

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BOB TURNER FOR CONGRESS, INC

ADDRESS (number and street) PO BOX 140016 HOWARD BEACH NY 11414

2. FEC IDENTIFICATION NUMBER C C00499244 3. IS THIS REPORT NEW (N) OR AMENDED (A) NY 09

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) 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 M M / D D / Y Y Y Y 10 / 04 / 2011 through M M / D D / Y Y Y Y 12 / 31 / 2011

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 [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 27 / 2012

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOB TURNER FOR CONGRESS, INC

Report Covering the Period: From: M M / D D / Y Y Y Y
10 / 04 / 2011 To: M M / D D / Y Y Y Y
12 / 31 / 2011

	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))....	76400.00	81495.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	76400.00	81495.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	35390.17	127991.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	3125.09	3125.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32265.08	124866.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	70816.33	
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).....	65500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BOB TURNER FOR CONGRESS, INC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 04 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

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).....	62500.00	64475.00
(ii) Unitemized	2900.00	6020.00
(iii) TOTAL of contributions from individuals	65400.00	70495.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11000.00	11000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	76400.00	81495.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3125.09	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).....	79525.09	84620.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35390.17	127991.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	35390.17	127991.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26681.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	79525.09
25. SUBTOTAL (add Line 23 and Line 24).....	106206.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35390.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	70816.33

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Kenneth Abramowitz

Mailing Address **PO Box 958**

City **Southport** State **CT** Zip Code **06890**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Kayser & Redfern** Occupation **Attorney**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.10281

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Linda C Ackerman

Mailing Address **424 West End Apt 17D**

City **New York** State **NY** Zip Code **10024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2011
 Primary General
 Other (specify) **Special-General**

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.10364

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
William Ackerman

Mailing Address **424 West End Avenue 17D**

City **New York** State **NY** Zip Code **10024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2011
 Primary General
 Other (specify) **Special-General**

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.10339

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Albert Angrisani

Mailing Address 50 Gallup Rd

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Angrasani Turnarounds Self employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2011

Transaction ID : SA11AI.10284

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Stuart A Balberg

Mailing Address 836 Montgomery Street, Apt. B1

City State Zip Code
Brooklyn NY 11213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US Census Bureau Clerk/ Translator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.10286

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Black

Mailing Address 819 Plantation Blvd

City State Zip Code
Gallatin TN 37066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Aegis Forensic Toxicologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.10269

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Margo Catsimatidis

Mailing Address 817 5th Ave

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation N/a

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.10278

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Marc Cenedella

Mailing Address 51 Walker 2A

City New York State NY Zip Code 10013

FEC ID number of contributing federal political committee. **C**

Name of Employer The Ladders Occupation Internet Executive

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011

Transaction ID : SA11AI.10316

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Patrick Durkin

Mailing Address 132 East 72nd Street

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Barclays Capital Occupation MD

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011

Transaction ID : SA11AI.10270

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Nick Jabbour

Mailing Address 160 Front Street 7B

City State Zip Code
New York NY 10038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nest Seekers Real Estate Broker

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011

Transaction ID : SA11AI.10336

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mary Kalikow

Mailing Address 101 Park Ave

City State Zip Code
New York NY 10178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker n/a

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.10274

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Mary Kalikow

Mailing Address 101 Park Ave

City State Zip Code
New York NY 10178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker n/a

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.10275

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Peter Kalikow		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011	
Mailing Address 101 Park Ave		Transaction ID : SA11AI.10282	
City New York	State NY	Zip Code 10178	Amount of Each Receipt this Period _____ 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Real Estate Buisness Owner	Occupation Self employed		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

Full Name (Last, First, Middle Initial) B. Peter Kalikow		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011	
Mailing Address 101 Park Ave		Transaction ID : SA11AI.10283	
City New York	State NY	Zip Code 10178	Amount of Each Receipt this Period _____ 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Real Estate Buisness Owner	Occupation Self employed		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5000.00		

Full Name (Last, First, Middle Initial) C. Leo Kayser		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2011	
Mailing Address 111 th Street		Transaction ID : SA11AI.10318	
City New York	State NY	Zip Code 10022	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kayser & Redfern	Occupation Investment		
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 6000.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
George Klein

Mailing Address 535 Madison Ave

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Park Tower Group Chairman

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.10300

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Joan Koslow

Mailing Address 87 Eleventh Street

City State Zip Code
Garden City NY 11530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.10372

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Aviva Kravitz

Mailing Address 147-29 70th Road

City State Zip Code
Flushing NY 11367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.10313

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Peter Lau

Mailing Address 48 Wall Street Ste 1100

City State Zip Code
New York NY 10005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greenstone Holdings Associate

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011

Transaction ID : SA11AI.10288

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
James Lefrak

Mailing Address 40 W 57th St 23rd Fl

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lefrak Co. Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.10273

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Peter Leidel

Mailing Address 410 park ave 19th flr

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Investor Yorktown Partners LLC

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2011

Transaction ID : SA11AI.10325

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Norman F Lent

Mailing Address 3529 Malvern Ct

City Alexandria State VA Zip Code 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer Down Lohnes Occupation Attorney

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.10294

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Marc S Lipschultz

Mailing Address 9 West 57th Street

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Kohlberg Kravis Roberts Occupation Associate

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.10290

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Michael Mattes

Mailing Address 182 Beach 148th St

City Rockaway Park State NY Zip Code 11694

FEC ID number of contributing federal political committee. **C**

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.10309

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Bill McCreery

Mailing Address 36 Extell Drive

City Scarsdale State NY Zip Code 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2011

Transaction ID : SA11AI.10370

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
John P McGrath

Mailing Address 117-01 Park Ln S C5M

City Richmond Hill State NY Zip Code 11418

FEC ID number of contributing federal political committee. **C**

Name of Employer Kazmierczuk & McGrath Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.10272

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Laura McGrath

Mailing Address 117-01 Park Ln S C5M

City Richmond Hill State NY Zip Code 11418

FEC ID number of contributing federal political committee. **C**

Name of Employer N/a Occupation Para Legal

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.10279

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Martin J McLaughlin

Mailing Address 25 Hudson St Apt 206

City Jersey City State NJ Zip Code 07302

FEC ID number of contributing federal political committee. **C**

Name of Employer Connelly McLaughlin & Woloz Occupation Communications

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2011

Transaction ID : SA11AI.10302

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen Meister

Mailing Address 140 E 45th St

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Meister Seelig Occupation Attorney

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2011

Transaction ID : SA11AI.10296

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Corbin R Miller

Mailing Address 1165 5th Avenue

City New York State NY Zip Code 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Private Investor

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011

Transaction ID : SA11AI.10334

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Matthew Mirones

Mailing Address 78 Windemere Road

City Staten Island State NY Zip Code 10305

FEC ID number of contributing federal political committee. **C**

Name of Employer Pitta & Giblin Occupation Attorney

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.10298

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
David W Nimiec

Mailing Address 1 East End

City New York State NY Zip Code 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Saratoga Partners Occupation Investment Management

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2011

Transaction ID : SA11AI.10324

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Ethan Podell

Mailing Address 285 Riverside Dr Apt 13C

City New York State NY Zip Code 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2011

Transaction ID : SA11AI.10366

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
David Rappa

Mailing Address 161 Grand Street 8A

City State Zip Code
New York NY 10013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beck Mack & Oliver Investment Management

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SA11AI.10320

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Ira Saftlas

Mailing Address 2076 Flatbush Ave

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bottom Line Marketing Owner

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.10328

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Timothy Taft

Mailing Address 76 Youngs Rd

City State Zip Code
Basking Ridge NJ 07920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Private Investigator

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : SA11AI.10333

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Peter A Vlachos

Mailing Address 245 West 107th Street

City State Zip Code
New York NY 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beck, Mack & Oliver Investment Management

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.10322

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles P Wang

Mailing Address 20 Broad Street 7th Floor

City State Zip Code
New York NY 10005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kaida Capital Senior Advisor

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SA11AI.10380

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John Whitehead

Mailing Address 55 East 52nd St

City State Zip Code
New York NY 10055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : SA11AI.10342

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

62500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)
A. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2011
 Primary General
 Other (specify) Special-General
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11C.10385

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 365

City State Zip Code
WASHINGTON DC 20044

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2011
 Primary General
 Other (specify) Special-General
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11C.10387

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 E MAIN STREET
SUITE 200

City State Zip Code
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C C00384701**

Name of Employer Occupation

Receipt For: 5000
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2011

Transaction ID : SA11C.10390

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

11000.00

TOTAL This Period (last page this line number only).....

11000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. McLaughlin & Associates
 Full Name (Last, First, Middle Initial)
 Mailing Address 566 South Brute 303

City Blauvelt	State NY	Zip Code 10913
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
 _____ 839.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011

Transaction ID : SA14.10453

Amount of Each Receipt this Period
 _____ 839.09

Poling Overpayment

B. Ohio Political Network
 Full Name (Last, First, Middle Initial)
 Mailing Address 2029 Riverside Drive

City Columbus	State OH	Zip Code 43221
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA14.10452

Amount of Each Receipt this Period
 _____ 2000.00

Telemarketing Overpayment

C. ROBERT L TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 140016

City HOWARD BEACH	State NY	Zip Code 11414
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H0NY09072**

Name of Employer Turner for Congress 2011, Inc.	Occupation Candidate
--	-------------------------

Receipt For: 2011
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
 _____ 286.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011

Transaction ID : SA14.10472

Amount of Each Receipt this Period
 _____ 286.00

Reimbursement for Expenses

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 3125.09

_____ 3125.09

**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 20 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Bottom Line Marketing Group

Full Name (Last, First, Middle Initial)
Mailing Address 20101 Flatbush Avenue

City Marine Park State NY Zip Code 11234

Purpose of Disbursement Mailing

Candidate Name **BOB TURNER FOR CONGRESS, INC**

Office Sought: House Senate President

Disbursement For: 2011 Primary General Other (specify) Special-General

State: NY District: 09

Date of Disbursement: 10 / 04 / 2011

Amount of Each Disbursement this Period: 3895.25

Transaction ID : SB17.10392

B. Buckley's

Full Name (Last, First, Middle Initial)
Mailing Address 926 Avenue S

City Brooklyn State NY Zip Code 11229

Purpose of Disbursement Meals

Candidate Name **BOB TURNER FOR CONGRESS, INC**

Office Sought: House Senate President

Disbursement For: 2011 Primary General Other (specify) Special-General

State: NY District: 09

Date of Disbursement: 11 / 11 / 2011

Amount of Each Disbursement this Period: 828.00

Transaction ID : SB17.10419

c. Capital Grille

Full Name (Last, First, Middle Initial)
Mailing Address 120 Broadway

City New York State NY Zip Code 10271

Purpose of Disbursement Meals

Candidate Name **BOB TURNER FOR CONGRESS, INC**

Office Sought: House Senate President

Disbursement For: 2011 Primary General Other (specify) Special-General

State: NY District: 09

Date of Disbursement: 11 / 22 / 2011

Amount of Each Disbursement this Period: 515.50

Transaction ID : SB17.10425

SUBTOTAL of Disbursements This Page (optional)..... 5238.75

TOTAL This Period (last page this line number only).....

**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 21 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Ed Carroll		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address Ocean Side Walk		Amount of Each Disbursement this Period 2185.00 Transaction ID : SB17.10430
City Breezy Point	State NY Zip Code 11697	
Purpose of Disbursement Office supplies	Category/Type 001	
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09		

Full Name (Last, First, Middle Initial) B. Cellini Restaurant		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 65 E 54th St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.10442
City New York	State NY Zip Code 10022	
Purpose of Disbursement Meals	Category/Type 007	
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09		

Full Name (Last, First, Middle Initial) c. Citi bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 156-59 Cross Bay blvd		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.10467
City Howard Beach	State NY Zip Code 11414	
Purpose of Disbursement Bank Charges	Category/Type 001	
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09		

SUBTOTAL of Disbursements This Page (optional).....	2185.00
TOTAL This Period (last page this line number only).....	

**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 22 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Constantine Financial Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2011
Mailing Address 2961-A Hunter Mill RD Ste 808		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.10397
City Oakton	State VA	
Zip Code 22124	Purpose of Disbursement Accounting	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B. Joe Abbracciamento		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2011
Mailing Address 62-96 Woodhaven BLVD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10421
City Rego Park	State NY	
Zip Code 11374	Purpose of Disbursement Meals	Category/ Type 007
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) C. LCM		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2011
Mailing Address 2 Hartshom Lane		Amount of Each Disbursement this Period 4075.00 Transaction ID : SB17.10417
City West Nyack	State NY	
Zip Code 10994	Purpose of Disbursement Video work	Category/ Type 006
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

SUBTOTAL of Disbursements This Page (optional).....	7175.00
TOTAL This Period (last page this line number only).....	

**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 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.10394
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.10402
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Taxi	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) c. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.10405
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

SUBTOTAL of Disbursements This Page (optional).....	3240.00
TOTAL This Period (last page this line number only).....	

**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 24 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.10408
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 58.00 Transaction ID : SB17.10422
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Taxi	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) c. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.10423
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

SUBTOTAL of Disbursements This Page (optional).....	3258.00
TOTAL This Period (last page this line number only).....	

**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 25 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 70.79 Transaction ID : SB17.10429
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address PO Box 140016		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.10431
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) c. O'Brien Murray		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address Columbus Circle west 56th STreet		Amount of Each Disbursement this Period 2318.19 Transaction ID : SB17.10399
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

SUBTOTAL of Disbursements This Page (optional).....	3988.98
TOTAL This Period (last page this line number only).....	

**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 26 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. NYC Sanitation Department		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2011
Mailing Address 346 Broadway, 10th Floor		Amount of Each Disbursement this Period 1050.00 Transaction ID : SB17.10401
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Trach Removal	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B. Orange 32		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 57-17 5th Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.10391
City LIC	State NY	
Zip Code 11101	Purpose of Disbursement T-Shirts	Category/ Type 006
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) c. Post Office		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address Howard Beach Station		Amount of Each Disbursement this Period 26.40 Transaction ID : SB17.10438
City Jamaica	State NY	
Zip Code 11414	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

SUBTOTAL of Disbursements This Page (optional).....	1476.40
TOTAL This Period (last page this line number only).....	

**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 27 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Printing Plus		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2011
Mailing Address 116-59 Queens Blvd		Amount of Each Disbursement this Period 260.20 Transaction ID : SB17.10413
City State Zip Code Forest Hills NY 11375	Purpose of Disbursement Printed materials 006 Category/Type	
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	
Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		

Full Name (Last, First, Middle Initial) B. Printing Plus		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 116-59 Queens Blvd		Amount of Each Disbursement this Period 192.00 Transaction ID : SB17.10433
City State Zip Code Forest Hills NY 11375	Purpose of Disbursement Printing 001 Category/Type	
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	
Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		

Full Name (Last, First, Middle Initial) c. Rainmakers, Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address PO Box 1082		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.10447
City State Zip Code Springfield VA 22151	Purpose of Disbursement Media 004 Category/Type	
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	1952.20
TOTAL This Period (last page this line number only).....	

**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 28 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Safe Guard Self Storage		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 101-09 103rd Ave		Amount of Each Disbursement this Period 82.50 Transaction ID : SB17.10456
City Ozone Park State NY Zip Code 11417	Purpose of Disbursement Storage Rental 001 Category/Type	
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Safe Guard Self Storage		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address 101-09 103rd Ave		Amount of Each Disbursement this Period 137.00 Transaction ID : SB17.10466
City Ozone Park State NY Zip Code 11417	Purpose of Disbursement Storage Rental 001 Category/Type	
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) c. Jonathan Schenker		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2011
Mailing Address 1071 East 32nd Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.10398
City Brooklyn State NY Zip Code 11210	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name BOB TURNER FOR CONGRESS, INC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	3219.50
TOTAL This Period (last page this line number only).....	

**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 29 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 163-50 Cross Bay Blvd		Amount of Each Disbursement this Period 93.12 Transaction ID : SB17.10426
City Howard Beach	State NY	
Zip Code 11414	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2011
Mailing Address 3130 38th St. NW		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.10415
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Media	Category/ Type 004
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) c. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 3130 38th St. NW		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.10434
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Media	Category/ Type 004
Candidate Name BOB TURNER FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

SUBTOTAL of Disbursements This Page (optional).....	543.12
TOTAL This Period (last page this line number only).....	

**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 30 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

A. Sumner 360

Full Name (Last, First, Middle Initial)
Mailing Address 3130 38th St. NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Media
Candidate Name **BOB TURNER FOR CONGRESS, INC**
Category/Type 004

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: NY District: 09

Date of Disbursement: 12 / 15 / 2011

Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10435

B. Sumner 360

Full Name (Last, First, Middle Initial)
Mailing Address 3130 38th St. NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Media
Candidate Name **BOB TURNER FOR CONGRESS, INC**
Category/Type 004

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: NY District: 09

Date of Disbursement: 12 / 21 / 2011

Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10445

c. Time Warner Cable

Full Name (Last, First, Middle Initial)
Mailing Address 61 41 Kissena Blvd

City Flushing State NY Zip Code 11355

Purpose of Disbursement Cable/Phone
Candidate Name **BOB TURNER FOR CONGRESS, INC**
Category/Type 001

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) Special-General

State: NY District: 09

Date of Disbursement: 11 / 09 / 2011

Amount of Each Disbursement this Period: 554.17
Transaction ID : SB17.10416

SUBTOTAL of Disbursements This Page (optional) 1554.17

TOTAL This Period (last page this line number only)

**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 31 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
BOB TURNER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. West End Party Rentals		Date of Disbursement
Mailing Address PO Box 96		M M / D D / Y Y Y Y 10 / 07 / 2011
City Breezy Point	State NY	Zip Code 11697
Purpose of Disbursement Tent Rental	Category/Type 007	Amount of Each Disbursement this Period 326.24
Candidate Name BOB TURNER FOR CONGRESS, INC		Transaction ID : SB17.10396
Office Sought: <input checked="" type="checkbox"/> House <input 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: 09	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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).....	326.24
TOTAL This Period (last page this line number only).....	34157.36

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BOB TURNER FOR CONGRESS, INC** Transaction ID : **SC/10.5683**

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:
M 07	D 15	Y 2011	M M / D D / Y Y Y 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).....	▶	15000.00
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.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5684**
BOB TURNER FOR CONGRESS, INC

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
20000.00	0.00	20000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 07 / D 20 / 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).....	▶	20000.00
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.		

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) **Transaction ID : SC/10.5685**
BOB TURNER FOR CONGRESS, INC

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:
M 07 / D 31 / 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: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

SUBTOTALS This Period This Page (optional).....	15000.00
TOTALS This Period (last page in this line only).....	<input style="width:100%" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BOB TURNER FOR CONGRESS, INC** Transaction ID : **SC/10.5686**

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
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.		

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **BOB TURNER FOR CONGRESS, INC** 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:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	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).....	65500.00

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