

MISCELLANEOUS TEXT (FEC Form 99)

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We received your letter dated 2/28/13 indicating that the Turner for New York had received contributions designated for the 2011 Special General Election on the 2012 October Quarterly Report. These funds were designated for the Special General Election by the donor and used to pay the expenses incurred for the 2011 Special General Election.

RECORDED
SECRETARY OF THE SENATE
PUBLIC RECORDS
13 AUG 30 PM 4:09

13020401477

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 AUG 30 PM 4:00
Office Use Only

1. NAME OF COMMITTEE (in full) **TURNER FOR NEW YORK** 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 ▼ **C C00499244** CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) 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)
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 07 01 2012 through M M / D D / Y Y Y Y 09 30 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* Date **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.

Office Use Only

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FEC FORM 3
(Revised 02/2003)

13020401478

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period: From: ^M07 / ^D01 / ^Y2012 To: ^M09 / ^D30 / ^Y2012

	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))	4200.00	749255.93
(b) Total Contribution Refunds (from Line 20(d))	31500.00	34000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-27300.00	715255.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	76823.21	866962.33
(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))	76823.21	863837.24
8. Cash on Hand at Close of Reporting Period (from Line 27)	8918.69	
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)	157500.00	

For further information contact:

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

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

13020401479

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 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

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)	4000.00	504219.00
(ii) Unitemized	200.00	150944.61
(iii) TOTAL of contributions from individuals	4200.00	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))..	4200.00	749255.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	77000.00	172500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	77000.00	172500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	3125.09
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	81200.00	924881.02

13020401480

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76823.21	866962.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	15000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	31500.00	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)).....	31500.00	34000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	118323.21	915962.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	46041.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	81200.00
25. SUBTOTAL (add Line 23 and Line 24).....	127241.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	118323.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8918.69

13020401481

**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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) Eduardo Caballero			Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address PO Box 2571			Transaction ID : SA11A1.11480
City New York	State NY	Zip Code 10251	Amount of Each Receipt this Period \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ 500.00		

Full Name (Last, First, Middle Initial) Herbert J Siegel			Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 1300 York Avenue			Transaction ID : SA11A1.11473
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period \$ 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Weill Cornell	Occupation Physician		
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date \$ \$ 5000.00		

Full Name (Last, First, Middle Initial) James Wurz			Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 6301 Sutliff Rd			Transaction ID : SA11A1.11471
City Oriskany	State NY	Zip Code 13424	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
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).....	\$ \$ 4000.00
TOTAL This Period (last page this line number only).....	\$ \$ 4000.00

13020401482

**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 27	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) ROBERT L TURNER			Date of Receipt M M / D D / Y Y Y Y 07 29 2012
Mailing Address PO BOX 140016			Transaction ID : SA13A.11479
City HOWARD BEACH	State NY	Zip Code 11414	
FEC ID number of contributing federal political committee. C H0NY09072			Amount of Each Receipt this Period \$ 30000.00
Name of Employer Turner for Congress 2011, Inc.		Occupation Candidate	Loan from Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ \$ 125786.00	

Full Name (Last, First, Middle Initial) ROBERT L TURNER			Date of Receipt M M / D D / Y Y Y Y 08 26 2012
Mailing Address PO BOX 140016			Transaction ID : SA13A.11478
City HOWARD BEACH	State NY	Zip Code 11414	
FEC ID number of contributing federal political committee. C H0NY09072			Amount of Each Receipt this Period \$ 20000.00
Name of Employer Turner for Congress 2011, Inc.		Occupation Candidate	Loan from Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ \$ 145786.00	

Full Name (Last, First, Middle Initial) ROBERT L TURNER			Date of Receipt M M / D D / Y Y Y Y 09 26 2012
Mailing Address PO BOX 140016			Transaction ID : SA13A.11469
City HOWARD BEACH	State NY	Zip Code 11414	
FEC ID number of contributing federal political committee. C H0NY09072			Amount of Each Receipt this Period \$ 21000.00
Name of Employer Turner for Congress 2011, Inc.		Occupation Candidate	Loan from Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ \$ 166786.00	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ 71000.00
TOTAL This Period (last page this line number only).....	\$ \$

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 OF 27		
	(check only one)	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input checked="" type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) ROBERT L TURNER			Date of Receipt M M / D D / Y Y Y Y 09 26 2012	
Mailing Address PO BOX 140016			Transaction ID : SA13A.11470	
City HOWARD BEACH	State NY	Zip Code 11414	Amount of Each Receipt this Period \$ 6000.00	
FEC ID number of contributing federal political committee. C H0NY09072			Loan from Candidate	
Name of Employer Turner for Congress 2011, Inc.		Occupation Candidate		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 172786.00		

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code		
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code		
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	\$	\$	6000.00
TOTAL This Period (last page this line number only).....	\$	\$	77000.00

13020401484

**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 8 OF 27			
	<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)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Paula Ainspan		Date of Disbursement M M / D D / Y Y Y Y 08 01 2012	
Mailing Address 15 Boylston Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.11513	
City Delmar	State NY		Zip Code 12054
Purpose of Disbursement Salary	001		
Candidate Name TURNER FOR NEW YORK			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. Google		Date of Disbursement M M / D D / Y Y Y Y 07 06 2012	
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 7139.89 Transaction ID : SB17.11511	
City Mountain View	State CA		Zip Code 94043
Purpose of Disbursement Advertising	004		
Candidate Name TURNER FOR NEW YORK			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) c. In The Field Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 14 2012	
Mailing Address 1520 Myron Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11515	
City Niskayuna	State NY		Zip Code 12309
Purpose of Disbursement Campaign Management	001		
Candidate Name TURNER FOR NEW YORK			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:		

SUBTOTAL of Disbursements This Page (optional).....	9639.89
TOTAL This Period (last page this line number only).....	

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**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)			
	<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)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012	
Mailing Address PO Box 140016		Amount of Each Disbursement this Period \$ 67.00 Transaction ID : SB17.11506	
City Howard Beach	State NY		Zip Code 11414
Purpose of Disbursement Payroll	Category/ Type 001		
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: NY District:	

Full Name (Last, First, Middle Initial) B. O'Brien Murray		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012	
Mailing Address Columbus Circle west 56th Street		Amount of Each Disbursement this Period \$ 5363.98 Transaction ID : SB17.11505	
City New York	State NY		Zip Code 10021
Purpose of Disbursement Campaign Management	Category/ Type 001		
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: NY District:	

Full Name (Last, First, Middle Initial) C. O'Brien Murray		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012	
Mailing Address Columbus Circle west 56th Street		Amount of Each Disbursement this Period \$ 8000.00 Transaction ID : SB17.11504	
City New York	State NY		Zip Code 10021
Purpose of Disbursement Campaign Management	Category/ Type 001		
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: NY District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	13430.98
TOTAL This Period (last page this line number only).....	\$	\$	-

13020401486

**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)

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. O'Brien Murray		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address Columbus Circle west 56th STreet		Amount of Each Disbursement this Period \$ 37000.00 Transaction ID : SB17.11503
City New York	State NY	
Zip Code 10021	Category/ Type 001	
Purpose of Disbursement Campaign Management		
Candidate Name TURNER FOR NEW YORK		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: NY	District:	

Full Name (Last, First, Middle Initial) B. NLO Strategies		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 14 Hemlock Drive		Amount of Each Disbursement this Period \$ 13034.01 Transaction ID : SB17.11516
City sleepy hollow	State NY	
Zip Code 10591	Category/ Type 004	
Purpose of Disbursement Media Services		
Candidate Name TURNER FOR NEW YORK		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	Disbursement For: 2012	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: NY	District:	

Full Name (Last, First, Middle Initial) c. Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period \$ 1062.50 Transaction ID : SB17.11510
City Greenwood	State IN	
Zip Code 46143	Category/ Type 001	
Purpose of Disbursement Website Services		
Candidate Name TURNER FOR NEW YORK		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: NY	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 51096.51
TOTAL This Period (last page this line number only).....	\$

13020401487

**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 11 OF 27	
	<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)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 09 26 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period \$ 107.15 Transaction ID : SB17.11509
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Website Services	001	
Candidate Name TURNER FOR NEW YORK	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. Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 09 30 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period \$ 238.07 Transaction ID : SB17.11508
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Website Services	001	
Candidate Name TURNER FOR NEW YORK	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) C. Rainmakers, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 02 2012
Mailing Address PO Box 1082		Amount of Each Disbursement this Period \$ 2310.61 Transaction ID : SB17.11517
City Springfield	State VA Zip Code 22151	
Purpose of Disbursement Media	004	
Candidate Name TURNER FOR NEW YORK	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:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	2655.83
TOTAL This Period (last page this line number only).....	\$	\$	76823.21

13020401488

**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)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. ROBERT L TURNER Full Name (Last, First, Middle Initial) Mailing Address PO BOX 140016 City HOWARD BEACH State NY Zip Code 11414 Purpose of Disbursement Loan Repayment Candidate Name TURNER FOR NEW YORK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General State: NY District:		Date of Disbursement M M / D D / Y Y Y Y 08 14 2012 Amount of Each Disbursement this Period \$ 10000.00 Transaction ID : SB19A.11530 Category/ Type 009
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement 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:		Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period \$
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement 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:		Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period \$
SUBTOTAL of Disbursements This Page (optional).....		\$ 10000.00
TOTAL This Period (last page this line number only).....		\$ 10000.00

13020401489

**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 13 OF 27

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Roger Aguinaldo		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 85-31 67th RD		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11500	
City Rego Park	State NY		Zip Code 11374
Purpose of Disbursement Refund	010 Category/ Type		
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) B. James Hayes		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 100 South Pointe Drive # 2605		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11490	
City Miami Beach	State FL		Zip Code 33139
Purpose of Disbursement Refund	010 Category/ Type		
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) C. Charles M Joyce		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 4165 Grandview Ave		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11486	
City Wellsville	State NY		Zip Code 14895
Purpose of Disbursement Refund	010 Category/ Type		
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	\$

13020401490

**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 14 OF 27

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Mary Kalikow		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 101 Park Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11494	
City New York	State NY		Zip Code 10178
Purpose of Disbursement Refund			010 Category/ Type
Candidate Name TURNER FOR NEW YORK			
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District:			
Full Name (Last, First, Middle Initial) B. Peter Kalikow		Date of Disbursement M M / D D / Y Y Y Y 09 04 2012	
Mailing Address 101 Park Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11496	
City New York	State NY		Zip Code 10178
Purpose of Disbursement Refund			010 Category/ Type
Candidate Name TURNER FOR NEW YORK			
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District:			
Full Name (Last, First, Middle Initial) C. George Klein		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 535 Madison Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11488	
City New York	State NY		Zip Code 10022
Purpose of Disbursement Refund			010 Category/ Type
Candidate Name TURNER FOR NEW YORK			
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District:			
SUBTOTAL of Disbursements This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....		*	

13020401491

**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 15 OF 27

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Andrew Kohut
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Slocum Crescent
 City Forest Hills State NY Zip Code 11375
 Purpose of Disbursement Refund
 Candidate Name **TURNER FOR NEW YORK**
 Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify)
 State: NY District:

Date of Disbursement
M M / D D / Y Y Y Y
07 04 2012

Amount of Each Disbursement this Period
2500.00
Transaction ID : SB20A.11485

010
Category/Type

B. Marvin Koslow
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 11th st
 City Garden City State NY Zip Code 11530
 Purpose of Disbursement Refund
 Candidate Name **TURNER FOR NEW YORK**
 Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify)
 State: NY District:

Date of Disbursement
M M / D D / Y Y Y Y
07 26 2012

Amount of Each Disbursement this Period
500.00
Transaction ID : SB20A.11493

010
Category/Type

C. John P McGrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 117-01 Park Ln S C5M
 City Richmond Hill State NY Zip Code 11418
 Purpose of Disbursement Refund
 Candidate Name **TURNER FOR NEW YORK**
 Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify)
 State: NY District:

Date of Disbursement
M M / D D / Y Y Y Y
07 26 2012

Amount of Each Disbursement this Period
1000.00
Transaction ID : SB20A.11491

010
Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 4000.00
TOTAL This Period (last page this line number only).....

13020401492

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Daniel Mezzalingua		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 8787 Bay Colony Dr. Apt. 305		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB20A.11487	
City Naples	State FL		Zip Code 34108
Purpose of Disbursement Refund	010 Category/ Type		
Candidate Name TURNER FOR NEW YORK			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) B. Robert Price		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 25 E 86th Street #8D		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11499	
City New York	State NY		Zip Code 10028
Purpose of Disbursement Refund	010 Category/ Type		
Candidate Name TURNER FOR NEW YORK			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) C. Alexander Shapiro		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012	
Mailing Address 344 East 63rd Street #9E		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.11484	
City New York	State NY		Zip Code 10065
Purpose of Disbursement Refund	010 Category/ Type		
Candidate Name TURNER FOR NEW YORK			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

13020401493

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Herbert J Siegel		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012
Mailing Address 1300 York Avenue		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11489
City New York	State NY	
Purpose of Disbursement Refund	Zip Code 10065	Category/ Type 010
Candidate Name TURNER FOR NEW YORK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District:	

Full Name (Last, First, Middle Initial) B. John S Wallerstein		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012
Mailing Address 857 Fifth Avenue		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11492
City New York	State NY	
Purpose of Disbursement Refund	Zip Code 10065	Category/ Type 010
Candidate Name TURNER FOR NEW YORK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District:	

Full Name (Last, First, Middle Initial) C. Penny K Wallerstein		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012
Mailing Address 857 Fifth Avenue		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11495
City New York	State NY	
Purpose of Disbursement Refund	Zip Code 10021	Category/ Type 010
Candidate Name TURNER FOR NEW YORK		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	7500.00
TOTAL This Period (last page this line number only).....	\$	\$	31500.00

13020401494

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/10.5683**

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	15000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 15 / 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)..... ▶ 0.00

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.

13020401495

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:
07 / 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)..... ▶ 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.

13020401496

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
Mailing Address PO BOX 140016
 Primary
 General
 Other (specify) **Special-General**

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^M / D^D / Y^Y 07 / 31 / 2011 M M / D D / Y Y 12/31/11 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:

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.

13020401497

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)

ROBERT L TURNER

[PERSONAL FUNDS]

Election: 2011

Primary
 General
 Other (specify) ▼
Special-General

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 15 / 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)..... ▶ 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.

13020401498

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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

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

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

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00

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

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

13020401499

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) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS Date Incurred Date Due Interest Rate Secured:
 05 / 31 / 2012 M M / D D / Y Y 12/31/12 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:

SUBTOTALS This Period This Page (optional) ▶ 30000.00

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

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

13020401500

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)

ROBERT L TURNER

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 30000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 30000.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 30000.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 30000.00

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

TOTALS This Period (last page in this line only)

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

13020401501

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)

[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
20000.00	0.00	20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08 / 26 / 2012

12/31/12

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:

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.

13020401502

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

TERMS

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

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

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

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

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

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

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:
M ⁰⁹ / D ²⁶ / Y ²⁰¹²	M / D / Y ^{12/31/12}	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 6000.00

TOTALS This Period (last page in this line only) ▶ 157500.00

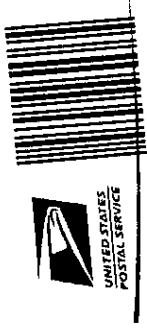
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13020401504

13020401505

SOCHI
XXII
Mr. Kevin Turner
8549 105th St.
Jamaica, NY 11418-1128

U.S. POSTAGE
PAID
FLUSHING, NY
11375
MAY 10 2013
AMOUNT
\$6.15
00068628-04

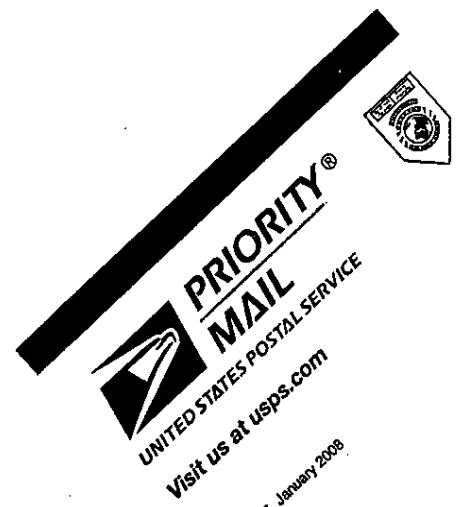


1004 20013

Secretary of the Senate
Office of Public Records
PO Box 77478
Washington, DC 20013-7578

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9505 5106 8628 3140 4837 85



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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark **5-20-13**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

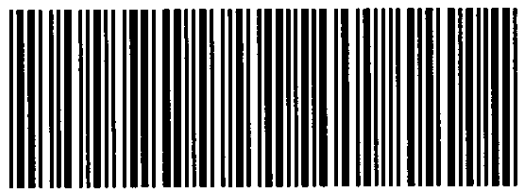
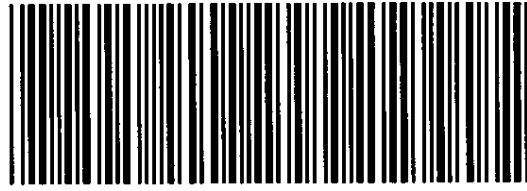
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **8-30-13**

13020401506



13020401507