

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) 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 3. IS THIS REPORT NEW OR AMENDED X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NY

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 06/07/2012 through 06/30/2012

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 5/20/13 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 grid and FEC FORM 3 (Revised 02/2003)

13020401508

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period: From: ^M06 / ^D07 / ^Y2012 To: ^M06 / ^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))	51585.00	195770.12
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	51585.00	195270.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	104379.60	235633.20
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	104379.60	235633.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	46041.90	
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)	90500.00	

For further information contact:

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

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

13020401509

DETAILED SUMMARY PAGE
of Receipts

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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 06 07 2012 To: M M / D D / Y Y Y Y 06 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).....	45950.00	172110.00
(ii) Unitemized.....	5635.00	18867.80
(iii) TOTAL of contributions from individuals ▶	51585.00	190977.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4792.32
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	51585.00	195770.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
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)..... ▶	51585.00	225770.12

13020401510

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.....	104379.60	235633.20
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	104379.60	236133.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	98836.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51585.00
25. SUBTOTAL (add Line 23 and Line 24).....	150421.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104379.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	46041.90

13020401511

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 33	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<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) Roger Aguinaldo		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2012
Mailing Address 85-31 67th RD		Transaction ID : SA11AL.11255
City Rego Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2500.00
Name of Employer Investor	Occupation Forest Hills Capital	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 2500.00	

Full Name (Last, First, Middle Initial) Carol Anderson		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 1025 Strong Rd		Transaction ID : SA11AL.11387
City Victor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer none	Occupation retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

Full Name (Last, First, Middle Initial) Gail S Blaustein		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 628 Dervy Ave		Transaction ID : SA11AL.11396
City Woodmere	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 3750.00
TOTAL This Period (last page this line number only).....	\$

13020401512

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

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

FOR LINE NUMBER: PAGE 6 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Guy M Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8090
 City Ruidoso State NM Zip Code 88355
 Date of Receipt 06 / 27 / 2012
 Transaction ID : SA11A1.11457
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Ruidoso Police Department Occupation Detective
 Receipt For: 2012 Election Cycle-to-Date
 Primary General
 Other (specify) 1000.00

B. Robert Ferdon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 255
 City Alpine State NJ Zip Code 07620
 Date of Receipt 06 / 07 / 2012
 Transaction ID : SA11A1.11287
 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 Election Cycle-to-Date
 Primary General
 Other (specify) 500.00

C. Joan Fogarty
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 Beach 127th Street
 City Rockaway Park State NY Zip Code 11694
 Date of Receipt 06 / 27 / 2012
 Transaction ID : SA11A1.11454
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation N/a
 Receipt For: 2012 Election Cycle-to-Date
 Primary General
 Other (specify) 500.00

SUBTOTAL of Receipts This Page (optional) 1800.00
TOTAL This Period (last page this line number only)

13020401513

**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 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input 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) Mario J Gabelli		Date of Receipt M M / D D / Y Y - Y Y 06 26 2012
Mailing Address One Corporate Center		Transaction ID : SA11A1.11381
City Rye	State NY	Zip Code 10580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Gamco	Occupation Chairman	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1000.00	

Full Name (Last, First, Middle Initial) Kenneth Gamble		Date of Receipt M M / D D / Y Y - Y Y 06 12 2012
Mailing Address 175 Huguenot Street		Transaction ID : SA11A1.11247
City New Rochelle	State NY	Zip Code 10801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2475.00
Name of Employer Insurance Broker	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) Robert W Garthwait		Date of Receipt M M / D D / Y Y - Y Y 06 07 2012
Mailing Address PO Box 1367		Transaction ID : SA11A1.11266
City Waterbury	State CT	Zip Code 06721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Cly Del Manufacturing	Occupation Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 3975.00
TOTAL This Period (last page this line number only).....	

13020401514

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

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

FOR LINE NUMBER: PAGE 8 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

Mailing Address **666 Fifth Avenue Suite 3200**

City **New York** State **NY** Zip Code **10103**

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

Name of Employer **Fulbright Jaworski** Occupation **Attorney**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
\$ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 07 2012

Transaction ID : SA11AI.11346

Amount of Each Receipt this Period
\$ 500.00

B. Full Name (Last, First, Middle Initial)
Joseph Greeley

Mailing Address **21 Sabine Rd.**

City **Syosset** State **NY** Zip Code **11791**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
\$ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
06 17 2012

Transaction ID : SA11AI.11256

Amount of Each Receipt this Period
\$ 1000.00

C. Full Name (Last, First, Middle Initial)
Tara Greeley

Mailing Address **88 Leonard Street 1123**

City **New York** State **NY** Zip Code **10013**

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

Name of Employer **Sales** Occupation **NBCUniversal**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
\$ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 26 2012

Transaction ID : SA11AI.11366

Amount of Each Receipt this Period
\$ 1000.00

SUBTOTAL of Receipts This Page (optional)..... \$ 2500.00

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

13020401515

**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input 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) A. Brett Greenberg		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 4 Greenbriar Lane		Transaction ID : SA11AI.11268
City Westport	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer MedReview	Occupation Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

Full Name (Last, First, Middle Initial) B. Steven Greenberg		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 158 Oceanside		Transaction ID : SA11AI.11452
City Breezy Point	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Financial Advisor	Occupation Morgan Stanley Smith Barney	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00	

Full Name (Last, First, Middle Initial) C. Gary Grosner		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2012
Mailing Address 5486 Via Marina Ct.		Transaction ID : SA11AI.11393
City Williamsville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Medicine	Occupation Surgeon	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 1250.00
TOTAL This Period (last page this line number only).....	\$ 1250.00

13020401516

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

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

FOR LINE NUMBER: PAGE 10 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Full Name (Last, First, Middle Initial) William Iacovelli		Date of Receipt M M / D D / Y Y Y Y 06 18 2012	
Mailing Address 151 Colonial Rd.		Transaction ID : SA11AI.11294	
City State Zip Code Summit NJ 07901	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00	
Name of Employer CB Richard Ellis	Occupation Evp		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00		
B. Full Name (Last, First, Middle Initial) Curtis Katz		Date of Receipt M M / D D / Y Y Y Y 06 22 2012	
Mailing Address 29 Barstow Road Suite 202		Transaction ID : SA11AI.11335	
City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period \$ 1800.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1800.00	
Name of Employer N/A	Occupation N/A		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1800.00		
C. Full Name (Last, First, Middle Initial) Arthur Kremer		Date of Receipt M M / D D / Y Y Y Y 06 15 2012	
Mailing Address 1111 Park Ave #10B		Transaction ID : SA11AI.11350	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00	
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00		
SUBTOTAL of Receipts This Page (optional).....		\$ 2300.00	
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 11 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <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) A. Mark Lerner		Date of Receipt M M / D D / Y Y Y Y 06 18 2012
Mailing Address 41 Orchard Farm Rd.		Transaction ID : SA11AI.11370
City Port Washington	State NY	Zip Code 11050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 650.00
Name of Employer Kasowitz Benson	Occupation Attorney	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$ 650.00

Full Name (Last, First, Middle Initial) B. John P McGrath		Date of Receipt M M / D D / Y Y Y Y 06 12 2012
Mailing Address 117-01 Park Ln S C5M		Transaction ID : SA11AI.11246
City Richmond Hill	State NY	Zip Code 11418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Kazmierczuk & McGrath	Occupation Lawyer	
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

Full Name (Last, First, Middle Initial) C. Daniel Mezzalingua		Date of Receipt M M / D D / Y Y Y Y 06 26 2012
Mailing Address 8787 Bay Colony Dr. Apt. 305		Transaction ID : SA11AI.11273
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Syracuse University	Occupation Vice Chairman	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$ 2000.00

SUBTOTAL of Receipts This Page (optional).....	\$ 2650.00
TOTAL This Period (last page this line number only).....	\$

13020401518

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

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

FOR LINE NUMBER: PAGE 12 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Full Name (Last, First, Middle Initial)
Daniel Mezzalingua

Mailing Address 8787 Bay Colony Dr. Apt. 305

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Syracuse University Vice Chairman

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

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y
06 26 2012

Transaction ID : SA11AI.11274

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Daniel Mezzalingua

Mailing Address 8787 Bay Colony Dr. Apt. 305

City State Zip Code
Naples FL 34108

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

Name of Employer Occupation
Syracuse University Vice Chairman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y
06 26 2012

Transaction ID : SA11AI.11467

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Donald L Morchower

Mailing Address 200 East 57th Street Apt. 11A

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
DLM Associates Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 18 2012

Transaction ID : SA11AI.11352

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... 4250.00

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

13020401519

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 33
	<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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) Helen Mutchler		Date of Receipt M M / D D / Y Y - Y Y 06 18 2012
Mailing Address 33 Stratford Drive		Transaction ID : SA11AI.11292
City Somerset	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Tim O'Regan		Date of Receipt M M / D D / Y Y - Y Y 06 27 2012
Mailing Address 204-04 Marshall Ave		Transaction ID : SA11AI.11455
City Breezy Point	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer N/a	Occupation Retired	Election Cycle-to-Date 575.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Phil Plasencia		Date of Receipt M M / D D / Y Y - Y Y 06 16 2012
Mailing Address 260-06 69th Avenue		Transaction ID : SA11AI.11329
City Floral Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Election Cycle-to-Date 300.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

13020401520

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 14 OF 33
(check only one)	
<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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) Robert Price		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 E 86th Street #8D		Transaction ID : SA11A1.11361
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2500.00
Name of Employer Attorney	Occupation Self	
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) Robert Price		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 E 86th Street #8D		Transaction ID : SA11A1.11362
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2500.00
Name of Employer Attorney	Occupation Self	
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) Joseph Quinlan		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 40 Beach 220th Street		Transaction ID : SA11A1.11301
City Breezy Point	State NY	Zip Code 11697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer Retired	Occupation None	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 5250.00
TOTAL This Period (last page this line number only).....	\$

13020401521

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

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

FOR LINE NUMBER:	PAGE 15 OF 33
(check only one)	
<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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) Mark Ravesloot		Date of Receipt M M / D D / Y Y Y Y 06 13 2012
Mailing Address 7 Lookout Avenue		Transaction ID : SA11AI.11315
City Bronxville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer MedReview	Occupation Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

Full Name (Last, First, Middle Initial) Darwin Reedy		Date of Receipt M M / D D / Y Y Y Y 06 13 2012
Mailing Address 51 Peninsula Road		Transaction ID : SA11AI.11283
City Dellwood	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 250.00
Name of Employer Art Dealer	Occupation Self	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

Full Name (Last, First, Middle Initial) Robert Rosenbloom		Date of Receipt M M / D D / Y Y Y Y 06 18 2012
Mailing Address 36 Dorothy Street		Transaction ID : SA11AI.11383
City Staten Island	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Executive	Occupation MedReview	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 1000.00
TOTAL This Period (last page this line number only).....	\$

13020401522

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input 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) George Ryan		Date of Receipt M M / D D / Y Y Y Y 06 21 2012
A. Mailing Address 81 Island Place		Transaction ID : SA11AI.11276
City Orchard	State FL	Zip Code 32963
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 750.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$ 750.00

Full Name (Last, First, Middle Initial) Nina Shapiro		Date of Receipt M M / D D / Y Y Y Y 06 17 2012
B. Mailing Address 344 East 63rd Street #9E		Transaction ID : SA11AI.11253
City New York	State NY	Zip Code 10065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2500.00
Name of Employer Morgan Stanley	Occupation Vice President	
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) Lloyd J Shulman		Date of Receipt M M / D D / Y Y Y Y 06 15 2012
C. Mailing Address Rockridge Farm 961 Rt. 52		Transaction ID : SA11AI.11327
City Carmel	State NY	Zip Code 10512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer Gailoyd Enterprises	Occupation Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$ 500.00

SUBTOTAL of Receipts This Page (optional).....	\$ 3750.00
TOTAL This Period (last page this line number only).....	\$

13020401523

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input 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) Howard Spivak		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 1550 East 29th Street		Transaction ID : SA11AI.11324
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer Spivak Architects	Occupation Owner	Election Cycle-to-Date \$ 1000.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Joseph B Stamm		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 2601 Avenue L		Transaction ID : SA11AI.11321
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00
Name of Employer MedReview	Occupation President	Election Cycle-to-Date \$ 700.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) John S Wallerstein		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 857 Fifth Avenue		Transaction ID : SA11AI.11359
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2500.00
Name of Employer Executive	Occupation HJ Kalikow	Election Cycle-to-Date \$ 5000.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

13020401524

**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 18 OF 33
	<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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) John S Wallerstein		Date of Receipt M M / D D / Y Y Y Y 06 22 2012
Mailing Address 857 Fifth Avenue		Transaction ID : SA11AI.11360
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Executive	Occupation HJ Kalikow	7500.00
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Penny K Wallerstein		Date of Receipt M M / D D / Y Y Y Y 06 22 2012
Mailing Address 857 Fifth Avenue		Transaction ID : SA11AI.11357
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	5000.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Penny K Wallerstein		Date of Receipt M M / D D / Y Y Y Y 06 22 2012
Mailing Address 857 Fifth Avenue		Transaction ID : SA11AI.11358
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Homemaker	Occupation Homemaker	7500.00
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date	

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

13020401525

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

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

FOR LINE NUMBER: PAGE 19 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

Mailing Address **135 Millwyck**

City **Lititz** State **PA** Zip Code **17543**

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

Name of Employer **Engineer** Occupation **Sechan**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 \$ 1000.00

Date of Receipt
 M M / D D / Y Y - Y Y
 06 26 2012

Transaction ID : **SA11AL11403**

Amount of Each Receipt this Period
 \$ 1000.00

B. Full Name (Last, First, Middle Initial)
Richard Worcester

Mailing Address **119-20 Union Turnpike Apt 4C**

City **Kew Gardens** State **NY** Zip Code **11415**

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

Name of Employer **Attorney** Occupation **Cravath, Swaine & Moore**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 \$ 300.00

Date of Receipt
 M M / D D / Y Y - Y Y
 06 19 2012

Transaction ID : **SA11AL11341**

Amount of Each Receipt this Period
 \$ 300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y - Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... \$ 1300.00

TOTAL This Period (last page this line number only)..... \$ 45950.00

13020401526

**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	<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

A. Boucher Strategies Full Name (Last, First, Middle Initial) Mailing Address 125 S. Howes Street Suite 1001 City Ft Collins State CO Zip Code 80521 Purpose of Disbursement Telephone Solicitation 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:		Date of Disbursement M M / D D / Y Y Y Y 06 14 2012 Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.11429
B. Boucher Strategies Full Name (Last, First, Middle Initial) Mailing Address 125 S. Howes Street Suite 1001 City Ft Collins State CO Zip Code 80521 Purpose of Disbursement Telephone Solicitation 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:		Date of Disbursement M M / D D / Y Y Y Y 06 20 2012 Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.11428
C. Boucher Strategies Full Name (Last, First, Middle Initial) Mailing Address 125 S. Howes Street Suite 1001 City Ft Collins State CO Zip Code 80521 Purpose of Disbursement Telephone Solicitation 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:		Date of Disbursement M M / D D / Y Y Y Y 06 22 2012 Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.11420
SUBTOTAL of Disbursements This Page (optional).....		20000.00
TOTAL This Period (last page this line number only).....		

13020401527

**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	<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. Boucher Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 22 2012	
Mailing Address 125 S. Howes Street Suite 1001		Amount of Each Disbursement this Period \$ 8000.00 Transaction ID : SB17.11423	
City Ft Collins	State CO		Zip Code 80521
Purpose of Disbursement Telephone Solicitation	003		
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. Boucher Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 22 2012	
Mailing Address 125 S. Howes Street Suite 1001		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.11427	
City Ft Collins	State CO		Zip Code 80521
Purpose of Disbursement Telephone Solicitation	003		
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. Boucher Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 25 2012	
Mailing Address 125 S. Howes Street Suite 1001		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.11426	
City Ft Collins	State CO		Zip Code 80521
Purpose of Disbursement Telephone Solicitation	003		
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).....	18000.00
TOTAL This Period (last page this line number only).....	

13020401528

**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. Bravo Price Corp		Date of Disbursement M M / D D / Y Y Y Y 06 21 2012
Mailing Address 390 Fifth Ave Suite 511		Amount of Each Disbursement this Period \$ 3500.00 Transaction ID : SB17.11432
City New York	State NY	
Purpose of Disbursement Media Buy	Zip Code 10018	Category/ Type 004
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. Bright One Communication		Date of Disbursement M M / D D / Y Y Y Y 06 17 2012
Mailing Address 19 Stack Drive		Amount of Each Disbursement this Period \$ 650.00 Transaction ID : SB17.11445
City Staten Island	State NY	
Purpose of Disbursement Advertisement	Zip Code 10312	Category/ Type 004
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. Campaign Tel		Date of Disbursement M M / D D / Y Y Y Y 06 25 2012
Mailing Address 110 E 70th Street		Amount of Each Disbursement this Period \$ 10000.00 Transaction ID : SB17.11418
City New York	State NY	
Purpose of Disbursement Telephone Solicitation	Zip Code 10021	Category/ Type 003
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).....	\$ 14150.00
TOTAL This Period (last page this line number only).....	\$

13020401529

**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 33	
	<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. Direct Information Service		Date of Disbursement M M / D D / Y Y Y Y 06 19 2012
Mailing Address 15 Boylston Drive		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.11439
City Delmar	State NY	
Zip Code 12054	Purpose of Disbursement Event Audio	Category/ Type 007
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. Jake Mengers		Date of Disbursement M M / D D / Y Y Y Y 06 20 2012
Mailing Address 1520 Myron Street		Amount of Each Disbursement this Period \$ 774.73 Transaction ID : SB17.11443
City Niskayuna	State NY	
Zip Code 12309	Purpose of Disbursement Travel Expenses	Category/ Type 002
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. Ryan Miller		Date of Disbursement M M / D D / Y Y Y Y 06 11 2012
Mailing Address PO Box 140016		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB17.11436
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:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 4274.73
TOTAL This Period (last page this line number only).....	\$

13020401530

**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 33	
	<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 06 / 22 / 2012
Mailing Address PO Box 140016		Amount of Each Disbursement this Period \$ 118.70 Transaction ID : SB17.11449
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 06 / 11 / 2012
Mailing Address Columbus Circle west 56th Street		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.11431
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 06 / 16 / 2012
Mailing Address Columbus Circle west 56th Street		Amount of Each Disbursement this Period \$ 5363.98 Transaction ID : SB17.11425
City New York	State NY	
Zip Code 10021	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:	

SUBTOTAL of Disbursements This Page (optional).....	10482.68
TOTAL This Period (last page this line number only).....	

13020401531

**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 33

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. NLO Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 07 2012
Mailing Address 14 Hemlock Drive		Amount of Each Disbursement this Period \$ 12500.00 Transaction ID : SB17.11415
City sleepy hollow	State NY	
Purpose of Disbursement Media Services	Zip Code 10591	Category/ Type 004
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. Patrick Media		Date of Disbursement M M / D D / Y Y Y Y 06 11 2012
Mailing Address PO Box 5		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.11430
City Marshfield	State MO	
Purpose of Disbursement Media Purchase	Zip Code 65706	Category/ Type 004
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. Patrick Media		Date of Disbursement M M / D D / Y Y Y Y 06 22 2012
Mailing Address PO Box 5		Amount of Each Disbursement this Period \$ 10000.00 Transaction ID : SB17.11422
City Marshfield	State MO	
Purpose of Disbursement Media Purchase	Zip Code 65706	Category/ Type 004
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).....	\$ 27500.00
TOTAL This Period (last page this line number only).....	

13020401532

**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 33			
	<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. Portofinos		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012
Mailing Address 109-32 Ascan Ave		Amount of Each Disbursement this Period \$ 797.00 Transaction ID : SB17.11442
City State Zip Code Forest Hills NY 11375	Purpose of Disbursement Campaign Dinner	
Candidate Name TURNER FOR NEW YORK	007 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 06 / 19 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period \$ 869.26 Transaction ID : SB17.11441
City State Zip Code Greenwood IN 46143	Purpose of Disbursement Website Services	
Candidate Name TURNER FOR NEW YORK	001 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 06 / 07 / 2012
Mailing Address PO Box 1082		Amount of Each Disbursement this Period \$ 2236.02 Transaction ID : SB17.11438
City State Zip Code Springfield VA 22151	Purpose of Disbursement Media	
Candidate Name TURNER FOR NEW YORK	004 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).....	\$	\$	3902.28
TOTAL This Period (last page this line number only).....	\$	\$	*

13020401533

**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 33	
	<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. Rainmakers, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012	
Mailing Address PO Box 1082		Amount of Each Disbursement this Period \$ 2139.37	
City Springfield	State VA	Zip Code 22151	Transaction ID : SB17.11437
Purpose of Disbursement Media	Category/ Type 004		
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. Strategic Planning Systems		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012	
Mailing Address 150 Knickerbocker Ave		Amount of Each Disbursement this Period \$ 3500.00	
City Bohemia	State NY	Zip Code 11716	Transaction ID : SB17.11434
Purpose of Disbursement Voter Outreach	Category/ Type 006		
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. Thai Rock		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012	
Mailing Address 375 Beach 92nd Street		Amount of Each Disbursement this Period \$ 430.54	
City Rockaway Beach	State NY	Zip Code 11693	Transaction ID : SB17.11447
Purpose of Disbursement Campaign Meal	Category/ Type 007		
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).....	\$ 6069.91
TOTAL This Period (last page this line number only).....	\$ 104379.60

13020401534

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	5000.00	10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07^M / 15^D / 2011^Y

12/31/11^Y

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)..... ▶ 10000.00

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.

13020401535

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)

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.

13020401536

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 31 / 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)..... ▶ 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.

13020401537

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 / 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.

13020401538

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:
	M ^M / D ^D / Y ^Y 2011 Y	M ^M / D ^D / Y ^Y 12/31/11 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

13020401539

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

General

Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional).....	30000.00
TOTALS This Period (last page in this line only).....	90500.00

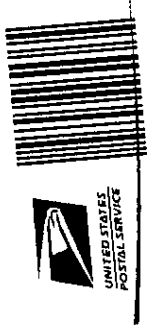
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13020401540

13020401541

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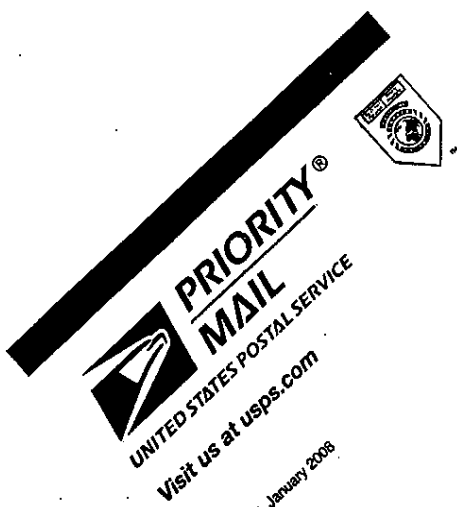


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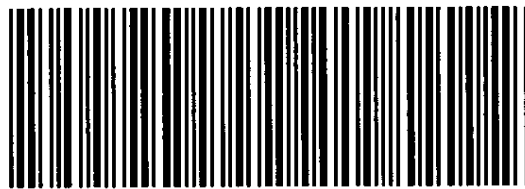
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13020401542



13020401543