#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2021                          | 0048        |                        |         | Rep<br>File | port  |                | CAND        | DATE     |        | соми       | <b>MITTEE</b>           | <b>√</b>       | LOB      | BYIST    |          |          |
|--|----------------------------------|-------------|------------------------|---------|-------------|-------|----------------|-------------|----------|--------|------------|-------------------------|----------------|----------|----------|----------|----------|
| Name of Filing C                         | Committee, Candid                | ate or L    | obbyist:               |         | TUR         | NER   | FOR            | JUDGE I     | PAC      |        |            |                         |                |          |          |          |          |
| Street Address:                          | 931 FEDERAL                      | ST          |                        |         |             |       |                |             |          |        |            |                         |                |          |          |          |          |
| City:                                    | PHILADELPHIA                     | Δ.          |                        |         |             |       |                | State:      | PA       |        |            | Zip Cod                 | <b>ie:</b> 19  | 147      |          |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY       | 1.          | 2ND FRIDAY<br>PRIMARY  | / PRE   | - 2         | 2.    | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDMENT Ye<br>REPORT? |                |          | No       |          |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION      | 4.          | 2ND FRIDAY<br>ELECTION | / PRE   | - !         | 5.    | 30 DA<br>ELECT |             | POST-    | 6.     |            | TERMINATION YER         |                |          | No       |          | <b>/</b> |
| report type)                             | ANNUAL REPORT                    | 7. <b>X</b> | <b>Year</b> 2022       |         |             |       |                | IG METH     |          |        |            | PAPER                   |                | <b>\</b> | DISKE    | TTE      |          |
| Name of Office S                         | Sought by Candida                | te:         | •                      |         |             |       |                | DATE C      | F ELE    | CTIO   | N          | District<br>Number      | Office<br>Code | Par      | ty Code  | Coun     |          |
|  |                                  |             |                        |         |             |       |                | МО          | DAY      | YE     | AR         |                         | 10000          | DE       | 1        | -        |          |
|  |                                  |             |                        |         |             |       |                | 11          |          | 8      | 2022       |                         | (SEE IN        | STRUCTI  | ONS FOR  | CODES)   | )        |
|  | Receipts and                     | МО          | DAY                    | YEAR    |             |       |                | МО          | DAY      | YE     | AR         | FO                      | R OFFIC        | E USE    | ONLY     |          |          |
| Expenditures                             | s trom:                          |             | 11 29                  | 2       | 022         | Т     | 0              | 12          | :        | 31     | 2022       |                         |                |          |          |          |          |
| A. Amount Bro                            | ught Forward Fror                | n Last R    | eport                  |         |             |       | \$             |             |          |        | 0.00       |                         |                |          |          |          |          |
| B. Total Monet                           | ary Contributions                | And Rec     | eipts (From            | Sche    | dule        | : I)  | \$             |             |          | 8,2    | 252.50     |                         |                |          |          |          |          |
| C. Total Funds                           | Available (Sum Of                | Lines A     | and B)                 |         |             |       | \$             |             |          | 8,2    | 252.50     |                         |                |          |          |          |          |
| D. Total Expen                           | ditures (From Sch                | edule II    | I)                     |         |             |       | \$             |             |          | 7,2    | 17.80      |                         |                |          |          |          |          |
| E. Ending Cash                           | Balance (Subtrac                 | t Line D    | From Line C            | C)      |             |       | \$             |             |          | 1,0    | 34.70      |                         |                |          |          |          |          |
| F. Value Of In-                          | Kind Contributions               | Receiv      | ed (From Sc            | hedu    | le II       | :)    | \$             |             |          |        | 0.00       |                         |                |          |          |          |          |
| G. Unpaid Debt                           | s And Obligations                | (From S     | Schedule IV            | )       |             |       | \$             |             |          | 134,5  | 61.62      |                         |                | •        |          |          |          |
|  |                                  |             |                        | AFF     | IDA         | ١٧٢   | T SE           | CTION       |          |        |            |                         |                |          |          |          |          |
| PART I - If this is                      | s a Committee rep                | ort, trea   | surer sign h           | nere. 1 | [f thi      | is is | a Can          | didate r    | eport, o | andi   | date sig   | ın here.                |                |          |          |          |          |
| I swear (or affirm) correct and complete | ) that this report, incl<br>ete. | uding the   | attached sch           | edules  | filed       | d on  | paper o        | or by elect | ronic m  | edium  | , are to t | he best o               | f my knov      | vledge   | and beli | ef , tru | ue.      |
| Sworn to and subs                        | cribed before me this            | i           | 20                     |         |             |       |                |             |          | s      | ignature   | of Perso                | n Submitt      | ing Re   | oort     |          | -        |
|  |                                  |             | <u> </u>               |         |             |       | -              |             |          |        |            | Prin                    | ted Name       | 1        |          |          | -        |
| My Commission Ex                         | Signatu<br>opires                | re          |                        |         |             |       |                |             |          |        |            | Ema                     | il             |          |          |          | -        |
|  | мо                               | D           | AY                     | YR      |             |       | -              |             | Arc      | ea Cod | le         |                         | e Teleph       | one Nu   | mber     |          | _        |
| Part II- If this is                      | a report of a cand               | lidate's    | authorized             | Comn    | nitte       | e, C  | andida         | ate shall   | sign he  | ere.   |            |                         |                |          |          |          |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of n            | ny knowle   | edge and belie         | ef this | polit       | tical | commi          | ittee has r | ot viola | ted an | y provis   | ions of the             | e act of Ju    | ıne 3,1  | 937 (P.L | . 1333   | 3,       |
| Sworn to and subsc                       | ribed before me this             |             |                        |         |             |       |                |             |          |        | s          | ignature o              | of Candida     | ate      |          |          | - [      |
|  | day of                           |             |                        |         |             |       | _              |             |          |        |            | Printa                  | d Name         |          |          |          | -        |
|  | Signature                        |             |                        |         |             |       | -              |             |          |        |            | Fillite                 | itaille        |          |          |          | _        |
| My Commission Exp                        | <del>-</del>                     |             |                        |         |             |       |                |             |          |        | _          | Ema                     | il             | _        |          |          | _        |
|  | МО                               | D           | AY                     | YR      |             |       | •              |             | Area     | Code   |            | Da                      | aytime To      | 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:     | 11/29/202 | <u> 22</u> To: | 12/31/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |                |            |
| TOTAL for the Reporting  | ) Period  | (1)       | \$             | 60.00      |
| 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)   |           |           | \$             | 500.00     |
| TOTAL for the Reporting  | ) Period  | (2)       | \$             | 500.00     |
| 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)   |           |           | \$             | 7,692.50   |
| TOTAL for the Reporting  | Period    | (3)       | \$             | 7,692.50   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |                |            |
| TOTAL for the Reporting  | ) Period  | (4)       | \$             | 0.00       |
|  |           |           |                |            |
| 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 |           |           | \$             | 8,252.50   |

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize onl<br>with an aggregate val | -                 |     |         | -      |      |    |            |
|---------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm       | ittee or Candidate                               |                   | Re  | porting | Period |      |    |            |
|                           |  |                   | Fre | om:     |        | То   | :  |            |
|                           |  | 1                 |     |         | DATE   |      |    | AMOUNT     |
| Full Name of Contribution | ng Committee                                     |                   |     | МО      | DAY    | YEAR |    |            |
| Mailing Address           |  |                   |     |         |        |      | \$ | 0.00       |
| City                      | State  | Zip Code (Plus 4) | )   |         |        |      |    |            |
|                           | •  | •                 |     |         | •      | •    |    | PAGE TOTAL |

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

0.00

### 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 |                 |    |            |  |  |
|---|--------------------|-----------------------------------|-----|----|------------------|-----------------|----|------------|--|--|
| TURNER FOR JUDGE PAC                      |                    |                                   | Fro | m: | 11/29/2          | 2022 <b>T</b> o | ): | 12/31/2022 |  |  |
|   |                    |                                   |     |    | DATE             |                 |    | AMOUNT     |  |  |
| Full Name of Contributor PRINCE HALLOWAY  |                    |                                   |     | МО | DAY              | YEAR            |    |            |  |  |
| Mailing Address 1705 SPRUCE STRI          | EET                |                                   |     | ,  |                  |                 | \$ | 200.00     |  |  |
| <b>City</b> PHILA                         | <b>State</b> PA    | <b>Zip Code (Plus 4)</b><br>19103 |     | 12 | 28               | 2022            |    |            |  |  |
|   |                    |                                   |     |    |                  |                 |    |            |  |  |
| Full Name of Contributor YALINA SANCHEZ   |                    |                                   |     | МО | DAY              | YEAR            |    |            |  |  |
| Mailing Address 1705 SPRUCE STRI          | EET                |                                   |     |    |                  |                 | \$ | 200.00     |  |  |
| City PHILA                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19103 |     | 12 | 12               | 2022            |    |            |  |  |
|   |                    |                                   |     |    |                  |                 |    |            |  |  |
| Full Name of Contributor CYNTHIA ALVARADO |                    |                                   |     | МО | DAY              | YEAR            |    |            |  |  |
| Mailing Address 755 E MADSION             |                    |                                   |     |    |                  |                 | \$ | 100.00     |  |  |
| City PHILADELPHIA                         | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19133 |     | 12 | 9                | 2022            |    |            |  |  |
|   |                    |                                   |     |    |                  |                 |    | PAGE TOTAL |  |  |

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

#### **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 Candi | nme of Filing Committee or Candidate |               |             | Reporting Period |     |      |    |            |  |  |
|-----------------------------------|--------------------------------------|---------------|-------------|------------------|-----|------|----|------------|--|--|
|                                   |                                      |               | From:       |                  |     | То:  |    |            |  |  |
|                                   |                                      |               |             | DA               | TE  |      | Α  | MOUNT      |  |  |
| Full Name of Contributing Commit  | tee                                  |               |             | мо               | DAY | YEAR |    |            |  |  |
| Mailing Address                   |                                      |               |             |                  |     |      | \$ | 0.00       |  |  |
| City                              | State                                | Zip Cod       | e (Plus 4)  |                  |     |      |    |            |  |  |
|                                   |                                      |               |             |                  |     |      |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on S  | Schedule I, Detail                   | ed Summary Pa | age, Sectio | n 3.             |     |      | \$ | 0.00       |  |  |

### 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.)

|   | ·     |     |            |                      | <del></del>           |         |               |                   |            |  |
|---|-------|-----|------------|----------------------|-----------------------|---------|---------------|-------------------|------------|--|
| Name of Filing Committee or Candidate                     |       |     |            | Rep                  | orting Pe             | riod    |               |                   |            |  |
| TURNER FOR JUDGE PAC                                      |       |     |            | Fron                 | n:                    | 11/29/2 | <u>022</u> To | o: <u> </u>       | 12/31/2022 |  |
|   |       |     |            |                      | DA                    | ATE     |               | АМ                | OUNT       |  |
| Full Name of Contributor                                  |       |     |            |                      | мо                    | DAY     | YEAR          |                   |            |  |
| FRED HAWKINS  |       |     |            |                      | 140                   | DAI     | LAK           |                   |            |  |
| Mailing 45 E CITY AVE. #224<br>Address                    | .5B   |     |            |                      |                       |         |               | \$                | 20.00      |  |
| City BALA CYNWYD  | State | Zip | Code (Plus | 4)                   | 12                    | 10      | 2022          | 2                 |            |  |
|   | PA    | 19  | 004        |                      |                       |         |               |                   |            |  |
| Employer Name AC HAWKINS CO, LLC                          |       |     |            | Occupat              | ion (                 | CONSUL  | TANT          |                   |            |  |
| Employer Mailing Address/Principal Place of Business City |       |     |            |                      | State                 |         | Zip Code      | Zip Code (Plus 4) |            |  |
| 45 E CITY AVE. #2245  BALA CYNWYD                         |       |     |            |                      | PA                    |         | 19004         |                   |            |  |
| Full Name of Contributor FRED HAWKINS                     |       |     |            | МО                   | DAY                   | YEAR    |               |                   |            |  |
| Mailing 45 E CITY AVE. #224                               | -5B   |     |            |                      |                       |         |               | \$                | 2,172.50   |  |
| City BALA CYNWYD  | State | Zip | Code (Plus | 4)                   | 11                    | 30      | 2022          | 2                 |            |  |
|   | PA    | 19  | 004        |                      |                       |         |               |                   |            |  |
| Employer Name AC HAWKINS CO, LLC                          |       |     |            |                      | Occupation CONSULTANT |         |               |                   |            |  |
| Employer Mailing Address/Principal Place Business         | ce of |     | City       |                      |                       | State   |               | Zip Code          | (Plus 4)   |  |
| 45 E CITY AVE. #2245                                      |       |     | BALA CYI   | NWYD                 |                       | PA      |               | 19004             |            |  |
| Full Name of Contributor                                  |       |     |            |                      | мо                    | DAY     | YEAR          |                   |            |  |
| EMEKA IGWE  |       |     |            |                      | МО                    | DAI     | ILAK          |                   |            |  |
| Mailing 1129 HEDGEROW DRIVE                               |       |     |            |                      |                       |         |               | \$                | 500.00     |  |
| City GARNET VALLEY State Zip Code (Plus 4)                |       |     |            | 4)                   | 12                    | 10      | 2022          | 2                 |            |  |
| PA 19060  |       |     |            |                      |                       |         |               |                   |            |  |
| Employer Name THE IGWAY LAWFIRM                           |       |     |            | Occupation ATTORNEY  |                       |         |               |                   |            |  |
| Employer Mailing Address/Principal Place of City Business |       |     |            | State Zip Code (Plus |                       |         | (Plus 4)      |                   |            |  |
| 1500 JFK BLVD.SUITE 1900                                  |       |     | PHILADE    | LPHIA                | PA 19102              |         |               |                   |            |  |

| Full Name of Contributor SANDRA DINARDO              | мо                 | DAY                               | YEAR    |             |                   |             |
|--|--------------------|-----------------------------------|---------|-------------|-------------------|-------------|
| Mailing 4455 CASTOR AVE Address                      |                    |                                   |         |             |                   | \$ 5,000.00 |
| City PHILA   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19124 | 12      | 21          | 2022              |             |
| Employer Name BELLA TRUCKING                         |                    |                                   | Occupat | i <b>on</b> | )WNER/0           | OPERATOR    |
| Employer Mailing Address/Principal Place<br>Business | City               | State                             |         |             | Zip Code (Plus 4) |             |
| 920 WAYLAND CIRCLE                                   | BENSALEM           | PA 1                              |         |             | 19020             |             |

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

| PAGE TOTAL     |
|----------------|
| \$<br>7,692.50 |

## 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                |                  | Report  | ting Perio | bd  |      |     |          |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
|                               |                          |                  | From:   |            |     | To:  |     |          |
|                               |                          |                  |         | D          | ATE |      | AM  | OUNT     |
| Full Name                     |                          |                  |         | МО         | DAY | YEAR |     |          |
| Mailing Address               |                          |                  |         |            |     |      | \$  | 0.00     |
| City                          | State                    | Zip Code (       | Plus 4) |            |     |      |     |          |
| Receipt Description           | •                        | •                |         | •          | •   | •    | _   |          |
| Enter Grand Total of Part E o | on Schedule I. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | GE TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 0.00     |

#### **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 Per  | iod                    |            |
|--|----------------|------------------------|------------|
| TURNER FOR JUDGE PAC   | From:          | 11/29/2022 <b>To</b> : | 12/31/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO | R                      |            |
| 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 Candid | ate                 |                       | Reporting | g Period      |        |           |            |  |  |  |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|--|--|--|
|                                    | F                   |                       |           |               |        | From: To: |            |  |  |  |
|                                    |                     |                       |           | DATE          |        |           | AMOUNT     |  |  |  |
| Full Name of Contributor           |                     |                       | МО        | DAY           | YEAR   |           |            |  |  |  |
| Mailing Address                    |                     |                       |           |               |        | <b>\$</b> | 0.00       |  |  |  |
| City                               | State               | Zip Code (Plus 4)     |           |               |        |           |            |  |  |  |
| Description of Contribution:       |                     |                       |           |               |        |           |            |  |  |  |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | те Г   |           | PAGE TOTAL |  |  |  |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |  |  |  |
|                                    |                     |                       |           |               |        | \$        | 0.00       |  |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   | Name of Filing Committee or Candidate |      |            |         |    | porting   | Period    |        |                        |                 |  |
|---|---------------------------------------|------|------------|---------|----|-----------|-----------|--------|------------------------|-----------------|--|
|   |                                       |      |            |         |    | From:     |           |        | То:                    |                 |  |
|   |                                       |      |            |         | •  |           | DATE      |        |                        | AMOUNT          |  |
| Full Name of Contributor  |                                       |      |            |         |    | мо        | DAY       | YEAR   |                        |                 |  |
| Mailing Address   |                                       |      |            |         |    |           |           |        | \$                     | 0.00            |  |
| City  | State                                 |      | Zip Code(I | Plus 4) |    |           |           |        |                        |                 |  |
| Employer of Contributor   | 1                                     |      | •          |         |    | Occupa    | ation     |        |                        |                 |  |
| Employer Mailing Address/Principal Pla<br>Business  | ace of                                | City |            | State   |    | Zip<br>4) | Code(Plus | Descri | ption                  | of Contribution |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Des<br>Summary Page, Section 3. |                                       |      |            | etaile  | ed |           |           |        | <b>PAGE TOTAL</b> 0.00 |                 |  |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate  TURNER FOR JUDGE PAC |                    |                                   |  | Reporting Period                                       |        |     |            |  |  |
|---|--------------------|-----------------------------------|--|--|--------|-----|------------|--|--|
|   |                    |                                   |  | 11/29  | 9/2022 | То: | 12/31/2022 |  |  |
|   |                    |                                   |  | DATE   |        |     |            |  |  |
| To Whom Paid JEFF FELDER                                    |                    |                                   |  | DAY  | YEAR   |     |            |  |  |
| Mailing Address 5714 LARCHWOOD AVE                          |                    |                                   |  | 29   | 2022   | \$  | 5,000.00   |  |  |
| City PHILADELPHIA   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19143    | Description of Expenditure  CAMPAIGN MANAGEMENT SERVICES |  |        |     |            |  |  |
| To Whom Paid DILWORTH PAXON                                 |                    |                                   |  | DAY  | YEAR   |     |            |  |  |
| Mailing Address PO BOX 825921                               |                    |                                   |  | 30   | 2022   | \$  | 2,172.50   |  |  |
| City PHILADELPHIA   | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19182 | Description of Expenditure LEGAL SERVICES                |  |        |     |            |  |  |
| To Whom Paid ANEDOT   |                    |                                   |  | DAY  | YEAR   |     |            |  |  |
| Mailing Address 1340 POYDRAS STREET SUITE 1770              |                    |                                   |  |  |        | \$  | 45.30      |  |  |
| City NEW ORLEAN   | State<br>LA        | <b>Zip Code (Plus 4)</b> 70112    |  | Description of Expenditure DONATION PAYMENT PROCESSING |        |     |            |  |  |
|   |                    | I                                 |  |  |        | P   | AGE TOTAL  |  |  |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

7,217.80

## 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 Reporti                           |          |   |   | ng Period             |   |         |              |      |            |                                |
|---|----------|---|---|-----------------------|---|---------|--------------|------|------------|--------------------------------|
| TURNER FOR JUDGE PAC From:  |          |   |   | 11/29/2022 <b>To:</b> |   | То:     | 12/31/2022   |      |            |                                |
|   |          |   |   |                       |   |         | DATE         |      |            | Outstanding<br>Balance of Debt |
| Name of Creditor FREDERICK C HAWKINS III                                |          |   |   |                       | МО  | DAY     | YEAR         |      |            |                                |
| Mailing Address 931 FEDERAL ST  |          |   |   |                       |   |         |              | \$   | 27,645.62  |                                |
| City PHILA State PA 19147   |          |   |   | ıs 4)                 | Description of Debt LOANS TO CAMPAIGN PAC |         |              |      |            |                                |
|   |          |   |   |                       |   |         | DATE         |      |            | Outstanding<br>Balance of Debt |
| Name of Creditor CAROLINE TURNER  |          |   |   |                       | МО  | DAY     | YEAR         |      |            |                                |
| Mailing Address 931 FEDERAL ST  |          |   |   |                       |   |         |              | \$   | 99,600.00  |                                |
| City  | PHILA    |   | State         Zip Code           PA         19147 |                       |   |         | otion of Del |      | VC         |                                |
|   |          |   | •   |                       |   |         | DATE         |      |            | Outstanding<br>Balance of Debt |
| Name of Creditor DILWORTH PAXON   |          |   |   |                       | МО  | DAY     | YEAR         |      |            |                                |
| Mailing Address PO BOX 825921   |          |   |   |                       |   |         |              | \$   | 6,716.00   |                                |
| City  | PHILA    | State Zip Code (Plus 4) Description of Debt PA 19182 LEGAL SERVICES |   |                       |   |         |              |      |            |                                |
|   |          |   |   | •                     |   |         | DATE         |      |            | Outstanding<br>Balance of Debt |
| Name of Creditor LEADING WITH OUR VALUES                                |          |   |   |                       | МО  | DAY     | YEAR         |      |            |                                |
| Mailing Address 279 KOSCIUSZKO ST, 3C                                   |          |   |   |                       | 6   | 7       | 2021         | • \$ | 600.00     |                                |
| City  | BROOKLYN |   | State<br>NY                                       | Zip Code (Plu         | us 4)                                     | Descrip | otion of Del | bt   |            |                                |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |          |   |   |                       |   |         |              |      | PAGE TOTAL |                                |
| l   |          |   |   |                       |   |         |              | I    |            |                                |