

DEBT SETTLEMENT PLAN

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13 JAN 15 PM 3:52

NAME OF COMMITTEE TURNER FOR NEW YORK	
ADDRESS PO BOX 140016	
CITY, STATE AND ZIP CODE HOWARD BEACH, NY 11414	FEC I.D. NUMBER C00499244

PART I — COMMITTEE SUMMARY INFORMATION

1. CASH ON HAND AS OF <u>11/30/12</u>	675.00	6. TOTAL AMOUNT OF DEBTS OWED BY THE COMMITTEE	172,500.00
2. TOTAL ASSETS TO BE LIQUIDATED	0.00	7. TOTAL NUMBER OF CREDITORS OWED	1
3. TOTAL (ADD 1 AND 2)	675.00	8. NUMBER OF CREDITORS IN PART II OF THIS PLAN	1
4. YEAR TO DATE RECEIPTS	719,755.93	9. TOTAL AMOUNT OF DEBTS OWED TO THE CREDITORS IN PART II OF THIS PLAN	172,500.00
5. YEAR TO DATE DISBURSEMENTS	891,580.93	10. TOTAL AMOUNT TO BE PAID TO CREDITORS IN PART II OF THIS PLAN	675.00

11. IS THE COMMITTEE TERMINATING ITS ACTIVITIES?

YES NO IF YES, WHEN DOES THE COMMITTEE EXPECT TO FILE A TERMINATION REPORT? IF NO, COMMITTEE IS NOT ELIGIBLE TO FILE A DEBT SETTLEMENT PLAN (SEE INSTRUCTIONS). 12/31/12

12. IF THIS IS AN AUTHORIZED COMMITTEE, DOES THE CANDIDATE HAVE OTHER AUTHORIZED COMMITTEES?

YES NO IF YES, LIST BELOW.

13. DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE TOTAL AMOUNT INDICATED IN THIS PLAN?

YES NO IF NO, WHAT STEPS WILL BE TAKEN TO OBTAIN THE FUNDS?

14. HAS THE COMMITTEE FILED PREVIOUS DEBT SETTLEMENT PLANS?

YES NO

15. AFTER DISPOSING OF ALL THE COMMITTEE'S DEBTS AND OBLIGATIONS, WILL THERE BE ANY RESIDUAL FUNDS?

YES NO IF YES, HOW WILL THE FUNDS BE DISBURSED?

IF ANY FUNDS REMAIN ON HAND THEY WILL BE RETURNED TO THE CANDIDATE.

I certify, to the best of my knowledge, that the information contained in this Debt Settlement Plan is true, correct and complete.

SIGNATURE OF TREASURER OF COMMITTEE KEVIN TURNER 	DATE <u>12-11-12</u>
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FEC FORM 8
(Revised 1/2001)

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DEBT SETTLEMENT PLAN

PART II

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CREDITOR SUMMARY INFORMATION (FILL OUT FOR EACH CREDITOR IN PLAN)

FULL NAME AND MAILING ADDRESS OF CREDITOR	DATE INCURRED	AMOUNT OWED TO CREDITOR	AMOUNT OFFERED IN SETTLEMENT
ROBERT L. TURNER PO BOX 140016 HOWARD BEACH, NY 11414	07/15/2011	\$172,500.00	\$675.00

TYPE OF CREDITOR:

- INCORPORATED COMMERCIAL VENDOR UNINCORPORATED COMMERCIAL VENDOR CANDIDATE COMMITTEE EMPLOYEE OTHER INDIVIDUAL

A. TERMS OF THE INITIAL EXTENSION OF CREDIT AND NATURE OF THE DEBT

LOAN FROM CANDIDATE
0% APR
PAYABLE BY 12/31/12

B. EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT

FUNDRAISING PROGRAM DID NOT RAISE ENOUGH MONEY TO REPAY THE DEBT

C. STEPS TAKEN BY THE CREDITOR TO COLLECT THE DEBT

LOAN FROM CANDIDATE. NO ACTION HAS BEEN TAKEN TO COLLECT THE DEBT.

CREDITOR SECTION (TO BE FILLED OUT BY CREDITOR)

D. WAS THE EFFORT MADE BY THE CREDITOR TO COLLECT THE DEBT SIMILAR TO OTHER DEBT COLLECTION EFFORTS AGAINST NONPOLITICAL DEBTORS?

- YES NO IF NO, PLEASE EXPLAIN

LOAN FROM CANDIDATE. NO ACTION HAS BEEN TAKEN TO COLLECT THE DEBT.

E. ARE THE TERMS OF THE DEBT SETTLEMENT COMPARABLE TO OTHER SETTLEMENTS MADE BY THE CREDITOR WITH OTHER NONPOLITICAL DEBTORS?

- YES NO IF NO, PLEASE EXPLAIN

LOAN FROM CANDIDATE. THERE ARE NO SIMILAR DEBTS.

As a representative of the creditor, I hereby accept the settlement offer made to me by the committee and upon payment agree to consider the debt satisfied (or attach a copy of the signed settlement).

SIGNATURE OF
CREDITOR OR
REPRESENTATIVE

ROBERT L. TURNER, CANDIDATE



DATE

12-11-12

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DEBT SETTLEMENT PLAN

PART III

NAME OF COMMITTEE TURNER FOR NEW YORK	FEC I.D. NUMBER C00499244	PAGE 3	OF 3
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LIST REMAINING DEBTS

A. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
<p>NONE</p> <p>TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE</p> <p> <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL</p> <p>IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	0.00	0.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
<p>TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE</p> <p> <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL</p> <p>IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
<p>TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE</p> <p> <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL</p> <p>IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
<p>TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE</p> <p> <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL</p> <p>IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
<p>TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE</p> <p> <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL</p> <p>IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE REMAINING AMOUNTS TO BE PAID OR OFFERED?

YES NO IF NO, WHAT STEPS WILL BE TAKEN TO OBTAIN THE FUNDS?

THERE ARE NO ADDITIONAL DEBTS AND NO ADDITIONAL FUNDS. NO ADDITIONAL STEPS WILL BE TAKEN TO RAISE FUNDS.

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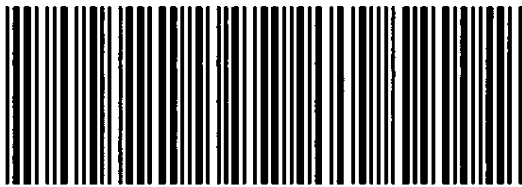
PREPARER

DH

DATE PREPARED

1-15-13

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