

# 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: 931 FEDERAL ST											
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 PRIMARY	POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2023	FILING METHOD ( ) CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	7	2023				
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

Printed Name

Signature

Email

My Commission Expires

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

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

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

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

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

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

<b>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.)</b>	\$ 3,900.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00
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)**

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

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
JOHN HOGAN				
<b>Mailing Address</b> 7511 GERMANTOWN AVE				
<b>City</b> PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19054	6 27 2023	

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  TURNER FOR JUDGE PAC	<b>Reporting Period</b>  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	
FREDERICK HAWKINS							
Mailing Address 45 E CITY AVE, #2245							\$ 500.00
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004		6	14	2023	
Employer Name AC HAWKINS CO				Occupation MANAGEMENT CONSULTANT			
Employer Mailing Address/Principal Place of Business 45 E CITY AVE			City BALA CYNWYD		State PA	Zip Code (Plus 4) 19004	
FREDERICK HAWKINS							
Mailing Address 45 E CITY AVE, #2245							\$ 2,000.00
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004		9	29	2023	
Employer Name AC HAWKINS CO				Occupation MANAGEMENT CONSULTANT			
Employer Mailing Address/Principal Place of Business 45 E CITY AVE			City BALA CYNWYD		State PA	Zip Code (Plus 4) 19004	
FREDERICK HAWKINS							
Mailing Address 45 E CITY AVE, #2245							\$ 100.00
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004		10	10	2023	
Employer Name AC HAWKINS CO				Occupation MANAGEMENT CONSULTANT			
Employer Mailing Address/Principal Place of Business 45 E CITY AVE			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.**

<b>Name of Filing Committee or Candidate</b>  TURNER FOR JUDGE PAC	<b>Reporting Period</b>  <b>From:</b> <u>9/19/2023</u> <b>To:</b> <u>10/23/2023</u>
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				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	
WORKING FAMILIES PARTY PAC						
<b>Mailing Address</b> 77 SANDS ST #6			6	20	2023	\$ 1,200.00
<b>City</b> BROOKLYN	<b>State</b>  NY	<b>Zip Code (Plus 4)</b>  11201				
<b>Receipt Description</b> INVOICE BALANCE						

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
TURNER FOR JUDGE PAC		From: <u>9/19/2023</u> To: <u>10/23/2023</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
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 520 LOMBARD ST UNIT E			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 77 SANDS ST. #6			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 520 LOMBARD ST UNIT E			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 801 CHRISTIAN ST						
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 1500 MARLET ST. SUITE 3500E			9	29	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	Description of Expenditure PAY STATEMENT BALANCE			

<b>To Whom Paid</b> GOOGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1600 AMPHITHEATRE PARKWAY						
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94043	<b>Description of Expenditure</b> GSUITE			
<b>To Whom Paid</b> LIBERTY CITY LGBT DEMOCRATIC CLUB			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 58385			10	10	2023	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	<b>Description of Expenditure</b> DONATION			
<b>To Whom Paid</b> JUDGE LANE FOR SUPERIOR COURT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 2875			10	10	2023	
<b>City</b> BALA CYNWYD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19004	<b>Description of Expenditure</b> DONATION			
<b>To Whom Paid</b> ANEDOT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1340 POYDRAS STREET SUITE 1770			6	27	2023	
<b>City</b> NEW ORLEANS	<b>State</b> LA	<b>Zip Code (Plus 4)</b> 70112	<b>Description of Expenditure</b> PAYMENT SERVICES			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 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

<b>Name of Filing Committee or Candidate</b> TURNER FOR JUDGE PAC				<b>Reporting Period</b> From: <u>9/19/2023</u> To: <u>10/23/2023</u>			
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DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> FREDERICK C HAWKINS III			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 65,273.12
<b>Mailing Address</b> 931 FEDERAL ST						
<b>City</b> PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19147	<b>Description of Debt</b> LOAN TO CAMPAIGN PAC			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> CAROLINE TURNER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 122,600.00
<b>Mailing Address</b> 931 FEDERAL ST						
<b>City</b> PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19147	<b>Description of Debt</b> LOAN TO CAMPAIGN PAC			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> DILWORTH PAXON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 8,514.00
<b>Mailing Address</b> PO BOX 825921			4	4	2023	
<b>City</b> PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19182	<b>Description of Debt</b> LEGAL SERVICES DATE DEBT INCURRED 04/04/2023			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> LEADING WITH OUR VALUES			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 600.00
<b>Mailing Address</b> 279 KOSCIUSZKO ST, 3C			6	7	2021	
<b>City</b> BROOKLYN	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 11221	<b>Description of Debt</b>			

				DATE			Outstanding Balance of Debt	
Name of Creditor CAIT STANLEY				MO	DAY	YEAR	\$ 85.86	
Mailing Address 623 FEDERAL ST				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	