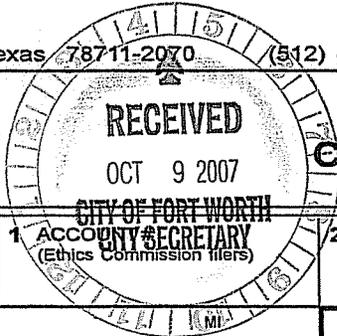


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1



The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNTS SECRETARY (Ethics Commission filers)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST SUFFIX
Mr Christopher M
NICKNAME LAST SUFFIX
Chris Turner

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
959 W. Bluff St #107 Fort Worth Texas 76102



Date hand-delivered for date postmarked

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 247-1451

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST SUFFIX
Mrs Holly W
NICKNAME LAST SUFFIX
Turner

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
959 W. Bluff St #107 Fort Worth Texas 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 480-8677

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
08 / 22 / 2007 THROUGH 09 / 27 / 2007

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 06 / 2007 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 9

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Chris Turner 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

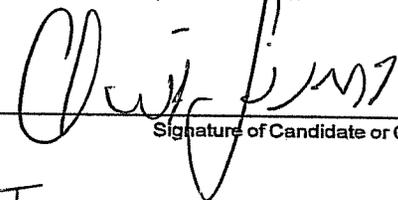
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,740.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,508.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,231.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

19 AFFIDAVIT

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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Turner, this the 9th day of October, 2007, to certify which, witness my hand and seal of office.

April M. Bierle
Signature of officer administering oath

April M. Bierle
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Chris Turner		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-22-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Whitten	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1600 Texas St #1508 Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8-29-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.A. "Tex" Moncrief, Jr.	Amount of contribution (\$) \$3,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 950 Commerce St Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) energy investments		Employer (See Instructions) self	
Date 9-6-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vic Tinsley	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6421 Camp Bowie Fort Worth, TX 76116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-6-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Tinsley	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3229 Rogers Ave Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Montesi	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Commerce St, Ste 3635 Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Chris Turner		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-10-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Keilberg	7 Amount of contribution (\$) \$40	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2749 Ryan Ave Fort Worth, TX 76110		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-15-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy D. McKenzie Smith	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6709 Laurel Valley Dr. Fort Worth, TX 76132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self	
Date 9-18-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Marshall	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2216 Hawthorne Ave Fort Worth, TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-18-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan McCartney	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3000 S Hulen St, Ste 124 Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) construction		Employer (See Instructions) self	
Date 9-19-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer and Nails Club	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6464 Brentwood Stair Rd, Ste 100 Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <p style="text-align: center;">Chris Turner</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">9-19-07</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">James Dunaway</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$1,000</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">777 Taylor St, Ste 1040 Fort Worth, TX 76102</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">real estate</p>		10 Employer (See Instructions) <p style="text-align: center;">self</p>	
Date <p style="text-align: center;">9-21-07</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">G. Malcolm Louden</p>	Amount of contribution (\$) <p style="text-align: center;">\$1,000</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">500 W 7th St Unit #27 Ste 1007 Fort Worth, TX 76102</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">energy real estate</p>		Employer (See Instructions) <p style="text-align: center;">Walsch Holdings</p>	
Date <p style="text-align: center;">9-22-07</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Randle Meadows</p>	Amount of contribution (\$) <p style="text-align: center;">\$150</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">500 Throckmorton, Ste 1306 Fort Worth, TX 76102</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-24-07</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Mac Churchill</p>	Amount of contribution (\$) <p style="text-align: center;">\$250</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3125 North East Loop 820 Fort Worth, TX 76137</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-25-07</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Dean Cochran, Jr.</p>	Amount of contribution (\$) <p style="text-align: center;">\$100</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5327 Byers Ave Fort Worth, TX 76107</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Chris Turner		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-25-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Barnard	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10100 Westridge Rd Fort Worth, TX 76126		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) investments		10 Employer (See Instructions) self	
Date 9-27-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.B. Moncrief	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 950 Commerce St Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) energy investments		Employer (See Instructions) self	
Date 9-27-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Scott	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3872 Bellaire Cir Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self	
Date 9-27-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Goff	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 Main St, Ste 2100 Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self - Crescent Real Estate	
Date 9-25-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME
Chris Turner

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$ 50,000

5 Date of loan 8-22-07
7 Name of lender Chris Turner out-of-state PAC (ID#: _____)
9 Loan Amount (\$) \$25,000

6 Is lender a financial institution? Y (N)
8 Lender address; City; State; Zip Code
959 W. Bluff St #107
Fort Worth, TX 76102
10 Interest rate 0%
11 Maturity date

12 Principal occupation / Job title (See Instructions) Consultant
13 Employer (See Instructions) Self

14 Description of Collateral
 none

15 GUARANTOR INFORMATION
 not applicable
16 Name of guarantor
17 Guarantor address; City; State; Zip Code
18 Amount Guaranteed (\$)

19 Principal Occupation
20 Employer

Date of loan 9-01-07
Name of lender Chris Turner out-of-state PAC (ID#: _____)
Loan Amount (\$) \$25,000

Is lender a financial institution? Y (N)
Lender address; City; State; Zip Code
959 W. Bluff St #107
Fort Worth, TX 76102
Interest rate 0%
Maturity date

Principal occupation / Job title (See Instructions) consultant
Employer (See Instructions) Self

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable
Name of guarantor
Guarantor address; City; State; Zip Code
Amount Guaranteed (\$)

Principal Occupation
Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME
Chris Turner

3 ACCOUNT # (Ethics Commission filers)

4 Date
9.4.07

5 Payee name
Spearfish, Inc.
6 Payee address; City; State; Zip Code
9603 White Rock Trail, Ste 316
Dallas, TX 75238

7 Amount (\$)
\$12,000

8 Purpose of payment (See instructions regarding type of information required.)
consulting services
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
9.6.07

Payee name
Godaddy.com
Payee address; City; State; Zip Code

Amount (\$)
\$43.05

Purpose of payment (See instructions regarding type of information required.)
website
(If travel outside of Texas, complete Schedule T)

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

Date
9.12.07

Payee name
Inovar Packaging
Payee address; City; State; Zip Code
602 Magic Mile
Arlington, TX 76011

Amount (\$)
\$883.44

Purpose of payment (See instructions regarding type of information required.)
signs
(If travel outside of Texas, complete Schedule T)

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

Date
9.20.07

Payee name
Inovar Packaging
Payee address; City; State; Zip Code
602 Magic Mile
Arlington, TX 76011

Amount (\$)
\$3,282.12

Purpose of payment (See instructions regarding type of information required.)
signs
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Chris Turner</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>8-22-07</u>	5 Payee name <u>Fort Worth City Secretary</u> 6 Payee address; City; State; Zip Code <u>1000 Throckmorton Street Fort Worth, TX 76102</u>	8 Amount (\$) <u>\$100</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>filing fee</u> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended -
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED