

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Zahide A. Yildirmaz

Signature of Treasurer Zahide A. Yildirmaz [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="188.53"/>	<input type="text" value="188.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="188.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14300.00"/>	<input type="text" value="14300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14488.53"/>	<input type="text" value="14488.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14354.75"/>	<input type="text" value="14354.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="133.78"/>	<input type="text" value="133.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	11700.00	11700.00
(ii) Unitemized	1100.00	1100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	12800.00	12800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	1500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14300.00	14300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14300.00	14300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14300.00	14300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1104.75	1104.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1104.75	1104.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	12500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	750.00	750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14354.75	14354.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14354.75	14354.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14300.00	14300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14300.00	14300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1104.75	1104.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1104.75	1104.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Zafer Akin			Date of Receipt MM / DD / YYYY 03 / 04 / 2013 Transaction ID : SA11AI.4568
Mailing Address 136 Hope Ave.			Amount of Each Receipt this Period 500.00
City Staten Island	State NY	Zip Code 10305	
FEC ID number of contributing federal political committee. C			
Name of Employer The Akins Law Group	Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Koray Ariken			Date of Receipt MM / DD / YYYY 01 / 30 / 2013 Transaction ID : SA11AI.4508
Mailing Address Buyukdere Caddesi No. 185 34394 Levent			Amount of Each Receipt this Period 500.00
City Istanbul, Turkey	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer JP Morgan	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Verified US Citizen			

Full Name (Last, First, Middle Initial) C. N. Asli Ay			Date of Receipt MM / DD / YYYY 01 / 23 / 2013 Transaction ID : SA11AI.4505
Mailing Address 11 East 88th St., Apt. 5AD			Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10128	
FEC ID number of contributing federal political committee. C			
Name of Employer US Policy Metrics	Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

A. Yusuf Basusta
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Emmons Ave.

City Brooklyn State NY Zip Code 11235

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

Name of Employer Liman Trading Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
500.00

B. Mehmet Celebi
Full Name (Last, First, Middle Initial)

Mailing Address 2303 Fescue Rd.

City Naperville State IL Zip Code 60564

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

Name of Employer BMH Worldwide Entertainment Occupation Movie Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period
250.00

C. Ali Cinar
Full Name (Last, First, Middle Initial)

Mailing Address 279 Gorge Road

City Cliffside Park State NJ Zip Code 07010

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

Name of Employer Self Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Marlene Davis		Date of Receipt
Mailing Address 1882 Columbia Rd., NW Apt. 102		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4527
Name of Employer Motorola Solutions	Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Ozgen Dogan		Date of Receipt
Mailing Address 3 Sharon Lane		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Rye	State NY	Zip Code 10580
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4571
Name of Employer Diagnostic Cadiology Associate	Occupation Cardiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Mehmet Halici		Date of Receipt
Mailing Address 4620 N. Park Ave., Apt. 701W		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Chevy Chase	State MD	Zip Code 20813
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4590
Name of Employer Self	Occupation Real Estate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mehmet Kirdar		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : SA11AI.4510
Mailing Address 200 Chambers St., Apt. 12A		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10007
FEC ID number of contributing federal political committee. C		
Name of Employer JP Morgan Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mustafa Merc		Date of Receipt MM / DD / YYYY 03 / 21 / 2013 Transaction ID : SA11AI.4578
Mailing Address 6600 Blvd East Apt. 6L		Amount of Each Receipt this Period 1250.00
City New York	State NY	Zip Code 07093
FEC ID number of contributing federal political committee. C		
Name of Employer Turk on America	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Oliver Myers		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 Transaction ID : SA11AI.4507
Mailing Address 122 28th Ave.		Amount of Each Receipt this Period 500.00
City San Francisco	State CA	Zip Code 94141
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

A. Cevdet Ozdemir
Full Name (Last, First, Middle Initial)

Mailing Address 31 Quail Hollow Dr.

City Sewell	State NJ	Zip Code 08080
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FEC ID number of contributing federal political committee. **C**

Name of Employer Requested	Occupation Requested
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2013

Transaction ID : SA11AI.4531

Amount of Each Receipt this Period
1000.00

B. Donald Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 142 Platt St.

City Tampa	State FL	Zip Code 33606
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FEC ID number of contributing federal political committee. **C**

Name of Employer Phillips Development	Occupation Managing Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period
1000.00

C. Savas Sahin
Full Name (Last, First, Middle Initial)

Mailing Address 1605 Lad Ave.

City Medford	State NY	Zip Code 11763
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FEC ID number of contributing federal political committee. **C**

Name of Employer Avea	Occupation Manager
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2013

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Uzeyir Sahin		Date of Receipt
Mailing Address 1605 Lad Ave.		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Medford	NY	11763
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4573
Name of Employer	Occupation	Amount of Each Receipt this Period
Requested	Requested	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ridvan Sezer		Date of Receipt
Mailing Address 1711 Kings Hwy 2nd Floor		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brooklyn	NY	11299
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4582
Name of Employer	Occupation	Amount of Each Receipt this Period
Turkish NY	Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ridvan Sezer		Date of Receipt
Mailing Address 1711 Kings Hwy 2nd Floor		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brooklyn	NY	11299
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4585
Name of Employer	Occupation	Amount of Each Receipt this Period
Turkish NY	Director	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Derya Taskin		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2013 Transaction ID : SA11AI.4591
Mailing Address 25 Crooks Ave.		Amount of Each Receipt this Period 500.00
City Peterson	State NJ	Zip Code 07504
FEC ID number of contributing federal political committee. C	Name of Employer Derya Staffing & Consulting	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Zahide A. Yildirmaz		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2013 Transaction ID : SA11AI.4606
Mailing Address 51 Christy Dr.		Amount of Each Receipt this Period 200.00
City Warren	State NJ	Zip Code 07051
FEC ID number of contributing federal political committee. C	Name of Employer Requested	Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	11700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HF RESPONSIBILITY FUND		Date of Receipt
Mailing Address 2 PARK AVE 21ST FLOOR		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
NEW YORK	NY	10016
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00466334"/>	Transaction ID : SA11C.4523
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. SIERRA NEVADA CORPORATION PAC		Date of Receipt
Mailing Address P.O. BOX 50193		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
SPARKS	NV	89434
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00367995"/>	Transaction ID : SA11C.4534
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1500.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address PO Box 45950

City Omaha State NE Zip Code 68145

Purpose of Disbursement
Online Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

Transaction ID : SB21B.4594

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address PO Box 45950

City Omaha State NE Zip Code 68145

Purpose of Disbursement
Online Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	3

Transaction ID : SB21B.4595

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address PO Box 45950

City Omaha State NE Zip Code 68145

Purpose of Disbursement
Online Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

Transaction ID : SB21B.4596

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address PO Box 45950

City Omaha State NE Zip Code 68145

Purpose of Disbursement
Online Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	3

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period

1	0	7	.	7	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address PO Box 45950

City Omaha State NE Zip Code 68145

Purpose of Disbursement
Online Processing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SB21B.4607

Amount of Each Disbursement this Period

9	.	3	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.4517

Amount of Each Disbursement this Period

1	0	9	.	3	8
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	2	6	.	4	3
---	---	---	---	---	---

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

2	2	6	.	4	3
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2013

Transaction ID : SB21B.4538

Amount of Each Disbursement this Period

79.00

Full Name (Last, First, Middle Initial)

B. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2013

Transaction ID : SB21B.4544

Amount of Each Disbursement this Period

79.00

Full Name (Last, First, Middle Initial)

C. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2013

Transaction ID : SB21B.4546

Amount of Each Disbursement this Period

79.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

237.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4598

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address POST OFFICE BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name

JAMES E. CLYBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	3

Transaction ID : SB23.4552

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JEFFRIES FOR CONGRESS

Mailing Address PO BOX 380320

City BROOKLYN State NY Zip Code 11238

Purpose of Disbursement
Contribution

011

Candidate Name

HAKEEM JEFFRIES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	3

Transaction ID : SB23.4558

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
3	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. JEFFRIES FOR CONGRESS

Mailing Address PO BOX 380320

City BROOKLYN State NY Zip Code 11238

Purpose of Disbursement
Contribution

011

Candidate Name

HAKEEM JEFFRIES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

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

Transaction ID : SB23.4562

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFRIES FOR CONGRESS

Mailing Address PO BOX 380320

City BROOKLYN State NY Zip Code 11238

Purpose of Disbursement Contribution

011

Candidate Name

HAKEEM JEFFRIES

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2013

Transaction ID : SB23.4563

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2013

Transaction ID : SB23.4550

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WINNOVEMBER POLITICAL ACTION COMMITTEE

Mailing Address 2501 PORTER ST NW #421

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SB23.4602

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tayfun Selen for Assembly

Mailing Address 30 Woodmont Dr.

City Chatham State NJ Zip Code 07920

Purpose of Disbursement
Nonfederal contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 30 / 2013

Transaction ID : SB29.4564

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

750.00

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

750.00