

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
13 APR -8 PM 4:19
Office Use Only

1. NAME OF COMMITTEE (in full) **TURNER FOR NEW YORK** TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ADDRESS (number and street) **PO BOX 140016**
Check if different than previously reported. (ACC) **HOWARD BEACH NY 11414**

2. FEC IDENTIFICATION NUMBER ▼ **C C00499244** CITY STATE ZIP CODE STATE ▼ DISTRICT
3. IS THIS REPORT **NEW (N) OR AMENDED (A)** **NY**

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
X Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 03 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Kevin Turner**

Signature of Treasurer *Kevin Turner* 4/3/13 Date 04 / 03 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

13020153198

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period: From: ^M01 / ^D01 / ^Y2013 To: ^M03 / ^D31 / ^Y2013

	COLUMN A This Period			COLUMN B Election Cycle-to-Date		
6. Net Contributions (other than loans)						
(a) Total Contributions (other than loans) (from Line 11(e))	,	,	0.00	,	,	749255.93
(b) Total Contribution Refunds (from Line 20(d))	,	,	0.00	,	,	34000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	,	,	0.00	,	,	715255.93
7. Net Operating Expenditures						
(a) Total Operating Expenditures (from Line 17)	,	,	146.78	,	,	871456.02
(b) Total Offsets to Operating Expenditures (from Line 14)	,	,	0.00	,	,	3125.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	,	,	146.78	,	,	868330.93
8. Cash on Hand at Close of Reporting Period (from Line 27)						
	,	,	0.00			
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)						
	,	,	0.00			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)						
	,	,	153075.00			

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13020153199

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

TURNER FOR NEW YORK

Report Covering the Period: From: M M / D D / Y Y Y Y
01 01 2013

To: M M / D D / Y Y Y Y
03 31 2013

I. RECEIPTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A).....	,	,	0.00	504219.00
(ii) Unitemized.....	,	,	0.00	150944.61
(iii) TOTAL of contributions from individuals ▶	,	,	0.00	655163.61
(b) Political Party Committees.....	,	,	0.00	0.00
(c) Other Political Committees (such as PACs).....	,	,	0.00	94092.32
(d) The Candidate.....	,	,	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	,	,	0.00	749255.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....				
	,	,	0.00	0.00
13. LOANS:				
(a) Made or Guaranteed by the Candidate.....	,	,	0.00	172500.00
(b) All Other Loans.....	,	,	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	,	,	0.00	172500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....				
	,	,	0.00	3125.09
15. OTHER RECEIPTS (Dividends, Interest, etc.).....				
	,	,	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶				
	,	,	0.00	924881.02

13020153200

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	146.78	871456.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	4425.00	19425.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	4425.00	19425.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	34000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	34000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4571.78	924881.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4571.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	4571.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4571.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

13020153201

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Citi bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2013	
Mailing Address 156-59 Cross Bay blvd		Amount of Each Disbursement this Period 146.78 Transaction ID : SB17.11535	
City Howard Beach	State NY		Zip Code 11414
Purpose of Disbursement Bank Charges			001 Category/ Type
Candidate Name TURNER FOR NEW YORK			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period , , .	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period , , .	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	,	,	146.78
TOTAL This Period (last page this line number only)	,	,	146.78

13020153202

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. ROBERT L TURNER		Date of Disbursement MM / DD / YYYY 01 / 10 / 2013
Mailing Address PO BOX 140016		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB19A.11536
City HOWARD BEACH	State NY	
Purpose of Disbursement Loan Payment	Zip Code 11414	Category/ Type 009
Candidate Name TURNER FOR NEW YORK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: NY	District:	

Full Name (Last, First, Middle Initial) B. ROBERT L TURNER		Date of Disbursement MM / DD / YYYY 02 / 04 / 2013
Mailing Address PO BOX 140016		Amount of Each Disbursement this Period 675.00 Transaction ID : SB19A.11537
City HOWARD BEACH	State NY	
Purpose of Disbursement Loan Repayment	Zip Code 11414	Category/ Type 009
Candidate Name TURNER FOR NEW YORK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: NY	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period ,
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4425.00
TOTAL This Period (last page this line number only).....	4425.00

13020153203

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : SC/10.5684

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS]

Election: 2011
 Primary
 General
 Other (specify) Special-General

Mailing Address
 PO BOX 140016

City State ZIP Code
 HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	4425.00	15575.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 ^M / 20 ^D / 2011 ^Y	12/31/11 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional)..... ▶ , , 15575.00

TOTALS This Period (last page in this line only) ▶ , , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153204

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 15
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) TURNER FOR NEW YORK	Transaction ID : SC/10.5685
---	------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	07 ^M / 31 ^D / 2011 ^Y	12/31/11 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional).....▶	15000.00
TOTALS This Period (last page in this line only).....▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153205

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : SC/10.5686

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2011
 Primary
 General
 Other (specify) ▼
 Special-General

Mailing Address
 PO BOX 140016

City State ZIP Code
 HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12500.00	0.00	12500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 15 / Y 2011	M M / D D / Y 12/31/11	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional)..... ▶ , , 12500.00

TOTALS This Period (last page in this line only) ▶ , , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153206

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : SC/10.5687

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	08 / 20 / 2011	12/31/11	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	3000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153207

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Transaction ID : SC/10.11215

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**
ROBERT L TURNER

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 31 / Y 2012	M M / D D / Y 12/31/12	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional) ▶ , , 30000.00
TOTALS This Period (last page in this line only) ▶ , , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153208

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : SC/10.11479

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 140016

City State ZIP Code
 HOWARD BEACH NY 11414

Original Amount of Loan **30000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **30000.00**

TERMS

Date Incurred **07 / 29 / 2012** Date Due **12/31/12** Interest Rate **0.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) **30000.00**

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153209

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 15

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : **SC/10.11478**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 140016

City State ZIP Code
 HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 26 / 2012	12/31/12	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	20000.00
TOTALS This Period (last page in this line only).....	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153210

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 15

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : SC/10.11469

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21000.00	0.00	21000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M / 26 ^D / 2012 ^Y	12/31/12 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 21000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153211

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Transaction ID : SC/10.11470

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

ROBERT L TURNER

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M / 26 ^D / 2012 ^Y	12/31/12 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	6000.00
TOTALS This Period (last page in this line only).....▶	153075.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020153212

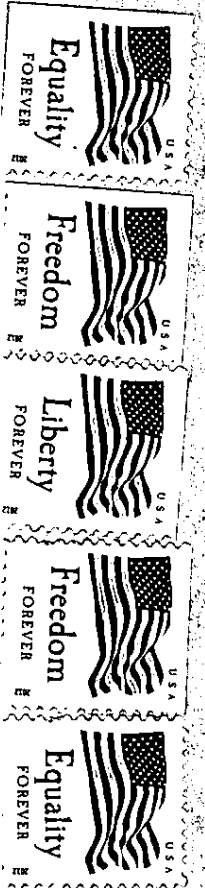
Mr Kevin Turner
8549 105th St
Richmond Hill NY 11418-1128

Secretary of the Senate

Office of Public Records

P. O. Box 00013-9578
Washington Post Office

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United States Senate

OFFICE OF THE SECRETARY

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL no post mark
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

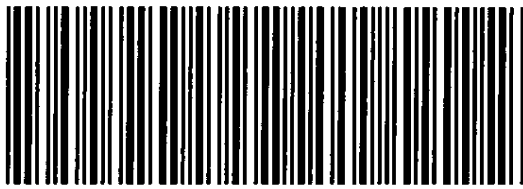
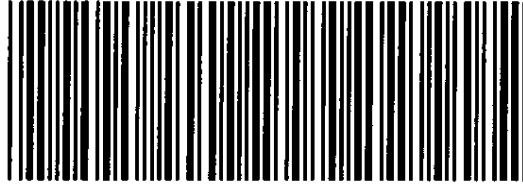
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 4/08/13

13020153214



13020153215