

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 1.5em;">7</span>												
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Mrs</td> <td>Margaret</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Turner-Carrigan</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mrs	Margaret		NICKNAME	LAST	SUFFIX		Turner-Carrigan		<b>OFFICE USE ONLY</b>
MS / MRS / MR	FIRST	MI													
Mrs	Margaret														
NICKNAME	LAST	SUFFIX													
	Turner-Carrigan														
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 4677 Quincy Lane Plano, TX 75024		<div style="font-size: 2em; color: red; transform: rotate(-15deg); opacity: 0.5;">RECEIVED</div> <div style="color: blue; font-size: 1.2em;">4/28/23</div>												
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE    PHONE NUMBER    EXTENSION (972 )    978-9062														
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Lynn</td> <td>W</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Ledbetter</td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI	Mrs.	Lynn	W	NICKNAME	LAST	SUFFIX		Ledbetter	
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Mrs.	Lynn	W													
NICKNAME	LAST	SUFFIX													
	Ledbetter														
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 2504 Rothland Lane Plano, TX 75023														
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION ( 214 )    733-1782														
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)				
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">3    /    28    /    23</td> <td></td> <td style="text-align: center;">4    /    26    /    23</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	3    /    28    /    23		4    /    26    /    23						
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3    /    28    /    23		4    /    26    /    23													
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">Primary</td> <td style="text-align: center;">Runoff</td> </tr> <tr> <td style="text-align: center;">5    /    6    /    23</td> <td style="text-align: center;"><input checked="" type="checkbox"/> General</td> <td style="text-align: center;">Special</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month    Day    Year	Primary	Runoff	5    /    6    /    23	<input checked="" type="checkbox"/> General	Special		Other Description	
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Month    Day    Year	Primary	Runoff													
5    /    6    /    23	<input checked="" type="checkbox"/> General	Special													
	Other Description														
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) Place 4 PISD School Board													
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
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	COMMITTEE CAMPAIGN TREASURER ADDRESS														

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

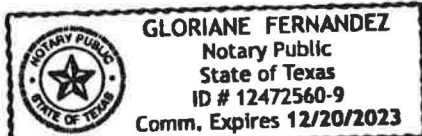
**15 C/OH NAME**  
Margaret Turner-Carrigan

**16 Filer ID** (Ethics Commission Filers)

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 168.51
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 955.97
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,159.82
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Margaret Turner-Carrigan*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Margaret Turner-Carrigan this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Gloriane Fernandez Gloriane Fernandez 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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 787.46
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 800.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 359.82
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Margaret Turner-Carrigan		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Sue Wilson 6 Contributor address; City; State; Zip Code 517 North Evergreen St; Gardner; KS; 66030	7 Amount of contribution (\$)  96.62
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Jason and Carrie Hess Contributor address; City; State; Zip Code 2720 Chapel Spring Dr.; Highland Village; TX; 75077	Amount of contribution (\$)  290.84
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Pamela Lewis Contributor address; City; State; Zip Code 2258 Excalibur Dr.; Indian Land; SC; 29707	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Gloria Vaughn Contributor address; City; State; Zip Code 4815 Hollow Bend Ln.; Dallas; TX; 75227	Amount of contribution (\$)  100.00
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.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME <b>Margaret Turner-Carrigan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/24/2023</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Bernard Mitchell</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>10 Tall Timber Cover; Little Rock; AR; 72204</b>	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>04/08/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Lucille White</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>4952 Van Zandt Dr.; Fort Worth; TX; 76244</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Margaret Turner-Carrigan	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/10/2023	<b>5</b> Payee name Pamela Hart	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code 501 Landing Dr.; Wylie; TX; 75098	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Campaign Manager
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/19/2023	Payee name Star Local Media	
Amount (\$) 500.00	Payee address; City; State; Zip Code 3501 E Plano Pkwy #200; Plano; TX; 75074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper ad
	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/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
	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/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Margaret Turner-Carrigan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/19/2023	<b>5</b> Payee name Peerly Inc		
<b>6</b> Amount (\$) 359.82  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2232 Dell Range Blvd; Cheyenne; WY; 82009		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Messaging Service
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

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