

MISCELLANEOUS TEXT (FEC Form 99)

PAGE 1 / 1

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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 SEP -5 PM 3:21

13020401897

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
13 SEP -5 PM 3:24
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
TURNER FOR NEW YORK

ADDRESS (number and street) PO BOX 140016
Check if different than previously reported. (ACC) HOWARD BEACH NY 11414

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00499244 3. IS THIS REPORT X NEW (N) OR AMENDED (A) NY STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
X October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y
07 01 2012 through 09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kevin Turner
Signature of Treasurer Kevin Turner Kevin Turner 8-9-13 Date 03 26 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only
FEC FORM 3
(Revised 02/2003)

13020401898

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 27

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period: From: M 07 / D 01 / Y 2012 To: M 09 / D 30 / Y 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4200.00	749255.93
(b) Total Contribution Refunds (from Line 20(d))	31500.00	34000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-27300.00	715255.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	76823.21	866962.33
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	3125.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	76823.21	863837.24
8. Cash on Hand at Close of Reporting Period (from Line 27)	8918.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	157500.00	

For further information contact:

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

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

13020401899

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 27

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period: From: 07 / 01 / 2012 To: 09 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4000.00	504219.00
(ii) Unitemized	200.00	150944.61
(iii) TOTAL of contributions from individuals ▶	4200.00	655163.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	94092.32
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4200.00	749255.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	77000.00	172500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	77000.00	172500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	3125.09
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	81200.00	924881.02

13020401900

DETAILED SUMMARY PAGE

of Disbursements

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

III. CASH SUMMARY

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

13020401901

**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 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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

A. Full Name (Last, First, Middle Initial)
Eduardo Caballero

Mailing Address **PO Box 2571**

City **New York** State **NY** Zip Code **10251**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y - Y - Y Y
07 11 2012

Transaction ID : **SA11AI.11480**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Herbert J Siegel

Mailing Address **1300 York Avenue**

City **New York** State **NY** Zip Code **10065**

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

Name of Employer **Weill Cornell** Occupation **Physician**

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

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y - Y - Y Y
08 28 2012

Transaction ID : **SA11AI.11473**

Amount of Each Receipt this Period
2500.00

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

Mailing Address **6301 Sutliff Rd**

City **Oriskany** State **NY** Zip Code **13424**

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

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

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

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y - Y - Y Y
08 08 2012

Transaction ID : **SA11AI.11471**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **4000.00**

TOTAL This Period (last page this line number only)..... **4000.00**

13020401902

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input type="checkbox"/> 11a <input checked="" 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) ROBERT L TURNER		Date of Receipt M - M / D - D / Y - Y - Y - Y 07 / 29 / 2012
Mailing Address PO BOX 140016		Transaction ID : SA13A.11479
City HOWARD BEACH	State NY	
Zip Code 11414		Amount of Each Receipt this Period \$ 30000.00
FEC ID number of contributing federal political committee. C H0NY09072		
Name of Employer Turner for Congress 2011, Inc.	Occupation Candidate	Loan from Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 125786.00	

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

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

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

13020401903

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

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

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Full Name (Last, First, Middle Initial)
ROBERT L TURNER

Mailing Address **PO BOX 140016**

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

FEC ID number of contributing federal political committee. **C H0NY09072**

Name of Employer **Turner for Congress 2011, Inc.** Occupation **Candidate**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **172786.00**

Date of Receipt **09 26 2012**

Transaction ID : **SA13A.11470**

Amount of Each Receipt this Period **6000.00**

Loan from Candidate

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **6000.00**

TOTAL This Period (last page this line number only)..... **77000.00**

13020401904

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 27

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Paula Ainspan		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 15 Boylston Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.11513
City Delmar	State NY	
Zip Code 12054	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name TURNER FOR NEW YORK	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. Google		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 7139.89 Transaction ID : SB17.11511
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name TURNER FOR NEW YORK	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) c. In The Field Consulting		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 1520 Myron Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11515
City Niskayuna	State NY	
Zip Code 12309	Purpose of Disbursement Campaign Management	Category/ Type 001
Candidate Name TURNER FOR NEW YORK	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).....	9639.89
TOTAL This Period (last page this line number only).....	

13020401905

**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)

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

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

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

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

13020401906

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

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

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

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

13020401907

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Prosper Group		Date of Disbursement M M / D D / Y Y Y Y Y Y 09 26 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 107.15 Transaction ID : SB17.11509
City Greenwood	State IN	
Purpose of Disbursement Website Services	Candidate Name TURNER FOR NEW YORK	001 Category/ Type
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. Prosper Group		Date of Disbursement M M / D D / Y Y Y Y Y Y 09 30 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 238.07 Transaction ID : SB17.11508
City Greenwood	State IN	
Purpose of Disbursement Website Services	Candidate Name TURNER FOR NEW YORK	001 Category/ Type
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) C. Rainmakers, Inc		Date of Disbursement M M / D D / Y Y Y Y Y Y 08 02 2012
Mailing Address PO Box 1082		Amount of Each Disbursement this Period 2310.61 Transaction ID : SB17.11517
City Springfield	State VA	
Purpose of Disbursement Media	Candidate Name TURNER FOR NEW YORK	004 Category/ Type
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).....	2655.83
TOTAL This Period (last page this line number only).....	76823.21

13020401908

**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 12 OF 27

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

13020401909

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Roger Aguinaldo Full Name (Last, First, Middle Initial) Mailing Address 85-31 67th RD City Rego Park State NY Zip Code 11374 Purpose of Disbursement Refund Candidate Name TURNER FOR NEW YORK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NY District:		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012 Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11500 Category/ Type 010
B. James Hayes Full Name (Last, First, Middle Initial) Mailing Address 100 South Pointe Drive # 2605 City Miami Beach State FL Zip Code 33139 Purpose of Disbursement Refund Candidate Name TURNER FOR NEW YORK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NY District:		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012 Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11490 Category/ Type 010
C. Charles M Joyce Full Name (Last, First, Middle Initial) Mailing Address 4165 Grandview Ave City Wellsville State NY Zip Code 14895 Purpose of Disbursement Refund Candidate Name TURNER FOR NEW YORK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: NY District:		Date of Disbursement M M / D D / Y Y Y Y 07 26 2012 Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11486 Category/ Type 010
SUBTOTAL of Disbursements This Page (optional).....		7500.00
TOTAL This Period (last page this line number only).....		

13020401910

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Mary Kalikow		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 101 Park Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11494
City New York	State NY	
Zip Code 10178	Purpose of Disbursement Refund	Category/ Type 010
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) B. Peter Kalikow		Date of Disbursement MM / DD / YYYY 09 / 04 / 2012
Mailing Address 101 Park Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11496
City New York	State NY	
Zip Code 10178	Purpose of Disbursement Refund	Category/ Type 010
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) C. George Klein		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 535 Madison Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.11488
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Refund	Category/ Type 010
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

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

13020401911

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Andrew Kohut		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2012
Mailing Address 152 Slocum Crescent		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB20A.11485
City Forest Hills	State NY	
Zip Code 11375	Purpose of Disbursement Refund	Category/ Type 010
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) B. Marvin Koslow		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 87 11th st		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : SB20A.11493
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Refund	Category/ Type 010
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

Full Name (Last, First, Middle Initial) C. John P McGrath		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 117-01 Park Ln S C5M		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB20A.11491
City Richmond Hill	State NY	
Zip Code 11418	Purpose of Disbursement Refund	Category/ Type 010
Candidate Name TURNER FOR NEW YORK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District:	

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

13020401912

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

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

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

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

13020401913

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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

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

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

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

13020401914

SCHEDULE C (FEC Form 3)
LOANS

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	15000.00	0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 07 / 15 / 2011 M M / D D / Y Y Y Y Y Y 12/31/11 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	

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

13020401915

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)

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
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.

13020401916

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) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	07 / 31 / 2011	12/31/11	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 15000.00

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

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

13020401917

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : **SC/10.5686**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2011
 Primary
 General
 Other (specify) ▼
 Special-General

Mailing Address
 PO BOX 140016
 City State ZIP Code
 HOWARD BEACH NY 11414

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

TERMS Date Incurred Date Due Interest Rate Secured:
 08^M / 15^D / 2011^Y 12/31/11^{MM/DD/YYYY} 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.

13020401918

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Transaction ID : SC/10.5687

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

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

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

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

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

SUBTOTALS This Period This Page (optional).....	▶	3000.00
TOTALS This Period (last page in this line only).....	▶	

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

13020401919

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:

SUBTOTALS This Period This Page (optional)..... ▶ 30000.00

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

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

13020401920

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Transaction ID : **SC/10.11479**

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

[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:
07 / 29 / 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:

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

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

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

13020401921

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Transaction ID : SC/10.11478

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

[PERSONAL FUNDS]

Election: 2012

ROBERT L TURNER

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS

Date Incurred: MM/DD/YYYY (08/26/2012) Date Due: MM/DD/YYYY (12/31/12) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

13020401922

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Transaction ID : **SC/10.11469**

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

[PERSONAL FUNDS]

Election: 2012

ROBERT L TURNER

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional).....	▶ 21000.00
TOTALS This Period (last page in this line only).....	▶

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

13020401923

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 : SC10.11470

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

[PERSONAL FUNDS]

Election: 2012

ROBERT L TURNER

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

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

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

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

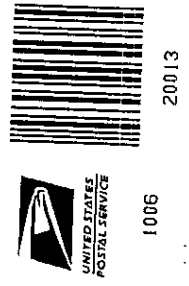
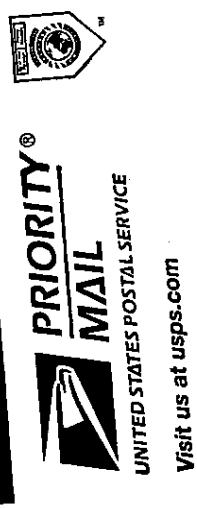
SUBTOTALS This Period This Page (optional).....	▶	6000.00
TOTALS This Period (last page in this line only).....	▶	157500.00

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

13020401924

13020401925

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



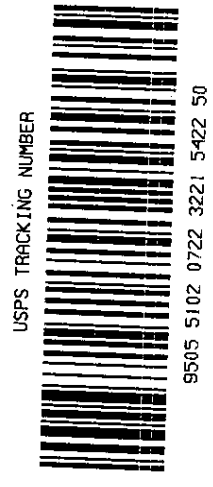
U.S. POSTAGE
PAID
FLUSHING, NY
AUG 13 75
AMOUNT
\$6.15
00020722-09

77478

Label 107, January 2008

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

SCREENED
BY THE SENATE
POST OFFICE



8/13/13

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HARY 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

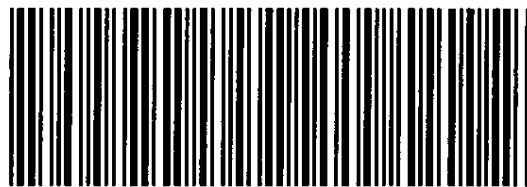
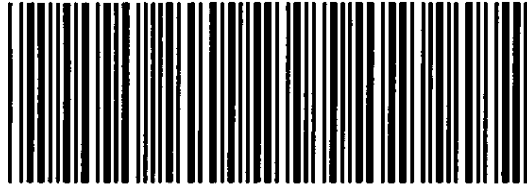
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

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

13020401926



13020401927