

RECEIVED  
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**FEC  
FORM 3**

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

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

12FE4M5

TURNER FOR NEW YORK

ADDRESS (number and street)

PO BOX 140016

Check if different than previously reported. (ACC)

HOWARD BEACH

NY

11414

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C C00499244

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

NY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 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

MM/DD/YYYY 06/07/2012

through

MM/DD/YYYY 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

*Kevin Turner*

8/9/13

Date

MM/DD/YYYY 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

**FEC FORM 3**  
(Revised 02/2003)

13020401861

**SUMMARY PAGE**

of Receipts and Disbursements

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>46041.90</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>90500.00</b>	

**For further information contact:**

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

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

13020401862

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 33

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

13020401863

**DETAILED SUMMARY PAGE**  
of Disbursements

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

13020401864

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 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"/> 11d	<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) <b>A. Roger Aguinaldo</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2012
Mailing Address 85-31 67th RD		Transaction ID : SA11AI.11255
City Rego Park	State NY	Zip Code 11374
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) <b>B. Carol Anderson</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012
Mailing Address 1025 Strong Rd		Transaction ID : SA11AI.11387
City Victor	State NY	Zip Code 14564
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) <b>C. Gail S Blaustein</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2012
Mailing Address 628 Dervy Ave		Transaction ID : SA11AI.11396
City Woodmere	State NY	Zip Code 11598
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401865

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 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) <b>A. Guy M Bowers</b>			Date of Receipt M M / D D / Y Y - Y Y - Y Y 06 / 27 / 2012
Mailing Address PO Box 8090			Transaction ID : SA11AI.11457
City Ruidoso	State NM	Zip Code 88355	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 <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) <b>B. Robert Ferdon</b>			Date of Receipt M M / D D / Y Y - Y Y - Y Y 06 / 07 / 2012
Mailing Address PO Box 255			Transaction ID : SA11AI.11287
City Alpine	State NJ	Zip Code 07620	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input 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) <b>C. Joan Fogarty</b>			Date of Receipt M M / D D / Y Y - Y Y - Y Y 06 / 27 / 2012
Mailing Address 149 Beach 127th Street			Transaction ID : SA11AI.11454
City Rockaway Park	State NY	Zip Code 11694	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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401866

**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 7 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**

**A.** Full Name (Last, First, Middle Initial)  
**Mario J Gabelli**

Mailing Address **One Corporate Center**

City **Rye** State **NY** Zip Code **10580**

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

Name of Employer **Gamco** Occupation **Chairman**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 26 / 2012**

Transaction ID : **SA11AL11381**

Amount of Each Receipt this Period **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Gamble**

Mailing Address **175 Huguenot Street**

City **New Rochelle** State **NY** Zip Code **10801**

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

Name of Employer **Insurance Broker** Occupation **Self Employed**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt **06 / 12 / 2012**

Transaction ID : **SA11AL11247**

Amount of Each Receipt this Period **2475.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert W Garthwait**

Mailing Address **PO Box 1367**

City **Waterbury** State **CT** Zip Code **06721**

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

Name of Employer **Cly Del Manufacturing** Occupation **Executive**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **06 / 07 / 2012**

Transaction ID : **SA11AL11266**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3975.00**

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

13020401867

**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 8 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) <b>TURNER FOR NEW YORK</b>	
Full Name (Last, First, Middle Initial) <b>David A Gillespie</b>	
Mailing Address <b>666 Fifth Avenue Suite 3200</b>	
City <b>New York</b>	State <b>NY</b>
Zip Code <b>10103</b>	
Date of Receipt M M / D D / Y Y - Y Y <b>06 07 2012</b>	
Transaction ID : <b>SA11AI.11346</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>Fulbright Jaworski</b>	Occupation <b>Attorney</b>
Amount of Each Receipt this Period <b>500.00</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>
Full Name (Last, First, Middle Initial) <b>Joseph Greeley</b>	
Mailing Address <b>21 Sabine Rd.</b>	
City <b>Syosset</b>	State <b>NY</b>
Zip Code <b>11791</b>	
Date of Receipt M M / D D / Y Y - Y Y <b>06 17 2012</b>	
Transaction ID : <b>SA11AI.11256</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>Retired</b>	Occupation <b>None</b>
Amount of Each Receipt this Period <b>1000.00</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1200.00</b>
Full Name (Last, First, Middle Initial) <b>Tara Greeley</b>	
Mailing Address <b>88 Leonard Street 1123</b>	
City <b>New York</b>	State <b>NY</b>
Zip Code <b>10013</b>	
Date of Receipt M M / D D / Y Y - Y Y <b>06 26 2012</b>	
Transaction ID : <b>SA11AI.11366</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>Sales</b>	Occupation <b>NBCUniversal</b>
Amount of Each Receipt this Period <b>1000.00</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... <b>2500.00</b>	
<b>TOTAL</b> This Period (last page this line number only).....	

13020401868



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 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) <b>Brett Greenberg</b>		Date of Receipt 06 / 15 / 2012
Mailing Address 4 Greenbriar Lane		Transaction ID : SA11AI.11268
City Westport	State CT	Zip Code 06880
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</b>		Date of Receipt 06 / 27 / 2012
Mailing Address 158 Oceanside		Transaction ID : SA11AI.11452
City Breezy Point	State NY	Zip Code 11697
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) <b>Gary Grosner</b>		Date of Receipt 06 / 10 / 2012
Mailing Address 5486 Via Marina Ct.		Transaction ID : SA11AI.11393
City Williamsville	State NY	Zip Code 14221
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401869

**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 10 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) <b>William Iacovelli</b>			Date of Receipt M M / D D / Y Y - Y Y 06 / 18 / 2012		
Mailing Address 151 Colonial Rd.			Transaction ID : SA11A1.11294		
City Summit	State NJ	Zip Code 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			

Full Name (Last, First, Middle Initial) <b>Curtis Katz</b>			Date of Receipt M M / D D / Y Y - Y Y 06 / 22 / 2012		
Mailing Address 29 Barstow Road Suite 202			Transaction ID : SA11A1.11335		
City Great Neck	State NY	Zip Code 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			

Full Name (Last, First, Middle Initial) <b>Arthur Kremer</b>			Date of Receipt M M / D D / Y Y - Y Y 06 / 15 / 2012		
Mailing Address 1111 Park Ave #10B			Transaction ID : SA11A1.11350		
City New York	State NY	Zip Code 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).....	

13020401870

**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"/> 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) <b>Mark Lerner</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2012
Mailing Address 41 Orchard Farm Rd.		Transaction ID : SA11AL11370
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</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012
Mailing Address 117-01 Park Ln S C5M		Transaction ID : SA11AL11246
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) <b>Daniel Mezzalingua</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2012
Mailing Address 8787 Bay Colony Dr. Apt. 305		Transaction ID : SA11AL11273
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401871

**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 12 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d 12        13a        13b        14        15	

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NAME OF COMMITTEE (in Full)  
**TURNER FOR NEW YORK**

Full Name (Last, First, Middle Initial) <b>Daniel Mezzalingua</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 8787 Bay Colony Dr. Apt. 305		Transaction ID : SA11AL11274
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Syracuse University	Occupation Vice Chairman	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Special-General	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) <b>Daniel Mezzalingua</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 8787 Bay Colony Dr. Apt. 305		Transaction ID : SA11AL11467
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Syracuse University	Occupation Vice Chairman	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) <b>Donald L Morchower</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 200 East 57th Street Apt. 11A		Transaction ID : SA11AL11352
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DLM Associates	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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4250.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401872

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 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"/> 11d	<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) <b>Helen Mutchler</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2012
Mailing Address 33 Stratford Drive		Transaction ID : SA11A1.11292
City Somerset	State NJ	
Zip Code 08873	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) <b>Tim O'Regan</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2012
Mailing Address 204-04 Marshall Ave		Transaction ID : SA11A1.11455
City Breezy Point	State NY	
Zip Code 11697	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) <b>Phil Plasencia</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2012
Mailing Address 260-06 69th Avenue		Transaction ID : SA11A1.11329
City Floral Park	State NY	
Zip Code 11004	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).....	

13020401873

**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 14 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) <b>A. Robert Price</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 E 86th Street #8D		Transaction ID : SA11AL11361
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 2500.00	
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) <b>B. Robert Price</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 E 86th Street #8D		Transaction ID : SA11AL11362
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 2500.00	
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) <b>C. Joseph Quinlan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 40 Beach 220th Street		Transaction ID : SA11AL11301
City State Zip Code Breezy Point NY 11697	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 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	5250.00

13020401874

**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 15 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**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mark Ravesloot</b>		Date of Receipt																								
Mailing Address <b>7 Lookout Avenue</b>		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>06</td><td></td><td></td><td>13</td><td></td><td></td><td>2012</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	06			13			2012					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y															
06			13			2012																				
City <b>Bronxville</b>	State <b>NY</b>	Zip Code <b>10708</b>																								
Transaction ID : <b>SA11AL11315</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																							
250.00																										
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>		C																								
C																										
Name of Employer <b>MedReview</b>	Occupation <b>Executive</b>																									
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																								
250.00																										

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Darwin Reedy</b>		Date of Receipt																								
Mailing Address <b>51 Peninsula Road</b>		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>06</td><td></td><td></td><td>13</td><td></td><td></td><td>2012</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	06			13			2012					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y															
06			13			2012																				
City <b>Dellwood</b>	State <b>MN</b>	Zip Code <b>55110</b>																								
Transaction ID : <b>SA11AL11283</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																							
250.00																										
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>		C																								
C																										
Name of Employer <b>Art Dealer</b>	Occupation <b>Self</b>																									
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																								
250.00																										

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Robert Rosenbloom</b>		Date of Receipt																								
Mailing Address <b>36 Dorothy Street</b>		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>06</td><td></td><td></td><td>18</td><td></td><td></td><td>2012</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	06			18			2012					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y															
06			18			2012																				
City <b>Staten Island</b>	State <b>NY</b>	Zip Code <b>10314</b>																								
Transaction ID : <b>SA11AL11383</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																							
500.00																										
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>		C																								
C																										
Name of Employer <b>Executive</b>	Occupation <b>MedReview</b>																									
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																								
500.00																										

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

13020401875

**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) <b>George Ryan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012
Mailing Address 81 Island Place		Transaction ID : SA11AI.11276
City Orchard	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 750.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Nina Shapiro</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2012
Mailing Address 344 East 63rd Street #9E		Transaction ID : SA11AI.11253
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 Morgan Stanley	Occupation Vice President	Election Cycle-to-Date 2500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Lloyd J Shulman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012
Mailing Address Rockridge Farm 961 Rt. 52		Transaction ID : SA11AI.11327
City Carmel	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gailoyd Enterprises	Occupation Executive	Election Cycle-to-Date 500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401876



**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 17 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) <b>Howard Spivak</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012
Mailing Address 1550 East 29th Street		Transaction ID : SA11A1.11324
City Brooklyn	State NY	Zip Code 11229
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Spivak Architects	Occupation Owner	
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) <b>Joseph B Stamm</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2012
Mailing Address 2601 Avenue L		Transaction ID : SA11A1.11321
City Brooklyn	State NY	Zip Code 11210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer MedReview	Occupation President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>John S Wallerstein</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012
Mailing Address 857 Fifth Avenue		Transaction ID : SA11A1.11359
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 Executive	Occupation HJ Kalikow	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

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

13020401877

**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"/> 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**

<b>A.</b> 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 : SA11A1.11360		
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 7500.00		
Name of Employer Executive		Occupation HJ Kalikow	Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Special-General		
		Election Cycle-to-Date 7500.00			

<b>B.</b> 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 : SA11A1.11357		
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5000.00		
Name of Employer Homemaker		Occupation Homemaker	Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
		Election Cycle-to-Date 5000.00			

<b>C.</b> 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 : SA11A1.11358		
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 7500.00		
Name of Employer Homemaker		Occupation Homemaker	Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Special-General		
		Election Cycle-to-Date 7500.00			

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

13020401878

**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 19 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TURNER FOR NEW YORK**

Full Name (Last, First, Middle Initial) <b>David Williams</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2012
Mailing Address 135 Millwyck		Transaction ID : SA11AL11403
City Lititz	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Engineer	Occupation Sechan	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) <b>Richard Worcester</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2012
Mailing Address 119-20 Union Turnpike Apt 4C		Transaction ID : SA11AL11341
City Kew Gardens	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Attorney	Occupation Cravath, Swaine & Moore	Election Cycle-to-Date 300.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	45950.00

13020401879

**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 20 OF 33

<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) <b>A. Boucher Strategies</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012	
Mailing Address 125 S. Howes Street Suite 1001		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.11429	
City Ft Collins	State CO		Zip Code 80521
Purpose of Disbursement Telephone Solicitation	003 Category/ Type		
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District:			

Full Name (Last, First, Middle Initial) <b>B. Boucher Strategies</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012	
Mailing Address 125 S. Howes Street Suite 1001		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.11428	
City Ft Collins	State CO		Zip Code 80521
Purpose of Disbursement Telephone Solicitation	003 Category/ Type		
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District:			

Full Name (Last, First, Middle Initial) <b>C. Boucher Strategies</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012	
Mailing Address 125 S. Howes Street Suite 1001		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.11420	
City Ft Collins	State CO		Zip Code 80521
Purpose of Disbursement Telephone Solicitation	003 Category/ Type		
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20000.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401880

**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 21 OF 33

<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) <b>A. Boucher Strategies</b>		Date of Disbursement MM / DD / YYYY 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	Category/ Type 003
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) <b>B. Boucher Strategies</b>		Date of Disbursement MM / DD / YYYY 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	Category/ Type 003
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) <b>C. Boucher Strategies</b>		Date of Disbursement MM / DD / YYYY 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	Category/ Type 003
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18000.00
<b>TOTAL</b> This Period (last page this line number only).....	

13020401881

**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 22 OF 33

<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) <b>A. Bravo Price Corp</b>		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	
City State Zip Code New York NY 10018	Purpose of Disbursement Media Buy	Category/ Type 004	Transaction ID : SB17.11432
Candidate Name <b>TURNER FOR NEW YORK</b>		Disbursement For: 2012	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District:			
Full Name (Last, First, Middle Initial) <b>B. Bright One Communication</b>		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	
City State Zip Code Staten Island NY 10312	Purpose of Disbursement Advertisement	Category/ Type 004	Transaction ID : SB17.11445
Candidate Name <b>TURNER FOR NEW YORK</b>		Disbursement For: 2012	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District:			
Full Name (Last, First, Middle Initial) <b>C. Campaign Tel</b>		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	
City State Zip Code New York NY 10021	Purpose of Disbursement Telephone Solicitation	Category/ Type 003	Transaction ID : SB17.11418
Candidate Name <b>TURNER FOR NEW YORK</b>		Disbursement For: 2012	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<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).....			

13020401882

**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	<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. Direct Information Service**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 15 Boylston Drive

M M	D D	Y Y Y Y
06	19	2012

City State Zip Code  
Delmar NY 12054

Amount of Each Disbursement this Period

Purpose of Disbursement  
Event Audio

007
Category/ Type

1000.00
---------

Transaction ID : SB17.11439

Candidate Name  
**TURNER FOR NEW YORK**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)  
State: NY District:

**B. Jake Mengers**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1520 Myron Street

M M	D D	Y Y Y Y
06	20	2012

City State Zip Code  
Niskayuna NY 12309

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expenses

002
Category/ Type

774.73
--------

Transaction ID : SB17.11443

Candidate Name  
**TURNER FOR NEW YORK**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)  
State: NY District:

**C. Ryan Miller**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 140016

M M	D D	Y Y Y Y
06	11	2012

City State Zip Code  
Howard Beach NY 11414

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

001
Category/ Type

2500.00
---------

Transaction ID : SB17.11436

Candidate Name  
**TURNER FOR NEW YORK**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)  
State: NY District:

SUBTOTAL of Disbursements This Page (optional).....

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

4274.73
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13020401883

**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) <b>A. Ryan Miller</b>		Date of Disbursement MM / DD / YYYY 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 <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) <b>B. O'Brien Murray</b>		Date of Disbursement MM / DD / YYYY 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 <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) <b>C. O'Brien Murray</b>		Date of Disbursement MM / DD / YYYY 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 <b>TURNER FOR NEW YORK</b>	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).....	

13020401884



**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

<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) <b>A. NLO Strategies</b>		Date of Disbursement MM / DD / YYYY 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	
Zip Code 10591	Purpose of Disbursement Media Services	004 Category/ Type
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) <b>B. Patrick Media</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address PO Box 5		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.11430
City Marshfield	State MO	
Zip Code 65706	Purpose of Disbursement Media Purchase	004 Category/ Type
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) <b>C. Patrick Media</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012
Mailing Address PO Box 5		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.11422
City Marshfield	State MO	
Zip Code 65706	Purpose of Disbursement Media Purchase	004 Category/ Type
Candidate Name <b>TURNER FOR NEW YORK</b>	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).....	

13020401885

**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) <b>A. Portofinos</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2012	
Mailing Address 109-32 Ascan Ave		Amount of Each Disbursement this Period \$ 797.00 Transaction ID : SB17.11442	
City Forest Hills	State NY		Zip Code 11375
Purpose of Disbursement Campaign Dinner	Category/ Type 007		
Candidate Name <b>TURNER FOR NEW YORK</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) <b>B. Prosper Group</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012	
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period \$ 869.26 Transaction ID : SB17.11441	
City Greenwood	State IN		Zip Code 46143
Purpose of Disbursement Website Services	Category/ Type 001		
Candidate Name <b>TURNER FOR NEW YORK</b>			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) <b>c. Rainmakers, Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012	
Mailing Address PO Box 1082		Amount of Each Disbursement this Period \$ 2236.02 Transaction ID : SB17.11438	
City Springfield	State VA		Zip Code 22151
Purpose of Disbursement Media	Category/ Type 004		
Candidate Name <b>TURNER FOR NEW YORK</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3902.28
<b>TOTAL</b> This Period (last page this line number only).....	

13020401886

**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) <b>A. Rainmakers, Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address PO Box 1082		Amount of Each Disbursement this Period 2139.37 Transaction ID : SB17.11437
City Springfield	State VA	
Zip Code 22151	Purpose of Disbursement Media	Category/ Type 004
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District:	

Full Name (Last, First, Middle Initial) <b>B. Strategic Planning Systems</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 150 Knickerbocker Ave		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.11434
City Bohemia	State NY	
Zip Code 11716	Purpose of Disbursement Voter Outreach	Category/ Type 006
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District:	

Full Name (Last, First, Middle Initial) <b>C. Thai Rock</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2012
Mailing Address 375 Beach 92nd Street		Amount of Each Disbursement this Period 430.54 Transaction ID : SB17.11447
City Rockaway Beach	State NY	
Zip Code 11693	Purpose of Disbursement Campaign Meal	Category/ Type 007
Candidate Name <b>TURNER FOR NEW YORK</b>	Office Sought: <input checked="" 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

13020401887

**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)

**ROBERT L TURNER**

[PERSONAL FUNDS]

Election: 2011

Primary

General

Other (specify) ▼

Special-General

Mailing Address  
PO BOX 140016

City State ZIP Code  
**HOWARD BEACH NY 11414**

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	5000.00	10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07 / 15 / 2011

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)..... ▶ 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.

13020401888

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

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
**TURNER FOR NEW YORK**

Transaction ID : **SC/10.5684**

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

[PERSONAL FUNDS]

Election: 2011

**ROBERT L TURNER**

Primary

General

Other (specify) ▼

Special-General

Mailing Address  
PO BOX 140016

City State ZIP Code  
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07 / 20 / 2011

12/31/11

0.00 % (apr)

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.

13020401889

**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)

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)..... ▶

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

15000.00

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

13020401890

**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:

08 / 15 / 2011

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)..... ▶

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.

13020401891

**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)

[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
3000.00	0.00	3000.00

**TERMS**

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

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

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

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

13020401892



**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:
05 / 31 / 2012	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:

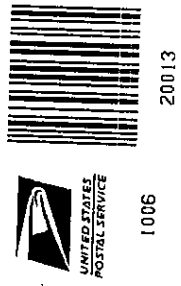
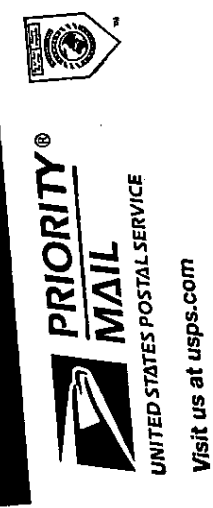
<b>SUBTOTALS</b> This Period This Page (optional).....	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	90500.00

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

13020401893

13020401894

Kevin Turner  
85-49 105 Street  
Richmond Hill, NY 11418



U.S. POSTAGE  
PAID  
FLUSHING NY  
11355  
AUG 08 7 513  
AMOUNT  
**\$6.15**  
00020722-09

77478

SCREENED  
BY THE SENATE  
POST OFFICE

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

Label 107, January 2008

USPS TRACKING NUMBER



9505 5102 0722 3221 5422 50

8/13/13

NANCY ERICKSON  
SECRETARY

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

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark **8-9-13**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

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

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

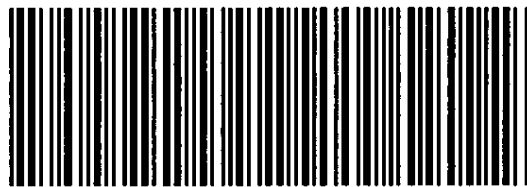
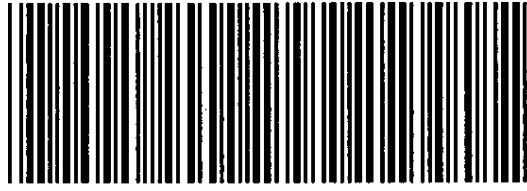
POSTMARK ILLEGIBLE  NO POSTMARK

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

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **9-5-13**

13020401895



13020401896