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# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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

TURNER FOR NEW YORK

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

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
X 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 01 2012 through M M / D D / Y Y Y Y 12 31 2012

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 Kevin Turner 5/20/13 Date M M / D D / Y Y Y Y 03 26 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.

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FEC FORM 3 (Revised 02/2003)

13020401460

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name  
**TURNER FOR NEW YORK**

Report Covering the Period: From: <sup>M</sup>10 / <sup>D</sup>01 / <sup>Y</sup>2012 To: <sup>M</sup>12 / <sup>D</sup>31 / <sup>Y</sup>2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4346.91	871309.24
(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)).....	4346.91	868184.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>4571.78</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>157500.00</b>	

**For further information contact:**

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

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

13020401461

**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 10 01 2012 To: M M / D D / Y Y Y Y 12 31 2012

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	<b>0.00</b>	<b>0.00</b>
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>0.00</b>	<b>3125.09</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>0.00</b>	<b>0.00</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....</b>	<b>0.00</b>	<b>924881.02</b>

13020401462

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date	
17. OPERATING EXPENDITURES.....	4346.91		871309.24	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00		0.00	
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00		15000.00	
(b) Of All Other Loans .....	0.00		0.00	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00		15000.00	
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4346.91		920309.24	

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8918.69	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00	
25. SUBTOTAL (add Line 23 and Line 24).....	8918.69	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4346.91	
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4571.78	

13020401463

**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 14	
	<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) <b>A. Constantine Financial Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012	
Mailing Address 2961-A Hunter Mill RD Ste 808		Amount of Each Disbursement this Period \$ 4000.00	
City Oakton	State VA	Zip Code 22124	Transaction ID : SB17.11520
Purpose of Disbursement Accounting		001	
Candidate Name <b>TURNER FOR NEW YORK</b>		Category/ Type	
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>B. Ryan Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2012	
Mailing Address PO Box 140016		Amount of Each Disbursement this Period \$ 62.80	
City Howard Beach	State NY	Zip Code 11414	Transaction ID : SB17.11519
Purpose of Disbursement Postage		001	
Candidate Name <b>TURNER FOR NEW YORK</b>		Category/ Type	
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>C. Prosper Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012	
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period \$ 284.11	
City Greenwood	State IN	Zip Code 46143	Transaction ID : SB17.11521
Purpose of Disbursement Website Services		001	
Candidate Name <b>TURNER FOR NEW YORK</b>		Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$	\$	4346.91
<b>TOTAL</b> This Period (last page this line number only).....	\$	\$	4346.91

13020401464

**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/10.5684

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

**[PERSONAL FUNDS]**

Election: 2011

**ROBERT L TURNER**

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	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.

13020401465

**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/10.5685**

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

**[PERSONAL FUNDS]**

Election: 2011

**ROBERT L TURNER**

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
15000.00	0.00	15000.00

<b>TERMS</b>	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:
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.

13020401466

**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/10.5686

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

**[PERSONAL FUNDS]**

Election: 2011

**ROBERT L TURNER**

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.

13020401467



**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/10.5687

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
3000.00	0.00	3000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 <sup>M</sup> / 20 <sup>D</sup> / 2011 <sup>Y</sup>	12/31/11 <sup>Y</sup>	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.

13020401468

**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]** Election: 2012  
**ROBERT L TURNER**  Primary  
Mailing Address  General  
PO BOX 140016  Other (specify) ▼

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<sup>05</sup> / D<sup>31</sup> / Y<sup>2012</sup> M M / D D / Y<sup>12</sup> / Y<sup>31</sup> 0.00 % (apr)  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:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> 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.

13020401469

**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/10.11479**

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
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M <sup>07</sup> / D <sup>29</sup> / Y <sup>2012</sup>	M / D / Y <sup>12/31/12</sup>	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)..... ▶ align="right">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.

13020401470

**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/10.11478**

**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 **20000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **20000.00**

**TERMS** Date Incurred **08/26/2012** 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)..... ▶ **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.

13020401471

**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/10.11469**

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 21000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 21000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: MM/YY (09/26) / 2012  
Date Due: MM/YY (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: [ ]
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.

13020401472

**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 <sup>M</sup> / 26 <sup>D</sup> / 2012 <sup>Y</sup>	12/31/12 <sup>Y</sup>	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).....▶ 157500.00

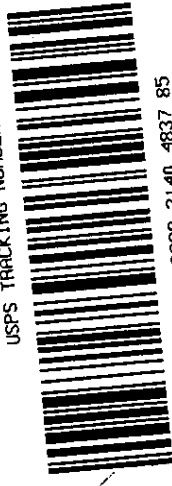
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020401473

13020401474



**SOCHI**  
+XXII\*  
Mr. Kevin Turner  
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7 January 2008

NANCY ERICKSON  
SECRETARY

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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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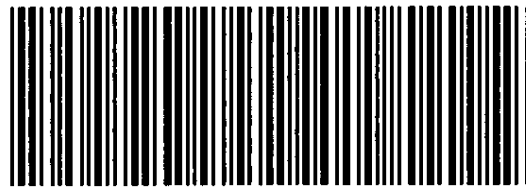
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
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PREPARER **DH** DATE PREPARED **8-30-13**

13020401475





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