount (\$) 396,00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip 100 Avenue A	77301			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expan	Check if travel outsid	WILDAPL AA e of Texas. Complete Schedule T. X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date 2-12-2018	Payee name the Courier				
Amount (\$) 308:00	Payee address; City; State; Zip				
Reimbursement from political contributions intended	Conrue Texas	77301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Advertising Expanse	Check if travel outside	CWS PAPER Ad e of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date 2-12-2018	Payee name Northshore Repu	blican libraen			
Amount (\$) 50,00	Payee address; City; State; Zip Po Box 521	Code			
Reimbursement from political contributions intended	Willia Tx 77	378			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Advertising Expanse		arbook/Arestory Ad e of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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 FILER NAME MARK T Tur	n ball	3 Filer ID (Ethics Commission Filers)			
4 Date 2-14-2018	5 Payee name Tractor Suppl	y Company	- "			
6 Amount (\$) 287,28 Reimbursement from political contributions intended	7 Payee address; City; State; Zip (1407 J-45 N Conroe Tx 7-	Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheol Advertising Expense	Check if travel outside	PSSti for 474 Si3nS de of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
Date 2-15-2018	Payee name Cohroe Non Li Payee address; City; State; Zip C	ons				
Amount (\$)	Po 130x 1135					
political contributions intended	Conroe Tx 77					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside	Choot Statton Sponson Ge of Texas. Complete Schedule T. (X), officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date 2-15-2018	Payee name Charlie Riley (Campaign				
Amount (\$) 20.00	Payee address; City; State; Zip C		:			
Reimbursement from political contributions intended	PO BOX 1603 Magnolia Texa	77353				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outsic	vent Anction Here de of Texas. Complete Schedule T. X, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

407.28

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office C Polling ense Printing Salaries	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense t
1 Total pages Schedule G:	1 1	ME ;	urnhal	1/	3 Filer ID (Ethics	: Commission Filers)
4 Date 2-19-2018	5 Pavee nan			on pany	<u>I</u>	
6 Amount (\$) /D7, 9 8 Reimbursement from political contributions	7 Payee add	·	ate; Zip Code Suddy	Riley Blud		
intended 8 PURPOSE OF EXPENDITURE	(a) Category ((See Categories listed at the top	of this schedule)	(b) Description Check if travel outside	P2(+5 Lgrange of Texas. Complete Scheduck, officeholder living expe	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		Office held
Date 2-21-2018	Payee nam	n+gomery C	Banty L	leterns M	lemonial	
Amount (\$)	Payee add	dress; Box 129	ate; Zip Code 76			
Reimbursement from political contributions intended		onvoe Tex	\	7305		
PURPOSE OF EXPENDITURE		See Categories listed at the top Button/Pond		 	e of Texas. Complete Schedi	
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder name	!	Office sought		Office held
Date 2-22-2018	Payee nam	ne ntgomery (County	Repullican	Women	
Amount (\$) 22,00	Payee add	dress; City; State $\mathcal{B}_{\mathcal{O}}$ X 17	ite; Zip Code			
Reimbursement from political contributions intended		nrae Texas		A	1 / 1.	
PURPOSE OF EXPENDITURE		See Categories listed at the top of Lutton/Dona			e of Texas. Complete Schedu X, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	1	Office sought		Office held
	ATTA	CH ADDITIONAL COP	PIES OF THIS S	SCHEDULE AS NEED	ΈD	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fe Fo By Gi cal Committee Le	vent Expense ses sod/Beverage Expense it/Awards/Memorials Expense sgal Services The Instruction Guide expl	Office Overh Polling Expe Printing Expe Salaries/Wa	ense ges/ContractLabor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME	MAKTT	urnbu	11	3 Filer ID (Ethics	Commission Filers)
4 Date 2-23-2018	5 Payee name	Lonery Cou	nty Vet	eran M.	emorial	
6 Amount (\$) 12.5.00 Reimbursement from political contributions intended	7 Payee addres	ss; City; State; Box 12 rue Texas	7730			
8 PURPOSE OF EXPENDITURE	ا مرا	Categories listed at the top of this	schedule) (b)		de of Texas. Complete Schedul (X, officeholder living exper	
9 Complete ONLY if direct expenditure to benefit C/		/ Officeholder name	0	ffice sought	(Office held
Date	Payee name					
Amount (\$) Reimbursement from political contributions	Payee addres	ss; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this	schedule) (b)		ie of Texas. Complete Schedul X, officeholder living expen	
Complete <u>ONLY</u> if direct expenditure to benefit C/		/ Officeholder name	O	ffice sought	(Office held
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee addres	ss; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this	scheduie) (b)		le of Texas. Complete Schedul X, officeholder living expen	
Complete ONLY if direct expenditure to benefit C/G		/ Officeholder name	OI	ffice sought	(Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

