FE5AN018

**FEC** FORM 3

#### REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED ...

13 0CT 18 PM 1: 01

| ADDRESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  PO BOX 140016  Check if different than previously reported. (ACC)  CITY  STATE  STATE  ZIP CODE STATE DISTRIPORT  C C00499244  3. IS THIS NEW AMENDED REPORT (N) OR (A)  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)  C Covering Period  Termination Report (TER)  C Covering Period  Type or Print Name of Treasurer Kevin Turner   | <u>I</u>              | 101 All 1                             | 100.01     |                       |  |             | Offic  | se Use Only ' 9 1           |
|--|-----------------------|---------------------------------------|------------|-----------------------|--|-------------|--|-----------------------------|
| ADDRESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER ▼  C C00499244  3. IS THIS NEW REPORT (N) OR AMENDED (A)  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)  C C00499244  (b) 12-Day PRE-Election Report for the:  Primary (12P) General (12G) Runoff (12 Convention (12C) Special (12S)  In the State of  Election on State of  X Termination Report (TER)  Election on State of  In the State of  S Covering Period 07 01 2013 through 09 30 2013  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Kevin Tumer  |                       |                                       | π ▼        |                       |  | , type      | 12FE4M5  |                             |
| ADDRESS (number and street)  Check if different than previously reported. (ACC)  PEC IDENTIFICATION NUMBER   C C00499244  3. IS THIS NEW AMENDED (N) OR (A)  A TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  Jenuary 31 Year-End Report (YE)  C Special (12S)  W Termination Report (TER)  Election on State of State of Covering Period 07 01 2013 through 09 30 2013  I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Kevin Tumer   | TURNER FOR            | NEW YORK                              |            |                       |  | •           |  |                             |
| Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER   C C00499244  3. IS THIS NEW REPORT (N) OR AMENDED  (b) 12-Day PRE-Election Report for the:  April 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  X Termination Report (TER)  C Covering Period  O 7 01 2013 through 09 30 2013  Correct and complete.  Election on State of Treasurer Kevin Tumer  Primary (12P) General (12G)  Fund (12C)  Convention (12C) Special (12S)  In the State of S |                       | e e e e e e e e e e e e e e e e e e e | , ,        |                       |  | •           |  | ' • • • •                   |
| Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER ▼  C C00499244  3. IS THIS NEW AMENDED (A)  NY  STATE ▼ DISTR  C C00499244  3. IS THIS NEW (N) OR (A)  NY  STATE ▼ DISTR  STATE ▼ DISTR  NY  STATE ▼ DISTR  STATE ▼ DISTR  NY  STATE ▼ DISTR  STATE ▼ DISTR  NY  STATE ▼ DISTR  STATE ▼ DISTR   |                       |                                       |            | 2.22                  |  | 1.1         | 1 1 1 1 1 1                                      | 1 - 1 - 1 - 1 - 1 - 1 - 1   |
| Check if different than previously reported. (ACC)  FEC IDENTIFICATION NUMBER ▼  C C00499244  3. IS THIS NEW AMENDED (N) OR (A)  I. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  Cctober 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  Termination Report (TER)  C C1TY STATE ▼ ZIP CODE STATE ▼ DISTR NEW AMENDED (N)  Termination Report (Choose One)  (b) 12-Day PRE-Election Report for the:  Primary (12P) General (12G) Runoff (12 Convention (12C) Special (12S)  in the State of  State of  Election on State of  Termination Report (TER)  Election on State of  Special (30G) Runoff (30R) Special (31G)  Termination Report (TER)  Election on State of  Termination Report (TER)   | ADDRESS (number an    | 4                                     |            | . • • . • . <b>A.</b> |  |             |  |                             |
| C coo499244  3. IS THIS REPORT (N) OR AMENDED (A)  NY  STATE ▼ DISTRIPATION OR (A)  NY  STATE ▼ TABLESTATION OR (A)  NY  STATE ▼ DISTRIPATION OR (A)  NY  STATE ▼ TABLESTATION OR (A)  NY  STATE TABLESTATION OR (A)  NY  STATE ▼ TABLESTATION OR (A)  NY  STATE ▼ TABLESTATION OR (A)  NY  STATE TABLESTATION OR (A)  STATE TABLESTATION OR (A)  NY  STATE TABLESTATION OR (A)  STATE TABLESTATION OR (A)  NY  STATE TABLESTATION OR (A)  STATE TABLESTATION OR   | than previou          | isly HOWARD BE                        |            | 2.2                   | :::::::::::::::::::::::::::::::::::::: | :           |  |                             |
| Amended  Report  (N)  Report  (N)  Report  (A)  Amended  NY  Amended  NY  It is the separation of the  | . FEC IDENTIFIC       | CATION NUMBER V                       |            | CITY                  |  |             | STATE A  | 7                           |
| (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)  Election on  Election Report for the:  General (30G)  Funoff (30R)  Election on  State of  Election on  State of  Covering Period  Termination Report (TER)  Election on  State of  Election on  State of  Covering Period  The State of  Election on  Funoff (30R)  Election on  State of  Election on  State of  Election on  Election on  Election on  Election on  State of  The State of  Election on  Election on  Election on  Funoff (30R)  Election on  Election on  Election on  Election on  Funoff (30R)  Funof | C C0049924            | 4                                     |            |                       |  | OR          |  | 1                           |
| (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  Convention (12C)  Special (12S)  in the State of  State of  Convertion (12C)  Special (12S)  April 15 Quarterly Report (Q2)  Cotober 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30G)  Termination Report (TER)  Election on  State of  Covering Period  O7  O1  2013  through  O9  30  2013  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 Tumer   | . TYPE OF RE          | PORT (Choose One)                     | (b) 1      | 2-Day <b>PRE-</b> E   | lection Repor                          | t for the:  |  |                             |
| April 15 Quarterty Report (Q1)  July 15 Quarterty Report (Q2)  October 15 Quarterty Report (Q3)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (12S)  in the State of  Runoff (30R)  Special (30G)  Covering Period  O7  O1  2013  through  O9  30  2013  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  | (a) Quarterly Re      | eports:                               |            | •                     | •                                      |             |  | D 44 (4 0 D)                |
| July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (12S)  in the State of  State of  X Termination Report (TER)  Election on  State of  Covering Period  O7  O1  2013  through  O9  30  2013  Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  ype or Print Name of Treasurer Kevin Tumer  | April 15              | Quarterly Report (Q1)                 |            | F                     | rimary (12P)                           |             | General (12G)                                    | Hunon (12H)                 |
| October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30G)  Termination Report (TER)  Election on  State of  Covering Period  O7  O1  2013  through  O9  30  2013  Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  The state of the state of the state of the best of my knowledge and belief it is true, correct and complete.  State of the state of the state of the best of my knowledge and belief it is true, correct and complete.  State of the state of the state of the state of the best of my knowledge and belief it is true, correct and complete.   |                       |                                       |            | C                     | Convention (1                          | 2C)         | Special (12S)                                    |                             |
| October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30G)  Termination Report (TER)  Election on  State of  General (30G)  Runoff (30R)  Special (30G)  in the State of  Covering Period  O7  O1  2013  through  O9  30  2013  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   | July 15               | Quarterly Report (Q2)                 |            |                       |  |             |  | in the                      |
| General (30G) Runoff (30R) Special (30G)  **Termination Report (TER)  Election on  Election on  Covering Period  O7  O1  2013  through  O9  30  2013  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   | Octobe                | r 15 Quarterly Report (Q3)            | 1          | Election on           |  |             |  |                             |
| Election on State of  | January               | 31 Year-End Report (YE)               | (c) 3      | 30-Day <b>POST</b> -  | Election Rep                           | ort for th  | e:   |                             |
| Election on State of State of State of Covering Period 07 01 2013 through 09 30 2013  Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Supplying or Print Name of Treasurer Kevin Turner  |                       |                                       |            | C                     | General (30G)                          |             | Runoff (30R)                                     | Special (30S)               |
| 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  | <b>≭</b> Termina      | ition Report (TER)                    |            | Election on           |  |             |  |                             |
| Type or Print Name of Treasurer Kevin Turner   | i. Covering Period    | 07 01                                 | 2          | 013                   | through                                | 09          | 30   | 2013                        |
|  | -                     |                                       |            | est of my knoi        | wledge and b                           | elief it is | true, correct and co                             | mplete.                     |
|  | ypa or milit name     |                                       |            |                       |  |             |  |                             |
| Signature of Treasurer Kevin Turner Kewin Word Date 10 09 2013   | Signature of Treasure | er Kevin Turner K                     | wi         | (m                    | en                                     |             | Date   |                             |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4   | NOTE: Submission of   | false, erroneous, or incomp           | lete infor | mation may su         | bject the pers                         | son signir  | $\mathcal{I}\mathcal{O}$ ng this Report to the p | penalties of 2 U.S.C. §437g |
| Office Use Only (Revised 02/2003)  | Use                   |                                       |            |                       |  |             | 1  |                             |

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period:

From:

07

01

2013

To:

09

30

2013

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

PAGE 3 / 13

Write or Type Committee Name

#### TURNER FOR NEW YORK

Report Covering the Period:

From:

07

01

2013

To:

09

30

| I. RECEIPTS |  | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |
|-------------|--|-------------------------------|---------------------------------|
| 11. (       | CONTRIBUTIONS (other than loans) FROM:   |                               |                                 |
| (           | (a) Individuals/Persons Other Than Political Committees  |                               |                                 |
|             | (i) Itemized (use Schedule A)  | 0.00                          | 504219.00                       |
|             | (ii) Uniternized   | 0.00                          | 150944.61                       |
|             | (iii) TOTAL of contributions from individuals  | 0.00                          | 655163.61                       |
| :           | (b) Political Party Committees   | 0.00                          | 0.00                            |
| ()          | (c) Other Political Committees (such as PACs)  | 0.00                          | 94092.32                        |
|             | (d) The Candidate(e) TOTAL CONTRIBUTIONS (other than loans)                                    | 0.00                          | 0.00                            |
|             | (add Lines 11(a)(iii), (b), (c), and (d))  | 0.00                          | 749255.93                       |
|             | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES   | 0.00                          | 0.00                            |
| 13. L       | LOANS:   |                               |                                 |
|             | (a) Made or Guaranteed by the Candidate  | 0.00                          | 172500.00                       |
|             | (b) All Other Loans(c) TOTAL LOANS   | 0.00                          | 0.00                            |
| η,          | (add Lines 13(a) and (b))  | 0.00                          | 172500.00                       |
|             | OFFSETS TO OPERATING EXPENDITURES  |                               |                                 |
| (F          | (Refunds, Rebates, etc.)   | 0.00                          | 3125.09                         |
|             | OTHER RECEIPTS (Dividends, Interest, etc.)   | 0.00                          | 0.00                            |
| 6. T        | TOTAL RECEIPTS (add Lines<br>11(e), 12, 13(c), 14, and 15)<br>(Carry Total to Line 24, page 4) | 0.00                          | 924881.02                       |

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Disbursements

PAGE 4 / 13

|     | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |
|-----|---|-------------------------------|---------------------------------|
| 17. | OPERATING EXPENDITURES  | 0.00                          | 871456.02                       |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES  | 0.00                          | 0.00                            |
| 19. | LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate                     | 0.00                          | 19425.00                        |
|     | (b) Of All Other Loans  | 0.00                          | 0.00                            |
|     | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))                                   | 0.00                          | 19425.00                        |
| 20. | REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other Than Political Committees | 0.00                          | 34000.00                        |
|     | (b) Political Party Committees  | 0.00                          | 0.00                            |
|     | (c) Other Political Committees (such as PACs)   | 0.00                          | 0.00                            |
|     | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))                        | 0.00                          | 34000.00                        |
| 21. | OTHER DISBURSEMENTS   | 0.00                          | 0.00                            |
| 22. | <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)                   | 0.00                          | 924881.02                       |
|     | III. CASH SUN   | MMARY                         |                                 |
| 23. | CASH ON HAND AT BEGINNING OF REPORT   | FING PERIOD                   | 0.00                            |
| 24  | TOTAL RECEIPTS THIS PERIOD (from Line 16  | 5, page 3)                    | 0.00                            |
| 25. | SUBTOTAL (add Line 23 and Line 24)  |                               | 0.00                            |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (from   | Line 22)                      | 0.00                            |
| 27. | CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)                    |                               | 0.00                            |

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

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

PAGE 5 OF 13 FOR LINE NUMBER: (check only one)

13a 13b

|                          | FOR NEW         |                          |                |            | , .                                 |                  | T =                            |             |             |
|--------------------------|-----------------|--------------------------|----------------|------------|-------------------------------------|------------------|--------------------------------|-------------|-------------|
|                          | T L TURNI       | me (Last, First, M<br>ER | iddie initial) |            | (PERSON.                            | AL FUNDS]        | Election: 2011 Primary General |             |             |
| Mailing Add<br>PO BOX 14 |                 |                          |                |            |                                     |                  | Special-General                | <b>√)</b> ▼ |             |
| City                     |                 |                          | State          | ZIP Co     | de                                  |                  | •                              |             |             |
| HOWARD B                 | EACH            | <b></b>                  | NY             | 11414      |                                     |                  |                                |             |             |
| Original A               | mount of Loan   | 1                        | Cumulative     | Payment To | Date                                | Bala             | ance Outstanding at            | Close of Th | is Perio    |
|                          |                 | 20000.00                 |                |            | 4425.0                              | 00               |                                | 15575       | .00         |
| TERMS                    | Date Incu       | rred                     |                | Date Due   |                                     | Interest Rate    | 9                              | Secured:    |             |
| 07                       | 20              | 2011                     | •              | . 1        | 12/31/11                            | 0.00             | )<br>% (apr)                   | ı Yes       | × No        |
| List All En              | dorsers or Gu   | uarantors (if any)       | to Loan Source | ce         | ··································· |                  |                                | 103         |             |
| 1. Full Na               | ne (Last, First | , Middle Initial)        |                |            | Name of En                          | nployer          | ······                         |             |             |
| Mailing                  | Address         |                          |                |            | Occupation                          |                  |                                |             | <del></del> |
|                          |                 |                          |                |            | Amount                              |                  |                                |             |             |
| City                     |                 | State                    | ZIP Code       |            | Guaranteed<br>Outstanding           |                  |                                |             |             |
| 2. Full Nam              | e (Last, First, | Middle Initial)          |                |            | Name of En                          | nployer          |                                |             |             |
| Mailing /                | Address         |                          |                |            | Occupation                          | · · · <u>·</u> · |                                | <u> </u>    | •           |
|                          |                 |                          |                |            | Amount                              |                  |                                |             |             |
| City                     |                 | State                    | ZIP Code       |            | Guaranteed<br>Outstanding           | :                |                                |             |             |
| 3. Full Nam              | e (Last, First, | Middle Initial)          |                |            | Name of En                          | nployer          |                                |             |             |
| Mailing /                | Address         |                          |                |            | Occupation                          |                  |                                |             | <del></del> |
|                          |                 |                          |                |            | Amount                              |                  |                                |             |             |
| City                     |                 | State                    | ZIP Code       |            | Guaranteed<br>Outstanding           | :                |                                |             |             |
| 4. Full Nam              | e (Last, First, | Middle Initial)          |                |            | Name of En                          | nployer          |                                | ."          |             |
| Mailing A                | Address         |                          |                |            | Occupation                          |                  |                                |             |             |
|                          |                 |                          |                | `          | Amount                              |                  |                                |             |             |
| City                     |                 | State                    | ZIP Code       |            | Guaranteed<br>Outstanding           | :                |                                |             |             |
|                          |                 |                          |                |            |                                     | <u> </u>         |                                |             |             |
| BTOTALS                  | his Period Th   | nis Page (optional)      |                |            |                                     |                  |                                | 15575.      | 00          |

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)

PAGE 6

13a 13b

OF 13

|    | AME OF COMMITTEE (In Full) TURNER FOR NEW YORK   |                  |                 |                           | Transac       | ction ID : SC/10.5685                         | 5           | <u></u>    |
|----|--|------------------|-----------------|---------------------------|---------------|---|-------------|------------|
|    | LOAN SOURCE Full Name (Last, First, M<br>ROBERT L TURNER<br>Mailing Address<br>PO BOX 140016 | Aiddle Initial)  |                 | [PERSON                   | NAL FUNDS]    | Election: 2011 Primary General Other (specify | y) <b>▼</b> |            |
| İ  |  |                  |                 |                           |               | Special-General                               |             |            |
|    | City   | State            | ZIP Cod         | de                        |               |   |             |            |
|    | HOWARD BEACH   | NY               | 11414           |                           |               |   |             |            |
|    | Original Amount of Loan  | Cumulative F     | Payment To      | Date                      | Bala          | ance Outstanding at                           | Close of Ti | his Period |
|    | 15000.00   |                  | •               | 0.                        | 0.00          |   | 15000       | ).00<br>   |
|    | TERMS Date Incurred  |                  | Date Due        |                           | Interest Rate | e   | Secured:    | 1:         |
|    | `07 <sup>'</sup> 31 <sup>'</sup> 2011 `  | , , ,            |                 | 12/31/11                  | 0.00          |   | Yes         | ×          |
|    | List All Endorsers or Guarantors (if any)  | to Loan Source   | ce              |                           |               |   | , to an     |            |
|    | 1. Full Name (Last, First, Middle Initial)   |                  |                 | Name of Er                | mployer       |   |             |            |
|    | Mailing Address  |                  |                 | Occupation                | 1             |   | <del></del> |            |
|    |  |                  |                 | Amount                    |               |   |             |            |
|    | City State   | ZIP Code         |                 | Guaranteed<br>Outstanding |               |   |             |            |
|    | 2. Full Name (Last, First, Middle Initial)   | ·                |                 | Name of Er                | mployer       | · · · · · · · · · · · · · · · · · · ·         | <u> </u>    |            |
| Ì  | Mailing Address  |                  |                 | Occupation                | 1             |   |             |            |
|    |  |                  | !               | Amount                    |               |   |             |            |
|    | City State   | ZIP Code         |                 | Guaranteed<br>Outstanding |               | ÷   |             |            |
| ļ  | 3. Full Name (Last, First, Middle Initial)   |                  |                 | Name of Er                | mployer       |   |             |            |
|    | Mailing Address  |                  |                 | Occupation                | 1             |   |             |            |
| 1  |  |                  | !               | Amount                    |               |   |             |            |
|    | City State   | ZIP Code         |                 | Guaranteed<br>Outstanding |               |   |             |            |
|    | 4. Full Name (Last, First, Middle Initial)   |                  |                 | Name of En                | mployer       |   |             |            |
| ļ  | Mailing Address  |                  |                 | Occupation                | 1             |   |             |            |
| Ī  |  |                  | ļ               | Amount                    |               |   |             |            |
|    | City State   | ZIP Code         |                 | Guaranteed<br>Outstanding |               |   |             |            |
|    |  |                  |                 |                           |               |   |             |            |
| SL | UBTOTALS This Period This Page (optional)  | )                |                 |                           | ····          | ,   | 15000       | 1.00       |
| TC | OTALS This Period (last page in this line on   | nly)             |                 |                           | ··· •         |   |             |            |
| c  | arry outstanding balance only to LINE 3, So  | chedule D, for t | this line. If ( | no Schedule               | D, carry forv | ward to appropriate                           | line of Su  | mmary.     |

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

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

FOR LINE NUMBER: (check only one)

PAGE 7

| < | 13a |
|---|-----|
|   | 13b |

OF

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| LOAN SOURCE Full Name (Last, Fi<br>ROBERT L TURNER | rst, Middle | Initial)                                |            | [PERSONA                             | AL FUNDS]     | Election:<br>Prima                            | ary         |             |             |
|--|-------------|---|------------|--------------------------------------|---------------|---|-------------|-------------|-------------|
| Mailing Address<br>PO BOX 140016                   |             |   |            |                                      |               |   | r (specify) | <b>V</b>    |             |
| City   | Sta         | ate                                     | ZIP Cod    | de                                   |               | <u></u>                                       |             |             |             |
| HOWARD BEACH                                       | N           | ٧Y                                      | 11414      |                                      |               | <u></u>                                       |             |             |             |
| Original Amount of Loan                            | C           | umulative f                             | Payment To | Date                                 | Bal           | ance Outstar                                  | nding at (  | Close of Ti | nis Perior  |
| 12500.0  | Ю           | ,                                       |            | 0.00                                 | 0             |   |             | 12500       | ).00        |
| TERMS Date Incurred                                |             |   | Date Due   |                                      | Interest Rate | te  |             | Secured:    | <br>l:      |
|  |             | · · · · · · · · · · · · · · · · · · ·   | , ·        | 12/31/11                             | 0.00          | 0   | apr)        | ı i<br>Yes  | ×           |
| List All Endorsers or Guarantors (if               |             | oan Sourc                               | :e         |                                      |               |   |             |             |             |
| 1. Full Name (Last, First, Middle Init             | ial)        |   |            | Name of Em                           | ployer        | <u>, , , , , , , , , , , , , , , , , , , </u> |             |             |             |
| Mailing Address                                    |             |   |            | Occupation                           |               |   | <del></del> |             |             |
| City S   | State Z     | ZIP Code                                |            | Amount<br>Guaranteed<br>Outstanding: | :             |   |             |             |             |
| 2. Full Name (Last, First, Middle Initia           | al)         | *************************************** |            | Name of Em                           | ıployer       |   |             | <del></del> |             |
| Mailing Address                                    |             |   |            | Occupation                           |               |   |             |             |             |
| City S   | State Z     | ZIP Code                                |            | Amount<br>Guaranteed<br>Outstanding: | :             |   |             |             |             |
| 3. Full Name (Last, First, Middle Initia           | al)         |   |            | Name of Em                           | ployer        | <u></u>                                       |             |             |             |
| Mailing Address                                    |             |   |            | Occupation                           | <del></del>   |   |             |             |             |
| City S   | State Z     | ZIP Code                                |            | Amount<br>Guaranteed<br>Outstanding: | :             |   |             | ,           | <del></del> |
| 4. Full Name (Last, First, Middle Initia           | al)         |   |            | Name of Em                           | ployer        |   | ···         |             |             |
| Mailing Address                                    |             |   |            | Occupation                           |               | ······································        |             |             |             |
| City S   | State Z     | ZIP Code                                |            | Amount<br>Guaranteed<br>Outstanding: | :             |   |             |             |             |
| IBTOTALS This Period This Page (op                 | tional)     |   |            |                                      | . •           |   |             | 12500       | ).00        |

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

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| LOAN SOURCE Full Name (Last, First, Mid<br>ROBERT L TURNER | dle initial)                            | [PERSONAL FUNDS]               | Election: 2011 Primary General |             |                  |
|--|---|--------------------------------|--------------------------------|-------------|------------------|
| Mailing Address<br>PO BOX 140016                           |   |                                | Special-General                | <b>T</b>    |                  |
| City   | State ZIP                               | Code                           |                                |             | <del> </del>     |
| HOWARD BEACH   | NY 114                                  | 114                            |                                |             |                  |
| Original Amount of Loan                                    | Cumulative Payment                      | To Date B                      | alance Outstanding at C        | lose of Thi | is Period        |
| 3000.00  | •                                       | 0.00                           |                                | 3000.       | .00              |
| TERMS Date Incurred  | Date D                                  | Due Interest R                 | ate                            | Secured:    |                  |
| 08 20 2011   | · · · · · · · · · · · · · · · · · · ·   |                                | .00 % (apr)                    | i i<br>Yes  | X: <sub>No</sub> |
| List All Endorsers or Guarantors (if any) to               | Loan Source                             |                                |                                |             |                  |
| 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               |                                | <del></del> |                  |
| Mailing Address  |   | Occupation                     |                                |             |                  |
| City State   | ZIP Code                                | Amount Guaranteed Outstanding: | -                              |             |                  |
| 3. Full Name (Last, First, Middle Initial)                 |   | Name of Employer               |                                | <del></del> |                  |
| Mailing Address  |   | Occupation                     |                                |             |                  |
| City State   | ZIP Code                                | Amount<br>Guaranteed           |                                |             |                  |
| 4. Full Name (Last, First, Middle Initial)                 |   | Outstanding:  Name of Employer | <u></u>                        |             |                  |
| Mailing Address  |   | Occupation                     |                                | <del></del> |                  |
|  |   | Amount                         |                                |             |                  |
| City State   | ZIP Code                                | Guaranteed Outstanding:        |                                |             |                  |
| BTOTALS This Period This Page (optional)                   |   |                                |                                | 3000.       | 20               |
| 2101722  |   |                                |                                | goog,       | 00               |

### SCHEDULE C (FEC Form 3) LOANS

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

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| AME OF COMMITTEE (In Full) URNER FOR NEW YORK                                      |                       | Transac                           | tion ID : SC/10.11215                             |   |
|--|-----------------------|-----------------------------------|---|---|
| LOAN SOURCE Full Name (Last, First, ROBERT L TURNER  Mailing Address PO BOX 140016 | Middle Initial)       | [PERSONAL FUNDS]                  | Election: 2012  Primary  General  Other (specify) |   |
|  | A                     |                                   |   |   |
| City   | ·                     | ZIP Code                          |   |   |
| HÓWARD BEACH   | NY                    | 11414                             |   |   |
| Original Amount of Loan  | Cumulative Payr       | ment To Date Bala                 | ance Outstanding at Close of                      | of This Period                          |
| 30000.00   | •                     | 0.00                              |   | 0000.00                                 |
| TERMS Date Incurred  | . Da                  | ate Due Interest Rate             | Sec.  | ured:                                   |
|  | 14 ** 1 12            | 12/31/12 0.00                     |   | Yes No                                  |
| List All Endorsers or Guarantors (if ar  | y) to Loan Source     | 7.00                              |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                  |   |   |
| Mailing Address  |                       | Occupation                        |   |   |
|  |                       | Amount                            |   |   |
| City Stat  | e ZIP Code            | Guaranteed Outstanding:           | •   |   |
| 2. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                  |   |   |
| Mailing Address  |                       | Occupation                        |   |   |
|  |                       | Amount                            | ·····   |   |
| City Stat  | e ZIP Code            | Guaranteed Outstanding:           |   |   |
| 3. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                  | ***************************************           |   |
| Mailing Address  |                       | Occupation                        |   |   |
|  |                       | Amount                            |   |   |
| City Stat  | e ZIP Code            | Guaranteed Outstanding:           |   |   |
| 4. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                  |   |   |
| Mailing Address  |                       | Occupation                        |   |   |
|  |                       | Amount                            |   | ········                                |
| City State   | e ZIP Code            | Guaranteed<br>Outstanding:        | •   |   |
| UBTOTALS This Period This Page (option  OTALS This Period (last page in this line  |                       |                                   | 30  | 0000.00                                 |
| sarry outstanding balance only to LINE 3,  | Schedule D. for this  | lina if no Schadula D. asses form | ward to appropriate line of                       | f Cummon.                               |
| any successfully values of the cities of   | Concuste D, 101 tills | mie. ir no ochedule D, carry forv | vera co appropriate line of                       | ouinmary.                               |

### SCHEDULE C (FEC Form 3) LOANS

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

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| AME OF COMMITTEE (In Full) URNER FOR NEW YORK                          |  | Transac                 | ction ID : SC/10.114  | 79                   |
|--|--|-------------------------|---|----------------------|
| LOAN SOURCE Full Name (Last, First, & ROBERT L TURNER                  | fiddle Initial)  | [PERSONAL FUNDS]        | Election: 2012  |                      |
| Mailing Address<br>PO BOX 140016                                       | 750 PAR 10 PAR 1 |                         | General Other (specify  | ") ♥                 |
| City   | State ZIP  | Code                    |   |                      |
| HOWARD BEACH   | NY 114   | 114                     |   |                      |
| Original Amount of Loan  | Cumulative Payment   | t To Date Bala          | ance Outstanding at   | Close of This Period |
| 30000.00   | ,  | 0.00                    | 3   | 30000.00             |
| TERMS Date Incurred  | Date D   | Due Interest Rate       | <del></del>   | Secured:             |
| <sup>™</sup> 07 <sup>™</sup> / <sup>™</sup> 29 <sup>°</sup> ′ Ý Ž01Ž Ý | M M / D D /  |                         |   | Yes No               |
| List All Endorsers or Guarantors (if any)                              | to Loan Source   |                         |   |                      |
| Full Name (Last, First, Middle Initial)                                | •  | Name of Employer        |   |                      |
| Mailing Address  |  | Occupation              |   |                      |
|  |  | Amount                  |   |                      |
| City State   | ZIP Code   | Guaranteed Outstanding: |   |                      |
| 2. Full Name (Last, First, Middle Initial)                             |  | Name of Employer        |   |                      |
| Mailing Address  |  | Occupation              |   |                      |
|  |  | Amount                  |   |                      |
| City State   | ZIP Code   | Guaranteed Outstanding: |   |                      |
| 3. Full Name (Last, First, Middle Initial)                             |  | Name of Employer        | ······································  | - · · · ·            |
| Mailing Address  |  | Occupation              |   |                      |
| _  |  | Amount                  | • |                      |
| City State   | ZIP Code   | Guaranteed Outstanding: |   |                      |
| 4. Full Name (Last, First, Middle Initial)                             |  | Name of Employer        |   |                      |
| Mailing Address  |  | Occupation              | <del></del>   |                      |
|  |  | Amount                  |   |                      |
| City State   | ZIP Code   | Guaranteed Outstanding: |   |                      |
|  |  |                         |   |                      |
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| earry outstanding balance only to LINE 3, S                            |  |                         | •   |                      |

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### SCHEDULE C (FEC Form 3) LOANS

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

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|  | Detailed Summary Page  |
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| AME OF COMMITTEE (In Full)   | Transaction ID : SC/10.11478   |
| TURNER FOR NEW YORK  |  |
| LOAN SOURCE Full Name (Last, First, Middle Initial)  | [PERSONAL FUNDS] Election: 2012  |
| ROBERT L TURNER  |  |
| Mailing Address<br>PO BOX 140016   | · Other (specify) ▼  |
| City State ZIP   | Code   |
| HOWARD BEACH NY 114  | 14   |
| Original Amount of Loan Cumulative Payment   |  |
| 20000.00   | 0.00 ) 20000.00  |
| TERMS  Date Incurred  Date Di  MO8  Date Di  Dat | occure,  |
| List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)   | I News of Facilities   |
| . Tuk Marie (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   |
|  | Amount   |
| City State ZIP Code  | Guaranteed # Outstanding: Section 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2  |
| 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)   | Outstanding:   |
|  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code  | Amount Guaranteed Outstanding:   |
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### SCHEDULE C (FEC Form 3) LOANS

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

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|   | Detailed Summary Page 13b   |
|---|---|
| ME OF COMMITTEE (In Full)                                     | Transaction ID : SC/10.11469  |
| JRNER FOR NEW YORK  |   |
| LOAN SOURCE Full Name (Last, First, Middle Initial)           | [PERSONAL FUNDS] Election: 2012                                       |
| ROBERT L TURNER   | Primary General   |
| Mailing Address<br>PO BOX 140016                              | Other (specify) ▼   |
| City State 2  | ZIP Code  |
| HOWARD BEACH NY   | 11414   |
| Original Amount of Loan Cumulative Paym                       | nent To Date  Balance Outstanding at Close of This Period             |
| 21000.00  | 0.00 21000.00   |
| TERMS Date Incurred Dat                                       | te Due Interest Rate Secured:   |
| M09 <sup>M</sup> / P26 <sup>D</sup> / Ž01Ž Y M M / D D        | / 12/31/12  |
| List All Endorsers or Guarantors (if any) to Loan Source      | res rec   |
| Full Name (Last, First, Middle Initial)                       | Name of Employer  |
| Mailing Address   | Occupation  |
|   | Amount  |
| City State ZIP Code   | Guaranteed Outstanding:   |
| 2. Full Name (Last, First, Middle Initial)                    | Name of Employer  |
| Mailing Address   | Occupation  |
|   | Amount  |
| City State ZIP Code   | Guaranteed Outstanding:   |
| 3. Full Name (Last, First, Middle Initial)                    | Name of Employer  |
| Mailing Address   | Occupation  |
|   | Amount  |
| City State ZIP Code   | Guaranteed Outstanding:   |
| 4. Full Name (Last, First, Middle Initial)                    | Name of Employer  |
| Mailing Address   | Occupation  |
|   | Amount  |
| City State ZIP Code   | Guaranteed Outstanding:   |
|   | <u>L</u>  |
| JBTOTALS This Period This Page (optional)                     | 21000.00  |
| OTALS This Period (last page in this line only)               | **************************************                                |
| erry 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 PAGE 13 OF FOR LINE NUMBER:

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| NAME OF COMMITTEE (In Full)                    |                            | Transaction ID : SC/10.11470   |  |  |
|--|----------------------------|--------------------------------|--|--|
| TURNER FOR NEW YORK                            |                            |                                | · · · · · · · · · · · · · · · · · · ·        |  |
| ROBERT L TURNER                                | , Middle Initial)          | [PERSONAL FUNDS]               | Election: 2012 Primary General               |  |
| Mailing Address<br>PO BOX 140016               |                            |                                | Other (specify                               | ) 🔻  |
| City   | State ZIP                  | Code                           |  |  |
| HOWARD BEACH                                   | NY 114                     | 414                            |  |  |
| Original Amount of Loan                        | Cumulative Payment         | t To Date Bala                 | ance Outstanding at                          | Close of This Period                         |
| 6000.00  | , i                        | 0.00                           | y ,  | 6000.00                                      |
| TERMS Date Incurred                            | Date D                     | Due Interest Rate              | <del></del>                                  | Secured:                                     |
| M09 <sup>M</sup> / P26 <sup>D</sup> / Y Ž01Ž Y | м м / р /                  |                                | •  | Yes No                                       |
| List All Endorsers or Guarantors (if ar        |                            |                                |  |  |
| Full Name (Last, First, Middle Initial)        | 1                          | Name of Employer               |  |  |
| Mailing Address                                | 10 W 11 A A                | Occupation                     |  | · · · · · ·                                  |
|  |                            | Amount                         | <del></del>                                  |  |
| City Stat                                      | te ZIP Code                | Guaranteed Outstanding:        | 5' '9'                                       | *  |
| 2. Full Name (Last, First, Middle Initial)     |                            | Name of Employer               |  |  |
| Mailing Address                                |                            | Occupation                     | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |  |
|  |                            | Amount                         | <del></del>                                  |  |
| City Stat                                      | te ZIP Code                | Guaranteed<br>Outstanding:     | y 3  | •  |
| 3. Full Name (Last, First, Middle Initial)     | <del></del>                | Name of Employer               |  |  |
| Mailing Address                                |                            | Occupation                     | <del> </del>                                 | 160-401                                      |
|  |                            | Amount                         |  |  |
| City State                                     | e ZIP Code                 | Guaranteed Outstanding:        | 3 3  | 1 <b>4</b> 1                                 |
| 4. Full Name (Last, First, Middle Initial)     |                            | Name of Employer               |  | <u>.                                    </u> |
| Mailing Address                                |                            | Occupation                     | -,   |  |
|  |                            | Amount                         |  |  |
| City State                                     | e ZIP Code                 | Guaranteed<br>Outstanding:     | <b>'y</b>                                    | *  |
|  |                            |                                |  |  |
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| TOTALS This Period (last page in this line     | only)                      |                                |  | 153075.00                                    |
| Carry outstanding balance only to LINE 3,      | Schedule D, for this line. | . If no Schedule D, carry form | rard to appropriate                          | line of Summary.                             |

Mr. Kevin Turn 8549 105th St Jamaica, NY 11

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United States Senate

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