

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Bob Turner For Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
2	5

Y	Y	Y	Y
2	0	1	0

	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)).....	120790.00	160617.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	120790.00	160617.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	144475.10	194762.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	181.62	280.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	144293.48	194482.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19635.00	
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).....	53500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Bob Turner For Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
2	5

Y	Y	Y	Y
2	0	1	0

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	43215.00	72440.00
(i) Itemized (use Schedule A).....	14925.00	25327.00
(ii) Unitemized.....	58140.00	97767.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	200.00
(b) Political Party Committees.....	150.00	150.00
(c) Other Political Committees (such as PACS).....	62500.00	62500.00
(d) The Candidate.....	120790.00	160617.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	53500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	53500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	181.62	280.10
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)..... ▶	120971.62	214397.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 80

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	144475.10	194762.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	144475.10	194762.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43138.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	120971.62
25. SUBTOTAL (add Line 23 and Line 24).....	164110.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	144475.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19635.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 80
(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)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Martin J Ain</p> <p>Mailing Address 501 Burnside Avenue</p> <p>City Inwood State NY Zip Code 11096</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 10 / 2010</p> <p>Transaction ID: SA11AI.4973</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>donation</p>
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<p>B. Full Name (Last, First, Middle Initial) Martin J Ain</p> <p>Mailing Address 501 Burnside Avenue</p> <p>City Inwood State NY Zip Code 11096</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1300.00</p>	<p>Date of Receipt 08 / 13 / 2010</p> <p>Transaction ID: SA11AI.5144</p> <p>Amount of Each Receipt this Period 300.00</p> <p>donation</p>
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<p>C. Full Name (Last, First, Middle Initial) Patricia O Brennan</p> <p>Mailing Address 976 Bayside</p> <p>City Breezy Point State NY Zip Code 11697</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 400.00</p>	<p>Date of Receipt 08 / 13 / 2010</p> <p>Transaction ID: SA11AI.5137</p> <p>Amount of Each Receipt this Period 300.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

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 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) James Cafiero		Date of Receipt
	Mailing Address 2069 East 74th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Brooklyn	NY	11234
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5147
Name of Employer Self Employed		Occupation Self Employed	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text"/> Runoff		Election Cycle-to-Date <input type="text"/>	<input type="text"/> 300.00
			donation

B.	Full Name (Last, First, Middle Initial) Edward J Carroll, Sr.		Date of Receipt
	Mailing Address 165 Oceanside Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Breezy Point	NY	11697
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4993
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>		Election Cycle-to-Date <input type="text"/>	<input type="text"/> 1250.00
			donation

C.	Full Name (Last, First, Middle Initial) Edward J Carroll, Sr.		Date of Receipt
	Mailing Address 165 Oceanside Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Breezy Point	NY	11697
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5121
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/>		Election Cycle-to-Date <input type="text"/>	<input type="text"/> 250.00
			donation

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 80
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Robert J Cummins	Date of Receipt MM / DD / YYYY 07 / 16 / 2010
	Mailing Address 1136 Fifth Avenue Apt 13B	Transaction ID: SA11AI.4845
	City State Zip Code New York NY 10128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mary Curran	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 148 Constant Avenue	Transaction ID: SA11AI.5148
	City State Zip Code Staten Island NY 10314	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Kenneth R Damstrom	Date of Receipt MM / DD / YYYY 07 / 10 / 2010
	Mailing Address 52 Colonial Way	Transaction ID: SA11AI.4697
	City State Zip Code Short Hills NJ 07078	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Elizabeth Devaney</p> <p>Mailing Address 103-24 103rd Street</p> <p>City State Zip Code Ozone Park NY 11417</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 225.00</p>	<p>Date of Receipt 08 / 13 / 2010</p> <p>Transaction ID: SA11AI.5050</p> <p>Amount of Each Receipt this Period 125.00</p> <p>donation</p>
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<p>B. Full Name (Last, First, Middle Initial) Meg L Dolan</p> <p>Mailing Address 204-54 7th Avenue</p> <p>City State Zip Code Rockaway Point NY 11697</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Homemaker Occupation Homemaker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 450.00</p>	<p>Date of Receipt 08 / 10 / 2010</p> <p>Transaction ID: SA11AI.5201</p> <p>Amount of Each Receipt this Period 450.00</p> <p>donation</p>
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<p>C. Full Name (Last, First, Middle Initial) Thomas C Dolan</p> <p>Mailing Address 204-54 7th Avenue</p> <p>City State Zip Code Rockaway Point NY 11694</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NYC Occupation Firefighter</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 10 / 2010</p> <p>Transaction ID: SA11AI.4725</p> <p>Amount of Each Receipt this Period 100.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) William F Dolan</p> <p>Mailing Address 14 Blair Lane</p> <p>City State Zip Code Manalapan NJ 07726</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BTIN Trader</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt 08 / 19 / 2010</p> <p>Transaction ID: SA11AI.5114</p> <p>Amount of Each Receipt this Period 300.00</p> <p>donation</p>
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<p>B. Full Name (Last, First, Middle Initial) Gerald Dwyer</p> <p>Mailing Address 160 Ocean Avenue</p> <p>City State Zip Code Rockaway Point NY 11697</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NY City Construction Project Manager</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 10 / 2010</p> <p>Transaction ID: SA11AI.4969</p> <p>Amount of Each Receipt this Period 200.00</p> <p>donation</p>
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<p>C. Full Name (Last, First, Middle Initial) Edmond Flood</p> <p>Mailing Address 85-35 106th Street</p> <p>City State Zip Code Richmond Hill NY 11418</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Requested Info Requested Info</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 13 / 2010</p> <p>Transaction ID: SA11AI.4998</p> <p>Amount of Each Receipt this Period 250.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Thomas F Flood

Mailing Address 5 Reed Avenue

City State Zip Code
Floral Park NY 11001

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

Name of Employer Occupation
St. Francis College Requested Info

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.5051

Amount of Each Receipt this Period
600.00

donation

B.

Full Name (Last, First, Middle Initial)
Philip Frank

Mailing Address 204-05 Marshall Avenue

City State Zip Code
Breezy Point NY 11697

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

Name of Employer Occupation
Car Wash Business Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼
Runoff

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2010

Transaction ID: SA11AI.4696

Amount of Each Receipt this Period
250.00

donation

C.

Full Name (Last, First, Middle Initial)
Philip Frank

Mailing Address 204-05 Marshall Avenue

City State Zip Code
Breezy Point NY 11697

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

Name of Employer Occupation
Car Wash Business Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2010

Transaction ID: SA11AI.4966

Amount of Each Receipt this Period
125.00

donation

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Steven Fuggio	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 71 Lindgren Street	Transaction ID: SA11AI.5139
	City State Zip Code Merrick NY 11566	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Robert C Gadomski	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 84-29 149th Avenue	Transaction ID: SA11AI.5199
	City State Zip Code Howard Beach NY 11414	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

C.	Full Name (Last, First, Middle Initial) Richard J Glosman	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 15 Astor Lane	Transaction ID: SA11AI.5053
	City State Zip Code Sands Point NY 11050	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Marvin F Goldsmith	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 31 Woodcliff Court	Transaction ID: SA11AI.5052
	City State Zip Code North Hills NY 11030	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	donation
Name of Employer Requested Info	Occupation Requested Info	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Donald D Gordy	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address PO Box 518	Transaction ID: SA11AI.5021
	City State Zip Code Montvale NJ 07645	Amount of Each Receipt this Period 625.00
	FEC ID number of contributing federal political committee. C	donation
Name of Employer Requested Info	Occupation Requested Info	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00	

C.	Full Name (Last, First, Middle Initial) Joseph B Greeley	Date of Receipt MM / DD / YYYY 07 / 10 / 2010
	Mailing Address 21 Sabine Road	Transaction ID: SA11AI.4700
	City State Zip Code Syosset NY 11791	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	donation
Name of Employer Retired	Occupation Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Joseph B Greeley
Mailing Address 21 Sabine Road
City Syosset State NY Zip Code 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 07 / 30 / 2010
Transaction ID: SA11AI.4945
Amount of Each Receipt this Period 400.00
donation

B. Full Name (Last, First, Middle Initial)
Winifred Greeley
Mailing Address 21 Sabine Road
City Syosset State NY Zip Code 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2200.00
Date of Receipt 07 / 10 / 2010
Transaction ID: SA11AI.4701
Amount of Each Receipt this Period 2000.00
donation

C. Full Name (Last, First, Middle Initial)
Winifred Greeley
Mailing Address 21 Sabine Road
City Syosset State NY Zip Code 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 07 / 30 / 2010
Transaction ID: SA11AI.4943
Amount of Each Receipt this Period 200.00
donation

SUBTOTAL of Receipts This Page (optional) ► 2600.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 14 / 80
(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)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
John Groarke
Mailing Address 375 Princeton Road
City State Zip Code
Rockville Centre NY 11570
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Sales Agent & Consultant
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0
Transaction ID: SA11AI.5086
Amount of Each Receipt this Period
150.00
donation

B. Full Name (Last, First, Middle Initial)
Thomas P Groarke
Mailing Address 4705 Henry Hudson Parkway
Apt #11L
City State Zip Code
Bronx NY 10471
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 225.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 1 0
Transaction ID: SA11AI.5206
Amount of Each Receipt this Period
125.00
donation

C. Full Name (Last, First, Middle Initial)
Bart J Haggerty
Mailing Address 73-37 Austin Street
City State Zip Code
Forest Hills NY 11375
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NYC Council Chief of Staff
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0
Transaction ID: SA11AI.5090
Amount of Each Receipt this Period
150.00
donation

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 80
(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)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Brian P Heaphy</p> <p>Mailing Address 333 East 79th Street Apt 12W</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Jeffnat, Inc. Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4990</p> <p>Amount of Each Receipt this Period 1250.00</p> <p>donation</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Brian P Heaphy</p> <p>Mailing Address 333 East 79th Street Apt 12W</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Jeffnat, Inc. Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.5022</p> <p>Amount of Each Receipt this Period 375.00</p> <p>donation</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Diana Heaphy</p> <p>Mailing Address 77 Park Avenue Apt # 128</p> <p>City State Zip Code Hoboken NJ 07030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Requested Info Requested Info</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4991</p> <p>Amount of Each Receipt this Period 1250.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	2875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Michael J Heaphy
Mailing Address 407 Battalion Drive

City State Zip Code
Stony Point NY 10970

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

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.5048

Amount of Each Receipt this Period
125.00

donation

B. Full Name (Last, First, Middle Initial)
Nora Heaphy
Mailing Address 103-24 103rd Street

City State Zip Code
Ozone Park NY 11417

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

Name of Employer Requested Info Occupation Requested Info
Housewife Housewife

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.5094

Amount of Each Receipt this Period
150.00

donation

C. Full Name (Last, First, Middle Initial)
David Hegarty
Mailing Address 36 Wyatt Road

City State Zip Code
Garden City NY 11530

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

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.4975

Amount of Each Receipt this Period
1250.00

donation

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 80
(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)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Mary A Henley
 Mailing Address One Bayway Walk
 City State Zip Code
 Breezy Point NY 11697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Business Owner
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.4971
 Amount of Each Receipt this Period
 300.00
 donation

B. Full Name (Last, First, Middle Initial)
Richard A Huber
 Mailing Address 73-39 Central Avenue
 City State Zip Code
 Glendale NY 11385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Requested Info Requested Info
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 1 0
Transaction ID: SA11AI.5123
 Amount of Each Receipt this Period
 500.00
 donation

C. Full Name (Last, First, Middle Initial)
Marianne Iordanou
 Mailing Address 2 Colonial Drive
 City State Zip Code
 Upper Brookville NY 11545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 3 0 / 2 0 1 0
Transaction ID: SA11AI.4944
 Amount of Each Receipt this Period
 250.00
 donation

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 80
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Gerald P Jordan	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 77 South Park Avenue, Apt C9	Transaction ID: SA11AI.4968
	City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Robert J Kelly	Date of Receipt MM / DD / YYYY 07 / 10 / 2010
	Mailing Address 58 Warwick Road	Transaction ID: SA11AI.4693
	City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Robert J Kelly	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 58 Warwick Road	Transaction ID: SA11AI.4974
	City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Requested Info Occupation Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Donald Kennelly

Mailing Address 7 Bath Walk

City State Zip Code
Breezy Point NY 11697

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

Name of Employer Requested Info Occupation
Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.5141

Amount of Each Receipt this Period
300.00

donation

B.

Full Name (Last, First, Middle Initial)
Mr. Edward F Kiernan, Jr.

Mailing Address 39-41 Waverly Avenue

City State Zip Code
Seaford NY 11783

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

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.4999

Amount of Each Receipt this Period
250.00

donation

C.

Full Name (Last, First, Middle Initial)
Andrew P Kohut

Mailing Address 152 Slocum Crescent

City State Zip Code
Forest Hills NY 11375

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

Name of Employer AAY Associates, Inc. Occupation Security Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period
2500.00

donation

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Andrew P Kohut
Mailing Address 152 Slocum Crescent
City State Zip Code
Forest Hills NY 11375
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AAY Associates, Inc. Security Consultant
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0
Transaction ID: SA11AI.5508
Amount of Each Receipt this Period
-100.00
Reattribute: donation

B. Full Name (Last, First, Middle Initial)
Andrew P Kohut
Mailing Address 152 Slocum Crescent
City State Zip Code
Forest Hills NY 11375
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AAY Associates, Inc. Security Consultant
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0
Transaction ID: SA11AI.5509
Amount of Each Receipt this Period
100.00
Reattribute: to General Election

C. Full Name (Last, First, Middle Initial)
Yolanda Kohut
Mailing Address 152 Slocum Crescent
City State Zip Code
Forest Hills NY 11375
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AAY Associates, Inc. Self Employed
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 1 0
Transaction ID: SA11AI.5198
Amount of Each Receipt this Period
300.00
donation

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 80

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.

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

Mailing Address 87 Eleventh Street

City State Zip Code
Garden City NY 11530

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

Name of Employer Requested Info Occupation Requested Info
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5135

Amount of Each Receipt this Period

2400.00

donation

B.

Full Name (Last, First, Middle Initial)
Brian J Lang

Mailing Address 17 Fulton Walk

City State Zip Code
Breezy Point NY 11697

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

Name of Employer Unemployed Occupation Unemployed
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.5143

Amount of Each Receipt this Period

300.00

donation

C.

Full Name (Last, First, Middle Initial)
Michael R Long

Mailing Address 537 76th Street

City State Zip Code
Brooklyn NY 11209

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

Name of Employer NYS Conservative Party Occupation Chairman
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period

300.00

donation

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Thomas M Long</p> <p>Mailing Address 6 Beach 219th Street</p> <p>City State Zip Code Breezy Point NY 11697</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.5138</p> <p>Amount of Each Receipt this Period 300.00</p> <p>donation</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Bill Lynch</p> <p>Mailing Address 2731 72nd Street Ct. West</p> <p>City State Zip Code Bradenton FL 34209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.5189</p> <p>Amount of Each Receipt this Period 250.00</p> <p>donation</p>
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<p>C. Full Name (Last, First, Middle Initial) Eileen Lynch-Hawkins</p> <p>Mailing Address Requested Info</p> <p>City State Zip Code Requested Info NY 10004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Requested Info Requested Info</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4818</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>donation</p>
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SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

**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 23 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) John R Mathis	Date of Receipt MM / DD / YYYY 07 / 10 / 2010
	Mailing Address 14 Gotham Walk	Transaction ID: SA11AI.4722
	City State Zip Code Breezy Point NY 11697	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Retired Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Kevin J McCann	Date of Receipt MM / DD / YYYY 07 / 10 / 2010
	Mailing Address 109 Beach 207th Street	Transaction ID: SA11AI.4767
	City State Zip Code Rockaway Point NY 11697	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Legend Securities Trader	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Kevin J McCann	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 109 Beach 207th Street	Transaction ID: SA11AI.4972
	City State Zip Code Rockaway Point NY 11697	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Legend Securities Trader	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1550.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 80
(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)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Kevin J McCann
Mailing Address 109 Beach 207th Street
City State Zip Code
Rockaway Point NY 11697
FEC ID number of contributing federal political committee. **C**
Name of Employer Legend Securities Occupation Trader
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1800.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0
Transaction ID: SA11AI.5122
Amount of Each Receipt this Period
250.00
donation

B. Full Name (Last, First, Middle Initial)
Frank J McGuire
Mailing Address 12 Essex Walk
City State Zip Code
Rockaway Point NY 11697
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.4970
Amount of Each Receipt this Period
300.00
donation

C. Full Name (Last, First, Middle Initial)
Kathleen McHugh
Mailing Address 134 North 12th Street
City State Zip Code
New Hyde Park NY 11040
FEC ID number of contributing federal political committee. **C**
Name of Employer NYC Board of Education Occupation Teacher
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0
Transaction ID: SA11AI.5146
Amount of Each Receipt this Period
300.00
donation

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Edward J McManus

Mailing Address 113 Beach 222nd Street

City State Zip Code
Breezy Point NY 11697

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

Name of Employer Occupation
Surf Point Corp General Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.5057

Amount of Each Receipt this Period
250.00

donation

B. Full Name (Last, First, Middle Initial)
Peter A Morgan

Mailing Address 20 Roundtree Drive

City State Zip Code
Kings Park NY 11754

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	1	0

Transaction ID: SA11AI.5197

Amount of Each Receipt this Period
1000.00

donation

C. Full Name (Last, First, Middle Initial)
Donna Marie Nacional

Mailing Address 305 East 40th Street

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Requested Info Requested Info

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.5005

Amount of Each Receipt this Period
575.00

donation

SUBTOTAL of Receipts This Page (optional) ► **1825.00**

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

**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 26 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Edward P O'Connor	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 205 Hempstead Avenue	Transaction ID: SA11AI.5193
	City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Murphy Durieu Broker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) James J O'Meara	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 36-06 204th Street	Transaction ID: SA11AI.4921
	City State Zip Code Bayside NY 11361	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Sandler O'Neill Partners LP Investment Banker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Timothy H O'Regan	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 204-04 Marshall Avenue	Transaction ID: SA11AI.5140
	City State Zip Code Breezy Point NY 11697	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	donation
	Name of Employer Occupation Requested Info Requested Info Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Harold Paez</p> <p>Mailing Address 126-10 Rockaway Beach Boulevard</p> <p>City State Zip Code Rockaway Park NY 11694</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info Doctor</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.5145</p> <p>Amount of Each Receipt this Period 300.00</p> <p>donation</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) John S Pereira</p> <p>Mailing Address 35-35 221st Street</p> <p>City State Zip Code Bayside NY 11361</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info Attorney</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.5136</p> <p>Amount of Each Receipt this Period 300.00</p> <p>donation</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) William E Phillips</p> <p>Mailing Address 200 N Cove Road</p> <p>City State Zip Code Old Saybrook CT 06475</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Info Occupation Requested Info Requested Info</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4822</p> <p>Amount of Each Receipt this Period 500.00</p> <p>donation</p>
--	--

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Lorraine A Pierson

Mailing Address 38 Jamaica Walk

City State Zip Code
Breezy Point NY 11697

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.5046

Amount of Each Receipt this Period
125.00

donation

B. Full Name (Last, First, Middle Initial)
Denis J Potter

Mailing Address 555 Taylor Avenue

City State Zip Code
Oradell NJ 07649

FEC ID number of contributing federal political committee. C

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.4996

Amount of Each Receipt this Period
250.00

donation

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

Mailing Address 210-06 Rockaway Point Boulevard

City State Zip Code
Breezy Point NY 11697

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.5142

Amount of Each Receipt this Period
300.00

donation

SUBTOTAL of Receipts This Page (optional) 675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Kevin J Regan
Mailing Address 28 Chase Lane
City Levittown State NY Zip Code 11756
FEC ID number of contributing federal political committee. **C**
Name of Employer Requested Info Occupation Requested Info
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 550.00
Date of Receipt 07 / 22 / 2010
Transaction ID: SA11AI.4902
Amount of Each Receipt this Period 350.00
donation

B. Full Name (Last, First, Middle Initial)
Allen Roth
Mailing Address 255 Raymond Street
City Rockville Centre State NY Zip Code 11570
FEC ID number of contributing federal political committee. **C**
Name of Employer RSL Management Occupation Administrator
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00
Date of Receipt 07 / 15 / 2010
Transaction ID: SA11AI.5220
Amount of Each Receipt this Period 250.00
donation

C. Full Name (Last, First, Middle Initial)
Robert I Silberberg
Mailing Address 8803 Goldenwood Lake Court
City Boynton Beach State FL Zip Code 33473
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation TV Programming
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00
Date of Receipt 07 / 28 / 2010
Transaction ID: SA11AI.5214
Amount of Each Receipt this Period 250.00
donation

SUBTOTAL of Receipts This Page (optional) ▶ 850.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 30 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Eric H Stiefeling

Mailing Address Box 1172

City Calistoga State CA Zip Code 94515

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 04 / 2010
Transaction ID: SA11AI.5227
 Amount of Each Receipt this Period 250.00
 donation

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

Mailing Address

City State Zip Code

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

Name of Employer Requested Info Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 08 / 13 / 2010
Transaction ID: SA11AI.4992
 Amount of Each Receipt this Period 1250.00
 donation

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

Mailing Address

City State Zip Code

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

Name of Employer Requested Info Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1465.00

Date of Receipt 08 / 13 / 2010
Transaction ID: SA11AI.5006
 Amount of Each Receipt this Period 215.00
 donation

SUBTOTAL of Receipts This Page (optional) ► 1715.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
William Taylor, Jr
Mailing Address 6115 Avenue T
City State Zip Code
Brooklyn NY 11234
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt: 07 / 12 / 2010
Transaction ID: SA11AI.4860
Amount of Each Receipt this Period: 1000.00
donation

B. Full Name (Last, First, Middle Initial)
Ann M Turner
Mailing Address 14 Cambridge Street
City State Zip Code
Rockville Centre NY 11570
FEC ID number of contributing federal political committee. **C**
Name of Employer Links Realty Occupation Realtor
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 550.00
Date of Receipt: 08 / 13 / 2010
Transaction ID: SA11AI.4997
Amount of Each Receipt this Period: 250.00
donation

C. Full Name (Last, First, Middle Initial)
Christopher P Turner
Mailing Address 4 Ambery Lane
City State Zip Code
Thiells NY 10984
FEC ID number of contributing federal political committee. **C**
Name of Employer Requested Info Occupation Requested Info
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1450.00
Date of Receipt: 08 / 13 / 2010
Transaction ID: SA11AI.4994
Amount of Each Receipt this Period: 1250.00
donation

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Daniel C Turner

Mailing Address 301 Massachusetts Avenue, NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Booz - Allen - Hamilton Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: SA11AI.4903

Amount of Each Receipt this Period

500.00

donation

B.

Full Name (Last, First, Middle Initial)
Maria Turner

Mailing Address 85-49 105th Street

City State Zip Code
Richmond Hill NY 11418

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

Name of Employer Occupation
Diocese of Brooklyn Part Time Teacher

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2010

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period

750.00

donation

C.

Full Name (Last, First, Middle Initial)
Maria Turner

Mailing Address 85-49 105th Street

City State Zip Code
Richmond Hill NY 11418

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

Name of Employer Occupation
Diocese of Brooklyn Part Time Teacher

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.4995

Amount of Each Receipt this Period

1250.00

donation

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Brian Welsome

Mailing Address 1673 East 35th Street

City State Zip Code
Brooklyn NY 11234

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

Name of Employer Self Employed Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2010

Transaction ID: SA11AI.5223

Amount of Each Receipt this Period
250.00

donation

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	43215.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Friends of Donna Marie Caltabiano

Mailing Address 85-80 87th Street

City State Zip Code
Woodhaven NY 11421

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11C.6996

Amount of Each Receipt this Period
150.00

donation

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	150.00

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

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

FOR LINE NUMBER: PAGE 35 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Robert L Turner

Mailing Address 175 Ocean Avenue

City State Zip Code
Rockaway Point NY 11697

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 113500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11D.5011

Amount of Each Receipt this Period
60000.00

donation

B. Full Name (Last, First, Middle Initial)
Robert L Turner

Mailing Address 175 Ocean Avenue

City State Zip Code
Rockaway Point NY 11697

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 116000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11D.5012

Amount of Each Receipt this Period
2500.00

donation

SUBTOTAL of Receipts This Page (optional)	▶	62500.00
TOTAL This Period (last page this line number only)	▶	62500.00

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) All Nations Office Machines and Furniture</p> <p>Mailing Address 114-61 Queens Boulevard</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Copy Machine Rental & Setup</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5376</p> <p>Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 204.14</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) All Nations Office Machines and Furniture</p> <p>Mailing Address 114-61 Queens Boulevard</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Copy Machine Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5447</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1105.09</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) A Promotional Outlet, LLC</p> <p>Mailing Address 6 Roseland Court</p> <p>City New City State NY Zip Code 10956</p> <p>Purpose of Disbursement campaign promotional supplies</p> <p>Candidate Name Bob Turner For Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7022</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 352.71</p> <p>006 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1661.94

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Beat The Clock Printing, Inc. Mailing Address 97-13 Jamaica Avenue City Woodhaven State NY Zip Code 11421 Purpose of Disbursement Deposit on Lawn Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5362 Date of Disbursement 07 / 23 / 2010 Amount of Each Disbursement this Period 5000.00 Category/Type 006
B.	Full Name (Last, First, Middle Initial) Beat The Clock Printing, Inc. Mailing Address 97-13 Jamaica Avenue City Woodhaven State NY Zip Code 11421 Purpose of Disbursement Envelopes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5383 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 249.38 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Beat The Clock Printing, Inc. Mailing Address 97-13 Jamaica Avenue City Woodhaven State NY Zip Code 11421 Purpose of Disbursement Campaign Palm Cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5410 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 1470.15 Category/Type 006

SUBTOTAL of Disbursements This Page (optional) ▶

6719.53

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

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Beat The Clock Printing, Inc.</p> <p>Mailing Address 97-13 Jamaica Avenue</p> <p>City Woodhaven State NY Zip Code 11421</p> <p>Purpose of Disbursement Lawn Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5449</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2621.25</p> <p>006 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 6 West Circle Drive</p> <p>City Valley Stream State NY Zip Code 11581</p> <p>Purpose of Disbursement Computer Accessories</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5497</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 199.86</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 88-01 Queens Boulevard</p> <p>City Elmhurst State NY Zip Code 11374</p> <p>Purpose of Disbursement Computers</p> <p>Candidate Name Bob Turner For Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7016</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 593.57</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3414.68

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Edward J Carroll, Sr. <hr/> Mailing Address 165 Oceanside Avenue <hr/> City Breezy Point State NY Zip Code 11697 <hr/> Purpose of Disbursement Consulting Fee - Campaign Manager Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5294 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1600.00
B.	Full Name (Last, First, Middle Initial) Edward J Carroll, Sr. <hr/> Mailing Address 165 Oceanside Avenue <hr/> City Breezy Point State NY Zip Code 11697 <hr/> Purpose of Disbursement Consulting Fee - Campaign Manager Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5371 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1600.00
C.	Full Name (Last, First, Middle Initial) Edward J Carroll, Sr. <hr/> Mailing Address 165 Oceanside Avenue <hr/> City Breezy Point State NY Zip Code 11697 <hr/> Purpose of Disbursement Reimbursement - Various Expenses Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5390 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 429.93

SUBTOTAL of Disbursements This Page (optional) ▶	3629.93
TOTAL This Period (last page this line number only) ▶	

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Parkside Press, Inc Mailing Address 74-13 Myrtle Avenue City Glendale State NY Zip Code 11385 Purpose of Disbursement Invitation Cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5390.1 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 16.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Costco Mailing Address 605 Rockaway Boulevard City Lawrence State NY Zip Code 11559 Purpose of Disbursement Office Folding Tables Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5390.7 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 162.90 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Catholic Club, Inc Mailing Address 204-10 Rockaway Point Boulevard City Rockaway Point State NY Zip Code 11697 Purpose of Disbursement Fundraiser - Room Rental, Beverages, Bartender etc Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5302 Date of Disbursement 07 / 08 / 2010 Amount of Each Disbursement this Period 1159.00

SUBTOTAL of Disbursements This Page (optional) ▶	1159.00
TOTAL This Period (last page this line number only) ▶	[]

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Consolidated Edison Company <hr/> Mailing Address 89-67 162nd Street <hr/> City Jamaica State NY Zip Code 11427 <hr/> Purpose of Disbursement Office Electric Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5325 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 40.41
B.	Full Name (Last, First, Middle Initial) Consolidated Edison Company <hr/> Mailing Address 89-67 162nd Street <hr/> City Jamaica State NY Zip Code 11427 <hr/> Purpose of Disbursement Office Electric Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5375 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 266.52
C.	Full Name (Last, First, Middle Initial) Delta Signs and Flags Corp <hr/> Mailing Address 65-24 Myrtle Avenue <hr/> City Glendale State NY Zip Code 11385 <hr/> Purpose of Disbursement Poster Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5286 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 489.94

SUBTOTAL of Disbursements This Page (optional) ▶

796.87

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Delta Signs and Flags Corp Mailing Address 65-24 Myrtle Avenue City Glendale State NY Zip Code 11385 Purpose of Disbursement Posters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5469 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 489.94
B.	Full Name (Last, First, Middle Initial) Javier Espinosa Mailing Address City State Zip Code Purpose of Disbursement Music at Dinner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5438 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Antonia Genna Mailing Address 78-81 82st Street City Glendale State NY Zip Code 11385 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5434 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 2900.00

SUBTOTAL of Disbursements This Page (optional) ▶

3639.94

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

**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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Antonia Genna</p> <p>Mailing Address 78-81 82st Street</p> <p>City Glendale State NY Zip Code 11385</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5366</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2900.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Antonia Genna</p> <p>Mailing Address 78-81 82st Street</p> <p>City Glendale State NY Zip Code 11385</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5452</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2900.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ryan Girdusky</p> <p>Mailing Address 60-53 72nd Street</p> <p>City Maspeth State NY Zip Code 11378</p> <p>Purpose of Disbursement Consulting Fee -StrategicPlanning, Press Relations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5367</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6800.00

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

**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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Brian P Heaphy <hr/> Mailing Address 77 Park Avenue Apt 12B <hr/> City Hoboken State NJ Zip Code 07030 <hr/> Purpose of Disbursement Reimbursement Various Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5421 Date of Disbursement 08 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 1741.42 <hr/> Category/ Type 001
B.	Full Name (Last, First, Middle Initial) Beat The Clock Printing, Inc. <hr/> Mailing Address 97-13 Jamaica Avenue <hr/> City Woodhaven State NY Zip Code 11421 <hr/> Purpose of Disbursement Business Cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5421.0 Date of Disbursement 07 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 522.72 <hr/> Category/ Type 006 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Pitney Bowes <hr/> Mailing Address 2225 American Dream <hr/> City Neenah State WI Zip Code 54956 <hr/> Purpose of Disbursement Postage Meter Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5421.2 Date of Disbursement 07 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Category/ Type 001 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1741.42

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

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)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Sam Ash Music

Mailing Address 113-25 Queens Boulevard

City State Zip Code
Forest Hills NY 11375

Purpose of Disbursement
Speaker

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5421.3
Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

598.45

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Patrick Heaphy

Mailing Address 2 Hartshorn Lane

City State Zip Code
West Nyack NY 10994

Purpose of Disbursement
Consulting Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5411
Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
JAMCO Restaurant, Inc

Mailing Address 202-24 Rockaway Point Boulevard

City State Zip Code
Breezy Point NY 11697

Purpose of Disbursement
Catering for Fundraiser at Catholic Club

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5320
Date of Disbursement

07 / 11 / 2010

Amount of Each Disbursement this Period

525.00

SUBTOTAL of Disbursements This Page (optional)

2525.00

TOTAL This Period (last page this line number only)

**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)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Lamar Advertising of New York City

Mailing Address 437 Fifth Avenue

City State Zip Code
New York NY 10016

Purpose of Disbursement
Production Signs and Posters
Candidate Name

004
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.5289
Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

6998.00

B. Full Name (Last, First, Middle Initial)
Lamar Advertising of New York City

Mailing Address 437 Fifth Avenue

City State Zip Code
New York NY 10016

Purpose of Disbursement
Billboard Advertising
Candidate Name

004
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.5418
Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

47775.00

C. Full Name (Last, First, Middle Initial)
Maelstrom Solutions Corporation

Mailing Address 200 S. Executive Drive, Suite 101

City State Zip Code
Brookfield WI 53005

Purpose of Disbursement
fees
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.5281
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

5.70

SUBTOTAL of Disbursements This Page (optional)

54778.70

TOTAL This Period (last page this line number only)

**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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5279 Date of Disbursement 07 / 04 / 2010
	Mailing Address 200 S. Executive Drive, Suite 101	Amount of Each Disbursement this Period 1.95
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5280 Date of Disbursement 07 / 04 / 2010
	Mailing Address 200 S. Executive Drive, Suite 101	Amount of Each Disbursement this Period 13.20
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5295 Date of Disbursement 07 / 07 / 2010
	Mailing Address 200 S. Executive Drive, Suite 101	Amount of Each Disbursement this Period 290.00
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement Website & Email Hosting Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	305.15
TOTAL This Period (last page this line number only)	

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5278</p> <p>Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 3.20</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5277</p> <p>Date of Disbursement 07 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 5.70</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5275</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5.70</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14.60

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

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5276</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 13.20</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5273</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 13.20</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5274</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1.95</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

28.35

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

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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Bob Turner For Congress

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<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5271</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1.95</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5272</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5.70</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9.60

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

**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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5269 Date of Disbursement
	Mailing Address 200 S. Executive Drive, Suite 101	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement fees	<input type="text" value="5.70"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5268 Date of Disbursement
	Mailing Address 200 S. Executive Drive, Suite 101	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement fees	<input type="text" value="5.70"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5373 Date of Disbursement
	Mailing Address 200 S. Executive Drive, Suite 101	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Design and Maintenance	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1511.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5266</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3.55</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5267</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 13.20</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5264</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1.95</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

18.70

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

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)
Bob Turner For Congress

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<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5262</p> <p>Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 5.70</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5263</p> <p>Date of Disbursement 07 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1.95</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10.85

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

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)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5261 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2010
	Amount of Each Disbursement this Period 1.95 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5258 Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2010
	Amount of Each Disbursement this Period 2.70 Category/Type: 001
C. Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5257 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2010
	Amount of Each Disbursement this Period 6.95 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

11.60

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5255 Date of Disbursement 08 / 07 / 2010
	Mailing Address 200 S. Executive Drive, Suite 101	Amount of Each Disbursement this Period 1.95
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5251 Date of Disbursement 08 / 08 / 2010
	Mailing Address 200 S. Executive Drive, Suite 101	Amount of Each Disbursement this Period 5.70
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5253 Date of Disbursement 08 / 08 / 2010
	Mailing Address 200 S. Executive Drive, Suite 101	Amount of Each Disbursement this Period 5.70
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13.35

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

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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Bob Turner For Congress

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<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5249</p> <p>Date of Disbursement 08 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 23.20</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5250</p> <p>Date of Disbursement 08 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 8.20</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

35.85

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

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5244</p> <p>Date of Disbursement 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 15.70</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5246</p> <p>Date of Disbursement 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 8.20</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5238</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 8.20</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

32.10

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

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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5240</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 8.20</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5241</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 6.95</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 200 S. Executive Drive, Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5242</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 8.20</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

23.35

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5243 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 50.70 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5236 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3.20 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5237 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5.70 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	59.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 60 / 80

<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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5235 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1.95
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 200 S. Executive Drive, Suite 101 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5234 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 13.20
C.	Full Name (Last, First, Middle Initial) Manor Oktoberfest of Forest Hills <hr/> Mailing Address 73-11 Yellowstone Boulevard <hr/> City Forest Hills State NY Zip Code 11375 <hr/> Purpose of Disbursement Campaign Event Food and Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5324 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 950.00

SUBTOTAL of Disbursements This Page (optional) ▶

965.15

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

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)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Scarlett McHugh

Transaction ID: SB17.5419
Date of Disbursement

Mailing Address 123-10 Ocean Promenade, Apt 3F

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

City State Zip Code
Rockaway Park NY 11694

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Consulting Fee - Volunteer Coordination

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Michael Michel

Transaction ID: SB17.5365
Date of Disbursement

Mailing Address PO Box 79

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

City State Zip Code
Middle Village NY 11379

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Petition Expenses

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Dawn Nacional

Transaction ID: SB17.5313
Date of Disbursement

Mailing Address 187B Beach 100th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	0

City State Zip Code
Rockaway Park NY 11694

Amount of Each Disbursement this Period

1765.55

Purpose of Disbursement
Reimbursement - Customized Magnetic Bumper Sign

006

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4765.55

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

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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)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Build A Sign.com

Mailing Address 11525B Stonehollow Road
Suite 220

City Austin State TX Zip Code 78758

Purpose of Disbursement
Custom Magnetic Bumper Signs

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5313.0
Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

1765.55

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Dawn Nacional

Mailing Address 187B Beach 100th Street

City Rockaway Park State NY Zip Code 11694

Purpose of Disbursement
Reimbursement - Various

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5353
Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

296.44

C.

Full Name (Last, First, Middle Initial)
Dawn Nacional

Mailing Address 187B Beach 100th Street

City Rockaway Park State NY Zip Code 11694

Purpose of Disbursement
Consulting Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5368
Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional)

2696.44

TOTAL This Period (last page this line number only)

**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)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) New York Color Center</p> <p>Mailing Address 28 East 28th Street</p> <p>City New York State NY Zip Code 10016</p> <p>Purpose of Disbursement Truck Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5361</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Office Petty Cash</p> <p>Mailing Address 78-81 81st Street</p> <p>City Glendale State NY Zip Code 11385</p> <p>Purpose of Disbursement Office expenses</p> <p>Candidate Name Bob Turner For Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7024</p> <p>Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 362.50</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Office Petty Cash</p> <p>Mailing Address 78-81 81st Street</p> <p>City Glendale State NY Zip Code 11385</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Bob Turner For Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7025</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 82.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4444.50

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Queens Courier Mailing Address 38-15 Bell Boulevard City Bayside State NY Zip Code 11361 Purpose of Disbursement Newspaper Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5451 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0 Amount of Each Disbursement this Period 300.00 Category/Type 004
B.	Full Name (Last, First, Middle Initial) Queens Ledger Greenpoint Star, Inc Mailing Address PO Box 780-376 City Maspeth State NY Zip Code 11378 Purpose of Disbursement Newspaper Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5386 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 4000.00 Category/Type 004
C.	Full Name (Last, First, Middle Initial) Queens Tribune Mailing Address 174-15 Horace Harding Expressway City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Newspaper Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5473 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0 Amount of Each Disbursement this Period 743.00 Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶

5043.00

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

**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)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Naphtali Rivkin</p> <p>Mailing Address 681 Mildred Street</p> <p>City Teaneck State NJ Zip Code 07666</p> <p>Purpose of Disbursement Consulting Fee - Jewish Community Liaison</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5292</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Naphtali Rivkin</p> <p>Mailing Address 681 Mildred Street</p> <p>City Teaneck State NJ Zip Code 07666</p> <p>Purpose of Disbursement Consulting Fee - Jewish Community Liaison</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5369</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Roma Deli</p> <p>Mailing Address 83-07 Myrtle Avenue</p> <p>City Glendale State NY Zip Code 11385</p> <p>Purpose of Disbursement Volunteer Lunches</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5443</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 157.10</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1357.10

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

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)
Bob Turner For Congress

A. Full Name (Last, First, Middle Initial)
Ronald Reagan Republican Club of Howard Beach

Mailing Address 164-15 96th Street

City State Zip Code
Howard Beach NY 11414

Purpose of Disbursement
Journal Page Advertising
Candidate Name

004
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.5318
Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

300.00

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

Mailing Address 2922 Nostrand Avenue

City State Zip Code
Brooklyn NY 11229

Purpose of Disbursement
Consultant Fee - Jewish Community Liaison
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.5348
Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

500.00

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

Mailing Address 2922 Nostrand Avenue

City State Zip Code
Brooklyn NY 11229

Purpose of Disbursement
Consulting Fee - Jewish Community Liaison
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.5387
Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1800.00

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

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 67 / 80

<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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Russo's on the Bay</p> <p>Mailing Address 162-45 Cross Bay Boulevard</p> <p>City State Zip Code Howard Beach NY 11414</p> <p>Purpose of Disbursement Fundraiser - Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5433</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 14489.93</p> <p>007 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Laura A Schreiner</p> <p>Mailing Address 134 Forsythe Avenue</p> <p>City State Zip Code Lindenhurst NY 11757</p> <p>Purpose of Disbursement Consulting Fee - Financial</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5293</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1600.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Laura A Schreiner</p> <p>Mailing Address 134 Forsythe Avenue</p> <p>City State Zip Code Lindenhurst NY 11757</p> <p>Purpose of Disbursement Consulting Fee - Financial</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5370</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1600.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

17689.93

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 163-50 Crossbay Boulevard City State Zip Code Howard Beach NY 11414 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5498 Date of Disbursement 08 / 17 / 2010 Amount of Each Disbursement this Period 6.52 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Staples Direct Mailing Address 800 West Harris Street City State Zip Code Eureka CA 95501 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5490 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period 291.47 Category/Type 001
C.	Full Name (Last, First, Middle Initial) The Forum Mailing Address 102-05 159th Avenue City State Zip Code Howard Beach NY 11414 Purpose of Disbursement Newspaper Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5468 Date of Disbursement 08 / 24 / 2010 Amount of Each Disbursement this Period 480.00 Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶

777.99

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

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 69 / 80

<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)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) The Forum</p> <p>Mailing Address 102-05 159th Avenue</p> <p>City Howard Beach State NY Zip Code 11414</p> <p>Purpose of Disbursement Newspaper Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5470 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1280.00</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) The Wave Publishing</p> <p>Mailing Address 88-08 Rockaway Beach Boulevard</p> <p>City Rockaway Beach State NY Zip Code 11693</p> <p>Purpose of Disbursement Newspaper Campaign Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5378 Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 215.00</p> <p>004 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) The Wave Publishing</p> <p>Mailing Address 88-08 Rockaway Beach Boulevard</p> <p>City Rockaway Beach State NY Zip Code 11693</p> <p>Purpose of Disbursement Newspaper Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5471 Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 330.00</p> <p>004 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1825.00

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Time Warner Cable of NYC Mailing Address 41-61 Kissena Boulevard City Flushing State NY Zip Code 11355 Purpose of Disbursement Office Cable Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5326 Date of Disbursement 07 / 16 / 2010 Amount of Each Disbursement this Period 181.26 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Time Warner Cable of NYC Mailing Address 41-61 Kissena Boulevard City Flushing State NY Zip Code 11355 Purpose of Disbursement Office Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5436 Date of Disbursement 08 / 11 / 2010 Amount of Each Disbursement this Period 130.05 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Matthew J Turner Mailing Address 14 Cambridge Street City Rockville Centre State NY Zip Code 11570 Purpose of Disbursement Reimbursement for Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5474 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 1437.86 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1749.17

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Microsoft Store <hr/> Mailing Address One Microsoft Way <hr/> City Redmond State WA Zip Code 98052 <hr/> Purpose of Disbursement Programs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5474.0 Date of Disbursement 07 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 162.93 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Beat The Clock Printing, Inc. <hr/> Mailing Address 97-13 Jamaica Avenue <hr/> City Woodhaven State NY Zip Code 11421 <hr/> Purpose of Disbursement Palm Cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5474.5 Date of Disbursement 07 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 925.65 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Matthew J Turner <hr/> Mailing Address 14 Cambridge Street <hr/> City Rockville Centre State NY Zip Code 11570 <hr/> Purpose of Disbursement Reimbursement for numerous expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5337 Date of Disbursement 07 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 3529.84 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3529.84

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

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)
Bob Turner For Congress

A.

Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 660 Sunrise Highway

City Baldwin State NY Zip Code 11510

Purpose of Disbursement
Computer Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5337.4
Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

499.64

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Costco Wholesale

Mailing Address 1250 Old Country Road

City Westbury State NY Zip Code 11590

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5337.5
Date of Disbursement

07 / 10 / 2010

Amount of Each Disbursement this Period

400.35

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Parkside Press, Inc

Mailing Address 74-13 Myrtle Avenue

City Glendale State NY Zip Code 11385

Purpose of Disbursement
Printing - Stationary

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5337.6
Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

239.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Parkside Press, Inc Mailing Address 74-13 Myrtle Avenue City Glendale State NY Zip Code 11385 Purpose of Disbursement Flyers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5337.7 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period 179.64 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Aardvark Amusements Mailing Address 2765 86th Street City Brooklyn State NY Zip Code 11223 Purpose of Disbursement Food and Beverages at event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5337.8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 974.43 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Matthew J Turner Mailing Address 14 Cambridge Street City Rockville Centre State NY Zip Code 11570 Purpose of Disbursement Reimbursement - Various Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5414 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 74.46

SUBTOTAL of Disbursements This Page (optional) ▶	74.46
TOTAL This Period (last page this line number only) ▶	

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)
Bob Turner For Congress

<p>A. Full Name (Last, First, Middle Initial) Matthew J Turner</p> <p>Mailing Address 14 Cambridge Street</p> <p>City Rockville Centre State NY Zip Code 11570</p> <p>Purpose of Disbursement Reimbursements various receipts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5458</p> <p>Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 175.65</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Matthew J Turner</p> <p>Mailing Address 14 Cambridge Street</p> <p>City Rockville Centre State NY Zip Code 11570</p> <p>Purpose of Disbursement Reimbursement for expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5463</p> <p>Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1600.00</p> <p>004 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Joe Vacca</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Dinner - Russo's Gratuities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5442</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>007 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2175.65

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

**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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.5327 Date of Disbursement 07 / 22 / 2010
	Mailing Address PO Box 15124	Amount of Each Disbursement this Period 1200.00
	City Albany State NY Zip Code 12212	
	Purpose of Disbursement Office Telephone Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.5363 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO Box 15124	Amount of Each Disbursement this Period 511.13
	City Albany State NY Zip Code 12212	
	Purpose of Disbursement Office Telephone Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.5465 Date of Disbursement 08 / 24 / 2010
	Mailing Address PO Box 15124	Amount of Each Disbursement this Period 655.26
	City Albany State NY Zip Code 12212	
	Purpose of Disbursement Office Telephone Service Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2366.39
TOTAL This Period (last page this line number only)	

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 76 / 80

<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)
Bob Turner For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 408 City Newark State NJ Zip Code 07101 Purpose of Disbursement Cellular Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5374 Date of Disbursement 07 / 27 / 2010	Amount of Each Disbursement this Period 209.56
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 408 City Newark State NJ Zip Code 07101 Purpose of Disbursement Cellular Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5464 Date of Disbursement 08 / 24 / 2010	Amount of Each Disbursement this Period 214.30
C.	Full Name (Last, First, Middle Initial) Margaret Wagner Mailing Address 79 West 18th Road City Broad Channel State NY Zip Code 11693 Purpose of Disbursement Consulting Fee - Office Operations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5304 Date of Disbursement 07 / 11 / 2010	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1423.86

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

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 77 / 80

<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)
Bob Turner For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Margaret Wagner</p> <p>Mailing Address 79 West 18th Road</p> <p>City Broad Channel State NY Zip Code 11693</p> <p>Purpose of Disbursement Waldbaum's - Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5305</p> <p>Date of Disbursement 07 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 57.76</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Margaret Wagner</p> <p>Mailing Address 79 West 18th Road</p> <p>City Broad Channel State NY Zip Code 11693</p> <p>Purpose of Disbursement Consulting Fee - Office Operations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5372</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) David Wren</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5441</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>007 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1307.76

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

142933.30

SCHEDULE C (FEC Form 3)

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

PAGE 78 / 80

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

LOANS

NAME OF COMMITTEE (In Full)
 Bob Turner For Congress

Transaction ID: SC/10.4508

LOAN SOURCE Full Name (Last, First, Middle Initial)
 Robert L Turner - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 175 Ocean Avenue

City Rockaway Point State NY ZIP Code 11697

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>5</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>4</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	0	5	D	D	0	4	Y	Y	Y	Y	2	0	1	0	01/31/2011	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	5																		
D	D																		
0	4																		
Y	Y	Y	Y																
2	0	1	0																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="3500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Bob Turner For Congress

Transaction ID: SC/10.4509

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert L Turner - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 175 Ocean Avenue	
City Rockaway Point State NY ZIP Code 11697	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 1 3 Y Y Y Y 2 0 1 0	01/31/2011	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="25000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Bob Turner For Congress

Transaction ID: SC/10.4459

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert L Turner - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 175 Ocean Avenue

City Rockaway Point State NY ZIP Code 11697

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred: M M 06 D D 14 Y Y Y Y 2010 Date Due: 01/31/2011 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	25000.00
TOTALS This Period (last page in this line only)	▶	53500.00

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