

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20210048		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: TURNER FOR JUDGE PAC												
Street Address:												
City: PHILADELPHIA						State: PA			Zip Code: 19147			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2023		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	7	2023				(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				9	19	2023	TO	10	23	2023		
A. Amount Brought Forward From Last Report						\$ 1,805.03						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,900.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 5,705.03						
D. Total Expenditures (From Schedule III)						\$ 5,605.90						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 99.13						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 217,072.98						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
TURNER FOR JUDGE PAC	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 2,600.00
TOTAL for the Reporting Period (3)	\$ 2,600.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1,200.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,900.00
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PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES \$50.01 TO \$250.00 Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate TURNER FOR JUDGE PAC	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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DATE					AMOUNT			
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00	
JOHN HOGAN								
Mailing Address								
City	PHILA	State	PA	Zip Code (Plus 4)	19054	6	27	2023

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 100.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate TURNER FOR JUDGE PAC	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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				DATE			AMOUNT
Full Name of Contributor FREDERICK HAWKINS				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	14	2023	
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004					
Employer Name AC HAWKINS CO				Occupation MANAGEMENT CONSULTANT			
Employer Mailing Address/Principal Place of Business			City BALA CYNWYD		State PA		Zip Code (Plus 4) 19004
Full Name of Contributor FREDERICK HAWKINS				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				9	29	2023	
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004					
Employer Name AC HAWKINS CO				Occupation MANAGEMENT CONSULTANT			
Employer Mailing Address/Principal Place of Business			City BALA CYNWYD		State PA		Zip Code (Plus 4) 19004
Full Name of Contributor FREDERICK HAWKINS				MO	DAY	YEAR	\$ 100.00
Mailing Address				10	10	2023	
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004					
Employer Name AC HAWKINS CO				Occupation MANAGEMENT CONSULTANT			
Employer Mailing Address/Principal Place of Business			City BALA CYNWYD		State PA		Zip Code (Plus 4) 19004

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,600.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate TURNER FOR JUDGE PAC	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 1,200.00
WORKING FAMILIES PARTY PAC							
Mailing Address							
City		State	Zip Code (Plus 4)				
BROOKLYN		NY	11201	6	20	2023	
Receipt Description							
INVOICE BALANCE							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 1,200.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
TURNER FOR JUDGE PAC		From: <u>9/19/2023</u> To: <u>10/23/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
TURNER FOR JUDGE PAC	From <u>9/19/2023</u> To: <u>10/23/2023</u>

				DATE		AMOUNT	
To Whom Paid MICHAEL CAMERON				MO	DAY	YEAR	\$ 1,500.00
Mailing Address				6	14	2023	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	19147	Description of Expenditure CAMPAIGN SERVICES	
To Whom Paid WORKING FAMILIES PARTY PAC				MO	DAY	YEAR	\$ 100.00
Mailing Address				6	20	2023	
City	BROOKLYN	State	NY	Zip Code (Plus 4)	11201	Description of Expenditure VENDED PROGRAM SERVICES	
To Whom Paid MICHAEL CAMERON				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	20	2023	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	19147	Description of Expenditure CAMPAIGN SERVICES	
To Whom Paid PNC BANK				MO	DAY	YEAR	\$ 60.00
Mailing Address							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	19147	Description of Expenditure BANK FEES	
To Whom Paid DILWORTH PAXON				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				9	29	2023	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	19101	Description of Expenditure PAY STATEMENT BALANCE	
To Whom Paid GOOGLE				MO	DAY	YEAR	\$ 129.60
Mailing Address							
City	MOUNTAIN VIEW	State	CA	Zip Code (Plus 4)	94043	Description of Expenditure GSUITE	

To Whom Paid LIBERTY CITY LGBT DEMOCRATIC CLUB			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	10	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure DONATION			

To Whom Paid JUDGE LANE FOR SUPERIOR COURT			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	10	2023	
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004	Description of Expenditure DONATION			

To Whom Paid ANEDOT			MO	DAY	YEAR	\$ 4.70
Mailing Address			6	27	2023	
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure PAYMENT SERVICES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,494.30

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
 Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	Reporting Period
TURNER FOR JUDGE PAC	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor FREDERICK C HAWKINS III				MO	DAY	YEAR	\$ 65,273.12
Mailing Address							
City PHILA	State PA	Zip Code (Plus 4) 19147	Description of Debt LOAN TO CAMPAIGN PAC				
Name of Creditor CAROLINE TURNER				MO	DAY	YEAR	\$ 122,600.00
Mailing Address							
City PHILA	State PA	Zip Code (Plus 4) 19147	Description of Debt LOAN TO CAMPAIGN PAC				
Name of Creditor DILWORTH PAXON				MO	DAY	YEAR	\$ 8,514.00
Mailing Address				4	4	2023	
City PHILA	State PA	Zip Code (Plus 4) 19182	Description of Debt LEGAL SERVICES DATE DEBT INCURRED 04/04/2023				
Name of Creditor LEADING WITH OUR VALUES				MO	DAY	YEAR	\$ 600.00
Mailing Address				6	7	2021	
City BROOKLYN	State NY	Zip Code (Plus 4) 11221	Description of Debt				
Name of Creditor CAIT STANLEY				MO	DAY	YEAR	\$ 85.86
Mailing Address				5	2	2023	
City PHILA	State PA	Zip Code (Plus 4) 19147	Description of Debt INVOICE BALANCE				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 197,072.98