Campaign Finance Report

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

Filer Identification 20210048 Number :					Repo Filed		:	CANDI	DATE	COMM		MITTEE	✓	LOBBYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		TURNE	R F	OR	JUDGE F	PAC				_				
Street Address:	931 FEDERAL	ST															
City:	PHILADELPHI	A						State:	PA			Zip Code: 19147					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		DA RIMA		POST-	3.		AMENDMENT Yes REPORT?)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	5.)		30 DAY POST- 6. ELECTION					TERMINATION Yes No REPORT?					\
report type)	ANNUAL REPORT	7.	Year 2023					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•		_	_		DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
	- ,							МО	DAY	YI	EAR	111111111111111111111111111111111111111	10000			100	·
							İ	11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	E USE	ONLY		
Expenditures	s trom:		9 19	2	023	то		10	-	23	2023						
A. Amount Brought Forward From Last Report						\$			1,8	805.03							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule I))	\$			3,9	900.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			5,	705.03						
D. Total Expend	ditures (From Sch	edule II	I)				\$			5,6	505.90						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	E)		_	\$				99.13						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$:	217,0	72.98			•			
				AFF	IDAV	ΊΤ	SE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	attached sch	edules	s filed o	n pa _l	per c	or by elect	ronic m	edium	, are to t	the best o	f my knov	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me this day of	i .	20							9	Signature	of Perso	n Submit	ing Re	oort		_
	Signatu					_						Prin	ted Name	1			-
My Commission Ex	_											Ema	il				-
	МО	D	AY	YR					Are	ea Coo	de	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and belie	ef this	politica	ıl co	mmi	ttee has n	ot viola	ted ar	ıy provis	ions of the	e act of J	ıne 3,1	937 (P.L	1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
day of20						_						Printe	d Name				-
	Signature					_											_
My Commission Exp	pires											Ema	il				
	мо	D	AY	YR					Area	Code		Da	aytime T	elephor	ne Numb	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
TURNER FOR JUDGE PAC	From:	9/19/202	<u>3</u> To:	10/23/2023
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,900.00

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 Candidat	Reporting Period						
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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

Reporting Period

DATE

TURNER FOR JUDGE PAC

From:

<u>9/19/2023</u> **To:**

10/23/2023

AMOUNT

	ame of Conti	ributor			МО	DAY	YEAR	
Mailin	Mailing Address 7511 GERMANTOWN AVE							\$ 100.00
City	City PHILA State Zip Code (Plus 4)		6	27	2023			
	PA 19054							

PAGE TOTAL

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

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	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							+	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

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.)

ime of Filing Committee of Candidate					Reporting Period				
TURNER FOR JUDGE PAC				Fron	1:	9/19/2	<u>023</u> To	:	10/23/2023
			·		DA	ATE		Þ	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
FREDERICK HAWKINS					МО	DAT	ILAK	\$	500.00
Mailing Address 45 E CITY AVE, #22	.45				6	14	2023		
City BALA CYNWYD	State	Zip (Code (Plus	4)	Ŭ		2023		
	PA	1900	04						
Employer Name AC HAWKINS CO					Occupat	ion	MANAGI	EMENT	CONSULTANT
Employer Mailing Address/Principal Plac	e of Business	<u> </u>	City			State		Zip Co	de (Plus 4)
45 E CITY AVE			BALA CYN	WYD		PA		19004	
Full Name of Contributor									
 FREDERICK HAWKINS					МО	DAY	YEAR	\$	2,000.00
Mailing Address 45 E CITY AVE, #22	 245					20	2022	1	
City BALA CYNWYD	State	Zip (Code (Plus	4)	9	29	2023		
	PA	1900	04						
Employer Name AC HAWKINS CO					Occupat	ion	MANAGI	EMENT	CONSULTANT
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)
45 E CITY AVE			BALA CYN\	WYD		PA		19004	
Full Name of Contributor									
FREDERICK HAWKINS					МО	DAY	YEAR	\$	100.00
Mailing Address 45 E CITY AVE, #22	 245							-	
City BALA CYNWYD	State	Zip (Code (Plus	4)	10	10	2023		
	PA	1900	•	•					
Employer Name AC HAWKINS CO			<u> </u>		Occupat	ion	MANAGI	EMENT	CONSULTANT
Employer Mailing Address/Principal Plac	e of Business	T	City			State		Zip Co	de (Plus 4)
45 E CITY AVE			BALA CYN\	WYD		PA		19004	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umma	ary Page,	Section	on 3.			ļ	PAGE TOTAL 2,600.00

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	Reporting Per	iod	
TURNER FOR JUDGE PAC	From:	9/19/2023 To :	10/23/2023

			D	ATE		-	AMOUNT
Full Name			MO	DAY	VEAD		1 200 00
WORKING FAMILIES PARTY PAC			МО	DAY	YEAR	\$	1,200.00
Mailing Address 77 SANDS ST #6			6	20	2023		
City BROOKLYN	State	Zip Code (Plus 4)			2023		
	NY	11201					
Receipt Description INVOICE BALAN	CE						

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

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	Name of Filing Committee or Candidate Re						Reporting Period					
	From: To:											
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						7 \$		0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:	•	•	•	•		·						
					-							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			led Sun	ımary Pa	ge,		PAGE TOTAL	-				
Section 2.						\$		0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
TURNER FOR JUDGE PAC	From	9/19/2023	То:	10/23/2023

To Whom Paid MICHAEL CAMERON Mailing Address 520 LOMBARD ST UNIT E City PHILADELPHIA PA State PA 19147 CAMPAIGN SERVICES To Whom Paid	1,500.00
MICHAEL CAMERON Mailing Address 520 LOMBARD ST UNIT E City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure PA 19147 CAMPAIGN SERVICES To Whom Paid	1,500.00
MICHAEL CAMERON Mailing Address 520 LOMBARD ST UNIT E City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure PA 19147 CAMPAIGN SERVICES To Whom Paid	1,500.00
City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure PA 19147 CAMPAIGN SERVICES To Whom Paid	1,500.00
PA 19147 CAMPAIGN SERVICES To Whom Paid	
To Whom Paid	
To Whom Paid	
MO DAY YEAR	
WORKING FAMILIES PARTY PAC	
Mailing Address 77 SANDS ST. #6 6 20 2023	100.00
City BROOKLYN State Zip Code (Plus 4) Description of Expenditure	
NY 11201 VENDED PROGRAM SERVICES	
To Whom Paid MO DAY YEAR	
MICHAEL CAMERON	
Mailing Address520 LOMBARD ST UNIT E6202023	500.00
City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure	
PA 19147 CAMPAIGN SERVICES	
To Whom Paid MO DAY YEAR	
PNC BANK	
Mailing Address 801 CHRISTIAN ST \$	60.00
City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure	
PA 19147 BANK FEES	
To Whom Paid MO DAY YEAR	
DILWORTH PAXON	
	2 000 00
Mailing Address 1500 MARLET ST. SUITE 3500E 9 29 2023 \$	2,000.00
Mailing Address 1500 MARLET ST. SUITE 3500E 9 29 2023 \$ City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure	2,000.00
3 25 2025	2,000.00
City PHILADELPHIA State PA 19101 PAY STATEMENT BALANCE	2,000.00
City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure PA 19101 PAY STATEMENT BALANCE	2,000.00
City PHILADELPHIA State PA 19101 PAY STATEMENT BALANCE To Whom Paid Description of Expenditure PAY STATEMENT BALANCE	129.60
City PHILADELPHIA State PA 19101 PAY STATEMENT BALANCE To Whom Paid GOOGLE To Wood Paid GOOGLE	

To Whom Paid			МО	DAY	YEAR			
LIBERTY CITY LGBT DEMOCRATIC CLUB			MO	DAI	ILAK			
Mailing Address PO BOX 58385			10	10	2023	\$	100.00	
City PHILADELPHIA State Zip Code (Plus 4)			Description of Expenditure					
	PA	19102	DONATION					
To Whom Paid JUDGE LANE FOR SUPERIOR COURT			мо	DAY	YEAR			
Mailing Address PO BOX 2875			10	10	2023	\$	100.00	
City BALA CYNWYD	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19004	DONATION					
To Whom Paid ANEDOT				DAY	YEAR			
Mailing Address 1340 POYDRAS STREET SUITE 1770			6	27	2023	\$	4.70	
City NEW ORLEANS	State	Zip Code (Plus 4)	Description of Expenditure					
	LA	70112	PAYMEN	IT SERVICE				
						PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	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 Creditor Phila P									
Name of Creditor PRILA State PA PA PA PA PA PA PA P	Name of Filing Committee or Candidate Reportin			ng Period					
Name of Creditor	TURNER FOR JUDGE PAC			From:	<u>9</u>	/19/2023	То:		10/23/2023
Mailing Address PAILA State PA PA PA PA PA PA PA P				•		DATE			
REDERICK C HAWKINS III	Name of Creditor				мо	DAY	YEAR		
Name of Creditor Phila State Phila P	FREDERICK C HAWKINS III								
Name of Creditor State PA 19147 1914	Mailing Address 931 FEDERAL ST							\$	65,273.12
Mane of Creditor CAROLLINE TURNER	City PHILA State Zip Code (F		lus 4)	Description of Debt					
Mailing Address 931 FEDERAL ST State Zip Code (Plus 4) Description of Death Pa Pa Pa Pa Pa Pa Pa P		PA	19147		LOAN T	O CAMPAIO	GN PAC		
Mailing Address 931 FEDERAL ST State Zip Code (Plus 4) Description of Destriction PAC	Name of Creditor				МО	DAY	ΥFΔR		
State PHILA State PA	CAROLINE TURNER				140		12/11		
Name of Creditor DILWORTH PAXON	Mailing Address 931 FEDERAL ST							\$	122,600.00
Name of Creditor DILWORTH PAXON	City PHILA State Zip Code (Plus 4)			Description of Debt					
Miling Address PO BOX 825921 State Zip Code (Plus 4) Description of Debt LEGAL SERVICES DATE DEBT INCURRED		PA	19147		LOAN TO CAMPAIGN PAC				
City PHILA State Zip Code (Plus 4) Description of Debt LEGAL SERVICES DATE DEBT INCURRED 04/04/2023 Name of Creditor LEADING WITH OUR VALUES Mailing Address 279 KOSCIUSZKO ST, 3C Zip Code (Plus 4) Description of Debt Name of Creditor CAIT STANLEY State NY Code (Plus 4) Description of Debt Moling Address 623 FEDERAL ST Zip Code (Plus 4) Description of Debt Mailing Address 623 FEDERAL ST State PA 219 Code (Plus 4) Description of Debt Phila State PA 19147 Description of Debt INVOICE BALANCE					мо	DAY	YEAR		
Name of Creditor LEADING WITH OUN VALUES	Mailing Address PO BOX 825921				4	4	2023	\$	8,514.00
Name of Creditor LEADING WITH OUR VALUES	City PHILA State Zip Code (Plus 4)			Description of Debt					
Mo		PA 19182							
Mailing Address 279 KOSCIUSZKO ST, 3C 50 60 7 2021 5 600	Name of Creditor				МО	DAY	VFAR		
City BROOKLYN State NY 11221 Name of Creditor CAIT STANLEY Mailing Address 623 FEDERAL ST City PHILA State PA PA 19147 PAGE TOTAL PAGE TOTAL PAGE TOTAL PAGE TOTAL PAGE TOTAL PAGE TOTAL	LEADING WITH OUR VALUES				140		ILAK		
Name of Creditor CAIT STANLEY Mo DAY YEAR Mailing Address 623 FEDERAL ST City PHILA State PA 19147 PAGE TOTAL PAGE TOTA	Mailing Address 279 KOSCIUSZKO S	т, зс			6	7	2021	\$	600.00
Name of Creditor CAIT STANLEY Mo DAY YEAR Mo DAY YEAR Mo DAY YEAR State Description of Debt FA 19147 PAGE TOTAL PAGE	City BROOKLYN State Zip Code (P			lus 4)	Descrip	tion of Deb	t		
CAIT STANLEY Mo DAY YEAR Mailing Address 623 FEDERAL ST 5 2 2023 \$ 85 City PHILA State Zip Code (Plus 4) Description of Debt PA 19147 INVOICE BALANCE PAGE TOTAL Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.		NY	11221						
CAIT STANLEY Mailing Address 623 FEDERAL ST State Zip Code (Plus 4) Description of Debt PA 19147 PAGE TOTAL PA	Name of Creditor						\ -		
City PHILA State Zip Code (Plus 4) Description of Debt PA 19147 INVOICE BALANCE PAGE TOTAL Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	CAIT STANLEY				МО	DAY	YEAR		
PA 19147 INVOICE BALANCE PAGE TOTAL Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	Mailing Address 623 FEDERAL ST				5	2	2023	\$	85.86
PAGE TOTAL Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	City PHILA State Zip Code (Plus 4)			Description of Debt					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					INVOICE BALANCE				
								PAGE TOTAL	
	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G				G.			\$	197,072.98