

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED PAGE 1 / 26 SECRETARY OF THE SENATE PUBLIC RECORDS

12 OCT 18 PM 12:33

Office Use Only

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

12FE4M5

TURNER FOR NEW YORK

ADDRESS (number and street)

PO BOX 140016

Check if different than previously reported. (ACC)

HOWARD BEACH

NY

11414

2. FEC IDENTIFICATION NUMBER

C C00499244

3. IS THIS REPORT

NEW (N) [X]

OR

AMENDED (A) []

CITY STATE ZIP CODE STATE DISTRICT

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) [X]
January 31 Year-End Report (YE) []

(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 through MM/DD/YYYY
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 [Handwritten Signature]

Date

MM/DD/YYYY
10/15/2012

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)

12020891556

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
07	01	2012

To:

M M	D D	Y Y Y Y
09	30	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	753755.93
(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	719755.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	86823.21	876962.33
(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)).....	86823.21	873837.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18418.69	
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).....	172500.00	

For further information contact:

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

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

12020891557

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 26

Write or Type Committee Name

TURNER FOR NEW YORK

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2012

To:

MM / DD / YYYY
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

508719.00

(ii) Unitemized

200.00

150944.61

(iii) TOTAL of contributions from individuals

4200.00

659663.61

(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

753755.93

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

929381.02

12020891553

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	86823.21	876962.33
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	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	910962.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55541.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	81200.00
25. SUBTOTAL (add Line 23 and Line 24).....	136741.90
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).....	18418.69

12020891559

**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 26
(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 State Zip Code
New York NY 10251

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
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 State Zip Code
New York NY 10065

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

Name of Employer Occupation
Weill Cornell Physician

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

Election Cycle-to-Date
5000.00

Date of Receipt
MM / DD / YYYY
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 State Zip Code
Oriskany NY 13424

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

Name of Employer Occupation
None Retired

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

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2012

Transaction ID : SA11AI.11471

Amount of Each Receipt this Period
1000.00

4000.00

4000.00

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

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

12020891560

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

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

FOR LINE NUMBER: PAGE 6 OF 26
(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
125786.00

Date of Receipt
07 / 29 / 2012

Transaction ID : **SA13A.11479**

Amount of Each Receipt this Period
30000.00

Loan from Candidate

B. 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
145786.00

Date of Receipt
08 / 26 / 2012

Transaction ID : **SA13A.11478**

Amount of Each Receipt this Period
20000.00

Loan from Candidate

C. 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
166786.00

Date of Receipt
09 / 26 / 2012

Transaction ID : **SA13A.11469**

Amount of Each Receipt this Period
21000.00

Loan from Candidate

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

71000.00

12020891561

**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 26
(check only one)

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

Mailing Address **PO BOX 140016**

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

FEC ID number of contributing federal political committee. **C HONY09072**

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
 / /

Transaction ID : **SA13A.11470**

Amount of Each Receipt this Period

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)

TOTAL This Period (last page this line number only)

12020891562

**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 26

<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

Mailing Address 15 Boylston Dr

City Delmar State NY Zip Code 12054

Purpose of Disbursement
Salary

001

Candidate Name
TURNER FOR NEW YORK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify)

State: NY District:

Date of Disbursement

M M	D D	Y Y Y Y
08	01	2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.11513

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Advertising

004

Candidate Name
TURNER FOR NEW YORK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify)

State: NY District:

Date of Disbursement

M M	D D	Y Y Y Y
07	06	2012

Amount of Each Disbursement this Period

7139.89

Transaction ID : SB17.11511

Full Name (Last, First, Middle Initial)

C. In The Field Consulting

Mailing Address 1520 Myron Street

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement
Campaign Management

001

Candidate Name
TURNER FOR NEW YORK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify)

State: NY District:

Date of Disbursement

M M	D D	Y Y Y Y
08	14	2012

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.11515

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

19639.89

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

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12020891563

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial) A. Ryan Miller		Date of Disbursement MM / DD / YYYY 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 MM / DD / YYYY 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 MM / DD / YYYY 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).....	

12020891564

**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

A. O'Brien Murray
Full Name (Last, First, Middle Initial)

Mailing Address Columbus Circle west 56th STreet

City New York State NY Zip Code 10021

Purpose of Disbursement Campaign Management

Candidate Name **TURNER FOR NEW YORK**

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

State: NY District:

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2012

Amount of Each Disbursement this Period
37000.00

Transaction ID : SB17.11503

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

Mailing Address 14 Hemlock Drive

City sleepy hollow State NY Zip Code 10591

Purpose of Disbursement Media Services

Candidate Name **TURNER FOR NEW YORK**

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

State: NY District:

Date of Disbursement
MM / DD / YYYY
08 / 02 / 2012

Amount of Each Disbursement this Period
13034.01

Transaction ID : SB17.11516

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

Mailing Address 435 East Main Street Suite 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement Website Services

Candidate Name **TURNER FOR NEW YORK**

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

State: NY District:

Date of Disbursement
MM / DD / YYYY
07 / 21 / 2012

Amount of Each Disbursement this Period
1062.50

Transaction ID : SB17.11510

51096.51

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

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

12020891562

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

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

FOR LINE NUMBER: PAGE 11 OF 26

(check only one)

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

Full Name (Last, First, Middle Initial)

A. Prosper Group

Mailing Address 435 East Main Street Suite 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Website Services

001
Category/
Type

Candidate Name
TURNER FOR NEW YORK

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

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Amount of Each Disbursement this Period

107.15

Transaction ID : SB17.11509

Full Name (Last, First, Middle Initial)

B. Prosper Group

Mailing Address 435 East Main Street Suite 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Website Services

001
Category/
Type

Candidate Name
TURNER FOR NEW YORK

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2012

Amount of Each Disbursement this Period

238.07

Transaction ID : SB17.11508

Full Name (Last, First, Middle Initial)

C. Rainmakers, Inc

Mailing Address PO Box 1082

City Springfield State VA Zip Code 22151

Purpose of Disbursement
Media

004
Category/
Type

Candidate Name
TURNER FOR NEW YORK

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

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Amount of Each Disbursement this Period

2310.61

Transaction ID : SB17.11517

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

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

2655.83

86823.21

12020891506

**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 26	
	<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. Roger Aguinaldo		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012	
Mailing Address 85-31 67th RD		Amount of Each Disbursement this Period 2500.00	
City Rego Park	State NY	Zip Code 11374	Transaction ID : SB20A.11500
Purpose of Disbursement Refund		Category/ Type 010	
Candidate Name TURNER FOR NEW YORK		Disbursement For: 2012	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) B. James Hayes		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012	
Mailing Address 100 South Pointe Drive # 2605		Amount of Each Disbursement this Period 2500.00	
City Miami Beach	State FL	Zip Code 33139	Transaction ID : SB20A.11490
Purpose of Disbursement Refund		Category/ Type 010	
Candidate Name TURNER FOR NEW YORK		Disbursement For: 2012	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District:		

Full Name (Last, First, Middle Initial) c. Charles M Joyce		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012	
Mailing Address 4165 Grandview Ave		Amount of Each Disbursement this Period 2500.00	
City Wellsville	State NY	Zip Code 14895	Transaction ID : SB20A.11486
Purpose of Disbursement Refund		Category/ Type 010	
Candidate Name TURNER FOR NEW YORK		Disbursement For: 2012	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<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).....	

12020801567

**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 26

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

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NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

A. Mary Kalikow

Full Name (Last, First, Middle Initial)

Mailing Address 101 Park Ave

City New York State NY Zip Code 10178

Purpose of Disbursement Refund

Candidate Name **TURNER FOR NEW YORK** Category/Type 010

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

State: NY District:

Date of Disbursement MM / DD / YYYY 07 / 26 / 2012

Amount of Each Disbursement this Period 2500.00

Transaction ID : SB20A.11494

B. Peter Kalikow

Full Name (Last, First, Middle Initial)

Mailing Address 101 Park Ave

City New York State NY Zip Code 10178

Purpose of Disbursement Refund

Candidate Name **TURNER FOR NEW YORK** Category/Type 010

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

State: NY District:

Date of Disbursement MM / DD / YYYY 09 / 04 / 2012

Amount of Each Disbursement this Period 2500.00

Transaction ID : SB20A.11496

C. George Klein

Full Name (Last, First, Middle Initial)

Mailing Address 535 Madison Ave

City New York State NY Zip Code 10022

Purpose of Disbursement Refund

Candidate Name **TURNER FOR NEW YORK** Category/Type 010

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

State: NY District:

Date of Disbursement MM / DD / YYYY 07 / 26 / 2012

Amount of Each Disbursement this Period 2500.00

Transaction ID : SB20A.11488

7500.00

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

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

12020891568

**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. Andrew Kohut

Mailing Address 152 Slocum Crescent

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement Refund 010

Candidate Name **TURNER FOR NEW YORK** Category/Type

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

State: NY District:

Date of Disbursement
MM / DD / YYYY
07 / 04 / 2012

Amount of Each Disbursement this Period
2500.00

Transaction ID : SB20A.11485

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

Mailing Address 87 11th st

City Garden City State NY Zip Code 11530

Purpose of Disbursement Refund 010

Candidate Name **TURNER FOR NEW YORK** Category/Type

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

State: NY District:

Date of Disbursement
MM / DD / YYYY
07 / 26 / 2012

Amount of Each Disbursement this Period
500.00

Transaction ID : SB20A.11493

Full Name (Last, First, Middle Initial)
C. John P McGrath

Mailing Address 117-01 Park Ln S C5M

City Richmond Hill State NY Zip Code 11418

Purpose of Disbursement Refund 010

Candidate Name **TURNER FOR NEW YORK** Category/Type

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

State: NY District:

Date of Disbursement
MM / DD / YYYY
07 / 26 / 2012

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB20A.11491

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

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

4000.00

12020801559

**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 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

A. Daniel Mezzalingua

Full Name (Last, First, Middle Initial)

Mailing Address 8787 Bay Colony Dr. Apt. 305

City Naples State FL Zip Code 34108

Purpose of Disbursement Refund

Candidate Name **TURNER FOR NEW YORK**

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: NY District:

Date of Disbursement 07 / 26 / 2012

Amount of Each Disbursement this Period 1500.00

Transaction ID : SB20A.11487

Category/Type 010

B. Robert Price

Full Name (Last, First, Middle Initial)

Mailing Address 25 E 86th Street #8D

City New York State NY Zip Code 10028

Purpose of Disbursement Refund

Candidate Name **TURNER FOR NEW YORK**

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: NY District:

Date of Disbursement 07 / 26 / 2012

Amount of Each Disbursement this Period 2500.00

Transaction ID : SB20A.11499

Category/Type 010

C. Alexander Shapiro

Full Name (Last, First, Middle Initial)

Mailing Address 344 East 63rd Street #9E

City New York State NY Zip Code 10065

Purpose of Disbursement Refund

Candidate Name **TURNER FOR NEW YORK**

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: NY District:

Date of Disbursement 07 / 26 / 2012

Amount of Each Disbursement this Period 1000.00

Transaction ID : SB20A.11484

Category/Type 010

SUBTOTAL of Disbursements This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

12020891570

**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 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. Herbert J Siegel		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012	
Mailing Address 1300 York Avenue		Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10065	Transaction ID : SB20A.11489
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 MM / DD / YYYY 07 / 26 / 2012	
Mailing Address 857 Fifth Avenue		Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10065	Transaction ID : SB20A.11492
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 MM / DD / YYYY 07 / 26 / 2012	
Mailing Address 857 Fifth Avenue		Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10021	Transaction ID : SB20A.11495
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

12020891571

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

Transaction ID : SC/10.5683
NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

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:
M 07 / D 15 / Y 2011 M M / D D / Y 12/31/11 0.00 % (apr) Yes No

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

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

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

12020891572

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:
 M 07 / D 20 / Y 2011 M M / D D / Y 12/31/11 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 20000.00
TOTALS This Period (last page in this line only) ▶ []

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

12020891573

SCHEDULE C (FEC Form 3)
LOANS

Transaction ID : SC/10.5685
NAME OF COMMITTEE (In Full)
TURNER FOR NEW YORK

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2011
ROBERT L TURNER
Mailing Address PO BOX 140016
 Primary
 General
 Other (specify) ▼
Special-General

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:
M 07 / D 31 / Y 2011 M M / D D / Y 12/31/11 0.00 % (apr) Yes No

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

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

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

12020891574

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: M 08 / D 15 / Y 2011
Date Due: M M / D D / Y 12/31/11
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)..... ▶ 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.

12020891575

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 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 08 / D 20 / Y 2011
Date Due: M M / D D / Y 12/31/11
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)..... ▶ 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.

12020891576

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 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 05 / D 31 / Y 2012
Date Due: M M / D D / Y 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)..... ▶

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.

12020891577

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 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 07 / D 29 / Y 2012
Date Due: M M / D D / Y 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)..... ▶ 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.

12020801578

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : **SC/10.11478**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

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

TERMS Date Incurred **08/26/2012** Date Due **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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

12020891579

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: M 09 / D 26 / Y 2012
Date Due: M / D / Y 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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.

12020891580

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/10.11470**

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: M 09 / D 26 / Y 2012
Date Due: M M / D D / Y 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: []

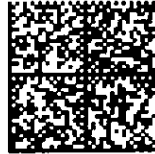
SUBTOTALS This Period This Page (optional)..... ▶ 6000.00
TOTALS This Period (last page in this line only) ▶ 172500.00

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

12020801581

PLEASE PAID

P



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\$5.90
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08259662
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WASHINGTON DC 20013



USPS TRACKING NUMBER



420 20013 9505 5000 0876 2289 0006 68

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Office of Public Records
PO Box 77578
Washington DC

Country of Destination/Pays de destination:

20013-7578

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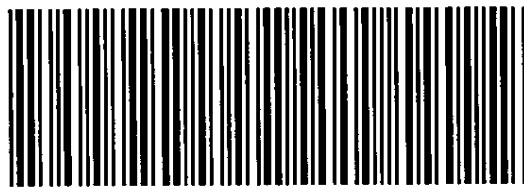
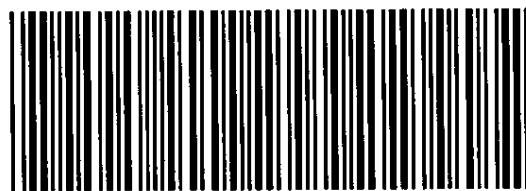
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