

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Citizens for Turner

ADDRESS (number and street)

120 W 2nd Street

Suite 1510

Check if different than previously reported. (ACC)

Dayton

OH

45402-1603

2. FEC IDENTIFICATION NUMBER ▼

C C00373001

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

10

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Michael Berning

Signature of Treasurer Michael Berning

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Citizens for Turner**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	128430	421084.44
(b) Total Contribution Refunds (from Line 20(d)) .....	0	3800
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128430	417284.44
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	79954.45	315865.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	125	690.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	79829.45	315174.72
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	424192.99	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	6995.93	

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Citizens for Turner**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45325	229700
(ii) Unitemized.....	1005	4630.48
(iii) TOTAL of contributions from individuals ▶	46330	234330.48
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	82100	186753.96
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	128430	421084.44
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	125	690.53
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	128555	421774.97

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79954.45	315865.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	1300
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	2500
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	3800
21. OTHER DISBURSEMENTS .....	0	6400
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79954.45	326065.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	375592.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128555
25. SUBTOTAL (add Line 23 and Line 24).....	504147.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79954.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	424192.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Routsong Realty, LTD**

Mailing Address 2100 E Stroop Road

City Kettering State OH Zip Code 45429-4128

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20813**

Amount of Each Receipt this Period  
 1000

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**B.** Full Name (Last, First, Middle Initial)  
**Thomas H Routsong**

Mailing Address 261 Abbey Drive

City Springboro State OH Zip Code 45066-8408

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

Name of Employer Occupation  
 Routsong Realty Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-PIP6**

Amount of Each Receipt this Period  
 1000

**[MEMO ITEM]**  
 Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Routsong Realty, LTD**

Mailing Address 2100 E Stroop Road

City Kettering State OH Zip Code 45429-4128

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20911**

Amount of Each Receipt this Period  
 250

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas H Routsong**

Mailing Address 261 Abbey Drive

City Springboro State OH Zip Code 45066-8408

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

Name of Employer Routsong Realty Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-PIP7**

Amount of Each Receipt this Period  
 250

**[MEMO ITEM]**  
Partnership Itemization Memo

**B.** Full Name (Last, First, Middle Initial)  
**Dennis J Adkins**

Mailing Address 9455 Parkside Drive

City Dayton State OH Zip Code 45458-3546

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

Name of Employer Altick & Corwin Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20811**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Todd D. Anderson**

Mailing Address 335 East Drive

City Dayton State OH Zip Code 45419-1750

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

Name of Employer Grandview Medical Center Occupation Exec

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF20979**

Amount of Each Receipt this Period  
 300

**SUBTOTAL** of Receipts This Page (optional).....

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David E Ashcraft**

Mailing Address 734 E Schantz Avenue

City Dayton State OH Zip Code 45419-3815

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

Name of Employer RESEARCH COMPUTER SERVICES Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20808**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Diane W. Bollinger**

Mailing Address 9765 Anderson Antioch Road

City Mount Sterling State OH Zip Code 43143-9733

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2013

**Transaction ID : A-CF20975**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Bollinger**

Mailing Address 9765 Anderson Antioch Road

City Mount Sterling State OH Zip Code 43143-9733

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

Name of Employer Sugar Creek Packing Company Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2013

**Transaction ID : A-CF20974**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**5700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Terry Burns**

Mailing Address 1458 Champions Way

City Xenia State OH Zip Code 45385-7086

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

Name of Employer Kettering Health Network Occupation President, Soin and Greene Hospital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20781**

Amount of Each Receipt this Period  
 200

**B.** Full Name (Last, First, Middle Initial)  
**Terry Burns**

Mailing Address 1458 Champions Way

City Xenia State OH Zip Code 45385-7086

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

Name of Employer Kettering Health Network Occupation President, Soin and Greene Hospital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : A-CF20758**

Amount of Each Receipt this Period  
 700

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Steven Chavez**

Mailing Address 4761 Mad River Road

City Kettering State OH Zip Code 45429-2120

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

Name of Employer Kettering Health Network Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20776**

Amount of Each Receipt this Period  
 200

**SUBTOTAL** of Receipts This Page (optional).....

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steven Chavez**

Mailing Address 4761 Mad River Road

City Kettering State OH Zip Code 45429-2120

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

Name of Employer Kettering Health Network Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : A-CF20759**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**David Colangelo**

Mailing Address 5 Westgate Lane

City Liverpool State NY Zip Code 13090-3137

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

Name of Employer Hill Partner, LLC Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20898**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ronald L Connelly**

Mailing Address 154 Martha Avenue

City Dayton State OH Zip Code 45458-2432

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

Name of Employer First Tool Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20803**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ron Connovich**

Mailing Address S406 Utica Rd

City: Waynesville State: OH Zip Code: 45068

FEC ID number of contributing federal political committee: C

Name of Employer: Kettering Health Network Occupation: VP of operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 10 / 22 / 2013

**Transaction ID : A-CF20775**

Amount of Each Receipt this Period: 200

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ron Connovich**

Mailing Address S406 Utica Rd

City: Waynesville State: OH Zip Code: 45068

FEC ID number of contributing federal political committee: C

Name of Employer: Kettering Health Network Occupation: VP of operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 12 / 17 / 2013

**Transaction ID : A-CF20760**

Amount of Each Receipt this Period: 300

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Teresa Day**

Mailing Address 37960 Marondi Drive

City: Calimesa State: CA Zip Code: 92320-1463

FEC ID number of contributing federal political committee: C

Name of Employer: Kettering Health Network Occupation: President of Administration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 10 / 22 / 2013

**Transaction ID : A-CF20771**

Amount of Each Receipt this Period: 200

**SUBTOTAL** of Receipts This Page (optional).....

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Teresa Day**

Mailing Address 37960 Marondi Drive

City Calimesa State CA Zip Code 92320-1463

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

Name of Employer Kettering Health Network Occupation President of Administration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : A-CF20754**

Amount of Each Receipt this Period  
**800**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel P Deitz**

Mailing Address 901 Oakwood Avenue

City Dayton State OH Zip Code 45419-2908

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20912**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry R Dosser**

Mailing Address 1352 E Social Row Road

City Dayton State OH Zip Code 45458-4718

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

Name of Employer Mound Laser & Photonics Center Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20807**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard A Haas**

Mailing Address 1185 E Lytle 5 Points Road

City Dayton State OH Zip Code 45458-5011

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

Name of Employer Kettering Health Network Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20784**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard A Haas**

Mailing Address 1185 E Lytle 5 Points Road

City Dayton State OH Zip Code 45458-5011

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

Name of Employer Kettering Health Network Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20785**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard A Haas**

Mailing Address 1185 E Lytle 5 Points Road

City Dayton State OH Zip Code 45458-5011

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

Name of Employer Kettering Health Network Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : A-CF20755**

Amount of Each Receipt this Period  
 700

**SUBTOTAL** of Receipts This Page (optional).....

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Teresa J Huber**

Mailing Address 5550 Huber Road

City Dayton State OH Zip Code 45424-2001

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

Name of Employer Huber Investment Corp. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20806**

Amount of Each Receipt this Period  
 2500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles F. Jergens**

Mailing Address 5950 Scarff Road

City New Carlisle State OH Zip Code 45344-9661

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

Name of Employer Charles Jergens Construction Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20915**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Todd Kelchner**

Mailing Address 9320 Ash Hollow Lane

City Centerville State OH Zip Code 45458-9663

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

Name of Employer Kelchner Environmental Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 10 / 2013

**Transaction ID : A-CF20747**

Amount of Each Receipt this Period  
 2500

**SUBTOTAL** of Receipts This Page (optional).....

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter J King**

Mailing Address 3049 Ononta Avenue

City State Zip Code  
Cincinnati OH 45226-2014

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

Name of Employer Occupation  
Kettering Adventist Healthcare CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2013**

**Transaction ID : A-CF20772**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Peter J King**

Mailing Address 3049 Ononta Avenue

City State Zip Code  
Cincinnati OH 45226-2014

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

Name of Employer Occupation  
Kettering Adventist Healthcare CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 17 / 2013**

**Transaction ID : A-CF20757**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy Ko**

Mailing Address 1938 Rustling Oak

City State Zip Code  
Dayton OH 45459-3471

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

Name of Employer Occupation  
Kettering Health Physicians Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2013**

**Transaction ID : A-CF20779**

Amount of Each Receipt this Period  
**200**

**SUBTOTAL** of Receipts This Page (optional).....

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

**700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy Ko**

Mailing Address 1938 Rustling Oak

City Dayton State OH Zip Code 45459-3471

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

Name of Employer Kettering Health Physicians Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20907**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. George Lewis**

Mailing Address 645 Front Street Unit 1610

City San Diego State CA Zip Code 92101-7086

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

Name of Employer Kettering Physician Network Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20780**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George Lewis**

Mailing Address 645 Front Street Unit 1610

City San Diego State CA Zip Code 92101-7086

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

Name of Employer Kettering Physician Network Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF20978**

Amount of Each Receipt this Period  
**700**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald J. Lothrop**

Mailing Address 7854 Bicentennial Place

City State Zip Code  
Montgomery OH 45249-3437

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

Name of Employer Occupation  
New Vista Partners Venture Capital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : A-CF20925**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Fred Manchur**

Mailing Address 3500 Stonebridge Road

City State Zip Code  
Dayton OH 45419-1133

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

Name of Employer Occupation  
Kettering Medical Center President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2013**

**Transaction ID : A-CF20782**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Fred Manchur**

Mailing Address 3500 Stonebridge Road

City State Zip Code  
Dayton OH 45419-1133

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

Name of Employer Occupation  
Kettering Medical Center President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 17 / 2013**

**Transaction ID : A-CF20753**

Amount of Each Receipt this Period  
**800**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James McAleese**

Mailing Address 19595 Aberlour Lane

City Leesburg State VA Zip Code 20175-7211

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

Name of Employer McAleese & Associates, P.C. Occupation Attorney/Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : A-CF20897**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jarrod Mcnaughton**

Mailing Address 5958 Walnut Walk

City Kettering State OH Zip Code 45429

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

Name of Employer Kettering Health Network Occupation Corporate VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20773**

Amount of Each Receipt this Period  
 200

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jarrod Mcnaughton**

Mailing Address 5958 Walnut Walk

City Kettering State OH Zip Code 45429

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

Name of Employer Kettering Health Network Occupation Corporate VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : A-CF20761**

Amount of Each Receipt this Period  
 300

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Mendelson**

Mailing Address 1475 Ridge Gate Road  
Apt. E

City Dayton State OH Zip Code 45429-1254

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : A-CF20809**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. George R Oberer Jr.**

Mailing Address 1071 McKinney Lane

City Dayton State OH Zip Code 45458-4988

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

Name of Employer Oberer Development Co. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2013**

**Transaction ID : A-CF20749**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George R Oberer Jr.**

Mailing Address 1071 McKinney Lane

City Dayton State OH Zip Code 45458-4988

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

Name of Employer Oberer Development Co. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2013**

**Transaction ID : A-CF20750**

Amount of Each Receipt this Period  
**2400**

**SUBTOTAL** of Receipts This Page (optional).....

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Walter Ohlmann**

Mailing Address 3112 Winter Haven Avenue

City Dayton State OH Zip Code 45415-3222

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

Name of Employer Penny, Ohlmann, Neiman, Inc. Occupation Advertising

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20916**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clifton D. Patten**

Mailing Address 2381 Shelterwood Drive

City Kettering State OH Zip Code 45409-1915

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

Name of Employer Kettering Health Network Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : A-CF20777**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Clifton D. Patten**

Mailing Address 2381 Shelterwood Drive

City Kettering State OH Zip Code 45409-1915

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

Name of Employer Kettering Health Network Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2013

**Transaction ID : A-CF20756**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Beverly Pendergast**

Mailing Address 4800 Silver Oak Street

City Dayton State OH Zip Code 45424-4652

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20918**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2700 E River Road

City Moraine State OH Zip Code 45439-1536

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

Name of Employer Mandalay, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20810**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Jeffery S Rezabek**

Mailing Address 3865 Old Salem Road

City Dayton State OH Zip Code 45415-1431

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

Name of Employer Law Office of Jeffery S. Rez Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20805**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stuart Rose**

Mailing Address 2875 Needmore Road

City Dayton State OH Zip Code 45414-4301

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

Name of Employer Rex Stores Occupation Retailer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : A-CF20748**

Amount of Each Receipt this Period  
 2600

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Stuart Rose**

Mailing Address 2875 Needmore Road

City Dayton State OH Zip Code 45414-4301

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

Name of Employer Rex Stores Occupation Retailer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : A-CF20751**

Amount of Each Receipt this Period  
 2400

**C.** Full Name (Last, First, Middle Initial)  
**Mark Smith**

Mailing Address 7198 Green Ash Court

City Dayton State OH Zip Code 45459-5034

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

Name of Employer Kettering Health Network Occupation VP Finance and Operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20906**

Amount of Each Receipt this Period  
 700

**SUBTOTAL** of Receipts This Page (optional).....

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**James P Smith Sr**

Mailing Address 5517 Anne Lane

City Dayton State OH Zip Code 45459-1603

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

Name of Employer None Occupation Retired Physicist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

**Transaction ID : A-CF20893**

Amount of Each Receipt this Period  
 25

**B.** Full Name (Last, First, Middle Initial)  
**James P Smith Sr**

Mailing Address 5517 Anne Lane

City Dayton State OH Zip Code 45459-1603

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

Name of Employer None Occupation Retired Physicist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20894**

Amount of Each Receipt this Period  
 25

**C.** Full Name (Last, First, Middle Initial)  
**James P Smith Sr**

Mailing Address 5517 Anne Lane

City Dayton State OH Zip Code 45459-1603

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

Name of Employer None Occupation Retired Physicist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF20895**

Amount of Each Receipt this Period  
 25

**SUBTOTAL** of Receipts This Page (optional).....

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Eric Stewart**

Mailing Address 10 N Greenbrier Street

City State Zip Code  
Arlington VA 22203-1231

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

Name of Employer Occupation  
Strategic Public Partners Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 15 / 2013**

**Transaction ID : A-CF20796**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**James S Strausburg**

Mailing Address 410 Triangle Avenue

City State Zip Code  
Dayton OH 45419-1734

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

Name of Employer Occupation  
NA Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : A-CF20804**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Woody Stroud**

Mailing Address 3370 Old Stage Road

City State Zip Code  
Spring Valley OH 45370-9732

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

Name of Employer Occupation  
Chateau Woodreau Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 16 / 2013**

**Transaction ID : A-CF20913**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter Tamborski**

Mailing Address 5953 Creekview Drive

City Milford State OH Zip Code 45150-5534

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

Name of Employer Sugar Creek Packing Co. Occupation General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20920**

Amount of Each Receipt this Period  
 2500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Whited**

Mailing Address PO Box 887

City Dayton State OH Zip Code 45401-0887

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

Name of Employer Select Tool And Die Corp. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20812**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

45325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Amazon Corporate Llc Separated Segregated Fund (amazon.Com Pac)**

Mailing Address 126 C Street NW

City Washington State DC Zip Code 20001-2118

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : A-CF20769**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**American Dental PAC**

Mailing Address 1111 14th Street NW Suite 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2013

**Transaction ID : A-CF20770**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Assurant Inc. Political Action Committee**

Mailing Address 501 W Michigan Street

City Milwaukee State WI Zip Code 53203-2706

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20926**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T Federal PAC**

Mailing Address 175 E Houston Street  
Room 7

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF20921**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Automotive Free Intl Trade PAC**

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : A-CF20923**

Amount of Each Receipt this Period  
2000

**C.** Full Name (Last, First, Middle Initial)  
**Automotive Free Intl Trade PAC**

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : A-CF20981**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**BAE Systems USA PAC**

Mailing Address 1215 Jefferson Davis Highway  
Suite 1500

City Arlington State VA Zip Code 22202-4348

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20818**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**BAE Systems USA PAC**

Mailing Address 1215 Jefferson Davis Highway  
Suite 1500

City Arlington State VA Zip Code 22202-4348

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20928**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Ball Corporation Political Action Committee**

Mailing Address PO Box 5000

City Broomfield State CO Zip Code 80038-5000

FEC ID number of contributing federal political committee. **C** C00039461

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20933**

Amount of Each Receipt this Period  
2600

**SUBTOTAL** of Receipts This Page (optional).....

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A. Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005-3000

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20819**

Amount of Each Receipt this Period  
 1000

**B. Boeing PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20801**

Amount of Each Receipt this Period  
 1000

**C. Build PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : A-CF20765**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Building Owners And Managers Assocation International Political Action Committee**

Mailing Address 1101 15th Street NW  
Suite 800

City Washington State DC Zip Code 20005-5021

FEC ID number of contributing federal political committee. **C C00106435**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20932**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**Caresource Management Services, Co. Pac**

Mailing Address 230 N Main Street

City Dayton State OH Zip Code 45402-1263

FEC ID number of contributing federal political committee. **C C00424879**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 24 / 2013

**Transaction ID : A-CF20977**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Csx Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20942**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Dayton Build-PAC**

Mailing Address 2211 S Dixie Drive  
Suite 200

City Dayton State OH Zip Code 45409-2040

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 15 / 2013

**Transaction ID : A-CF20766**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Deloitte & Touche Federal PAC**

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2013

**Transaction ID : A-CF20821**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**DLA Piper PAC**

Mailing Address 500 8th Street NW

City Washington State DC Zip Code 20004-2131

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : A-CF20931**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Dyncorp International Llc Political Action Committee**

Mailing Address 3190 Fairview Park Drive

City Falls Church State VA Zip Code 22042-4530

FEC ID number of contributing federal political committee. **C** C00409979

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20944**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**General Electric Company Political Action Committee (gepac)**

Mailing Address 1299 Pennsylvania Avenue NW Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20786**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**General Electric Company Political Action Committee (gepac)**

Mailing Address 1299 Pennsylvania Avenue NW Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20800**

Amount of Each Receipt this Period  
 4000

**SUBTOTAL** of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Company Political Action Committee (gepac)**

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : A-CF20802**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**International Association Of Heat & Frost Insulators And Asbestos Workers P A C**

Mailing Address 9602 Martin Luther King Jr Highway

City Lanham State MD Zip Code 20706-1839

FEC ID number of contributing federal political committee. **C C00115527**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 29 / 2013**

**Transaction ID : A-CF20792**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**International Council Of Shopping Centers Inc Political Action Committee (icsc Pac)**

Mailing Address 555 12th Street NW  
Suite 660

City Washington State DC Zip Code 20004-1241

FEC ID number of contributing federal political committee. **C C00217638**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : A-CF20924**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**International Union Of Operating Engineers**

Mailing Address 1125 17th Street NW

City Washington State DC Zip Code 20036-4709

FEC ID number of contributing federal political committee. **C C70001037**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20798**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**L-3 Communications Corp. PAC**

Mailing Address 600 3rd Avenue

City New York State NY Zip Code 10016-1901

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20935**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees Political Action Committee**

Mailing Address 2121 Crystal Drive Suite 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20787**

Amount of Each Receipt this Period  
4000

**SUBTOTAL** of Receipts This Page (optional).....

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20788**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20814**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20815**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20816**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**MacAndrews & Forbes Holdings PAC**

Mailing Address 35 E 62nd Street

City State Zip Code  
New York NY 10065-8014

FEC ID number of contributing federal political committee. **C C00432856**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20789**

Amount of Each Receipt this Period  
5000

**C.** Full Name (Last, First, Middle Initial)  
**Marathon Petroleum Corporation Employees Political Action Committee (mpac)**

Mailing Address PO Box 75000

City State Zip Code  
Detroit MI 48275-0001

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20822**

Amount of Each Receipt this Period  
5000

**SUBTOTAL** of Receipts This Page (optional).....

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**NAIOP PAC**

Mailing Address 2201 Cooperative Way  
Floor 3

City Herndon State VA Zip Code 20171-4583

FEC ID number of contributing federal political committee. **C** C00233304

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20939**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**National Association Of Real Estate Investment Trusts, Inc. Political Action Committee**

Mailing Address 1875 I Street NW  
Suite 600

City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20937**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers PAC**

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20940**

Amount of Each Receipt this Period  
 2500

**SUBTOTAL** of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**National Confectioners Association Of The United States Inc Political Action Committee**

Mailing Address 1101 30th Street NW  
Suite 200

City Washington State DC Zip Code 20007-3769

FEC ID number of contributing federal political committee. **C C00003855**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20938**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M Street NW  
Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20941**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M Street NW  
Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20943**

Amount of Each Receipt this Period  
2500

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A. Physical Therapy PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 N Fairfax Street

City Alexandria State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : A-CF20823**

Amount of Each Receipt this Period  
 1000

**B. Precision Machined Products Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 6700 W Snowville Road

City Brecksville State OH Zip Code 44141-3285

FEC ID number of contributing federal political committee. **C** C00110858

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20790**

Amount of Each Receipt this Period  
 2000

**C. Raytheon Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Wilson Boulevard Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF20922**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**RealPAC**

Mailing Address 1420 New York Avenue NW  
Suite 1100

City Washington State DC Zip Code 20005-2122

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20934**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Realtors PAC**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : A-CF20797**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Realtors PAC**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : A-CF20936**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A. Republican Main Street PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1220 L Street NW  
Suite 100-263

City Washington State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 24 / 2013**

**Transaction ID : A-CF20976**

Amount of Each Receipt this Period  
**1000**

**B. Sheet Metal Workers' International Association Political Action League**

Full Name (Last, First, Middle Initial)  
Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006-5305

FEC ID number of contributing federal political committee. **C C00007542**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2013**

**Transaction ID : A-CF20793**

Amount of Each Receipt this Period  
**2500**

**C. Sierra Nevada PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 5019

City Sparks State NV Zip Code 89432-5019

FEC ID number of contributing federal political committee. **C C00367995**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2013**

**Transaction ID : A-CF20799**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A. Sierra Nevada PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5019  
 City Sparks State NV Zip Code 89432-5019  
 FEC ID number of contributing federal political committee. **C C00367995**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2013  
**Transaction ID : A-CF20817**  
 Amount of Each Receipt this Period  
 1000

**B. The Procter & Gamble Company PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Good Government Committee  
 1 Procter and Gamble Plaza  
 City Cincinnati State OH Zip Code 45202  
 FEC ID number of contributing federal political committee. **C C00257329**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : A-CF20929**  
 Amount of Each Receipt this Period  
 1000

**C. Title Industry Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 L Street NW  
 Suite 705  
 City Washington State DC Zip Code 20036-5107  
 FEC ID number of contributing federal political committee. **C C00012914**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : A-CF20930**  
 Amount of Each Receipt this Period  
 1000

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A. Turkish Coaliton Usa Pac (tc-Usa Pac)**

Full Name (Last, First, Middle Initial)  
Turkish Coaliton Usa Pac (tc-Usa Pac)

Mailing Address 1025 Connecticut Avenue NW  
Suite 1000

City Washington State DC Zip Code 20036-5417

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : A-CF20767**

Amount of Each Receipt this Period  
2500

**B. United Technologies PAC**

Full Name (Last, First, Middle Initial)  
United Technologies PAC

Mailing Address 1401 I Street NW  
Suite 600

City Washington State DC Zip Code 20005-2225

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : A-CF20820**

Amount of Each Receipt this Period  
1000

**C. Usec Inc. Political Action Committee (usec Pac)**

Full Name (Last, First, Middle Initial)  
Usec Inc. Political Action Committee (usec Pac)

Mailing Address 6903 Rockledge Drive

City Bethesda State MD Zip Code 20817-1893

FEC ID number of contributing federal political committee. **C** C00355719

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF20927**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

82100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

**A.** Full Name (Last, First, Middle Initial)  
**United Airlines**

Mailing Address 900 Grand Plaza Drive

City Houston State TX Zip Code 77067-4323

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.8**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2013**

**Transaction ID : A-OF20892**

Amount of Each Receipt this Period  
**125**

Refund of Over-Payment

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**125.00**

**125.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Aristotle, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 125 <b>Transaction ID : B-E-20762</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-20764</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1800 <b>Transaction ID : B-E-20971</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Aristotle, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 95 <b>Transaction ID : B-E-20763</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Aristotle, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 225 <b>Transaction ID : B-E-20972</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address PO Box 78355		Amount of Each Disbursement this Period 91.66 <b>Transaction ID : B-E-20967</b>
City Phoenix State AZ Zip Code 85062-8355	Purpose of Disbursement Cell Phones 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	411.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 319.08 <b>Transaction ID : B-E-20830</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Reception Food and Beverage Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 238.1 <b>Transaction ID : B-E-20840</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Reception Food and Beverage Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 456.32 <b>Transaction ID : B-E-20841</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Reception Food and Beverage Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1013.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Clear Logic</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 30 N Clinton Street		Amount of Each Disbursement this Period 380 <b>Transaction ID : B-E-20970</b>
City Dayton State OH Zip Code 45402-1327	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Conquest Communications Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 2812 Emerywood Parkway Suite 103		Amount of Each Disbursement this Period 1574.15 <b>Transaction ID : B-E-20850</b>
City Richmond State VA Zip Code 23294-3728	Purpose of Disbursement Tech Support Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Dayton Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 555 Kramer Road		Amount of Each Disbursement this Period 11844.32 <b>Transaction ID : B-E-20831</b>
City Dayton State OH Zip Code 45419-3312	Purpose of Disbursement Reception Food and Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13798.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2013
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 33.67
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : B-E-20829
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 193.05
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement Shipping	Transaction ID : B-E-20890
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address PO Box 476		Amount of Each Disbursement this Period 841.95
City Hamilton	State OH	
Zip Code 45012-0476	Purpose of Disbursement Credit Card Payment: See Below	Transaction ID : B-E-20827
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1068.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2013
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 39.74
City Dallas	State TX	Zip Code 75392-0041
Purpose of Disbursement Cell Phone	Category/ Type 001	
Candidate Name	Transaction ID : B-S-17666	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial(10/07/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Woomi Sushi</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2013
Mailing Address 39832 Los Alamos Road		Amount of Each Disbursement this Period 39.03
City Murrieta	State CA	Zip Code 92562-5804
Purpose of Disbursement Meeting Food and Beverage	Category/ Type 001	
Candidate Name	Transaction ID : B-S-17667	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial(10/07/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sixth Engine</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2013
Mailing Address 438 Massachusetts Avenue NW		Amount of Each Disbursement this Period 39
City Washington	State DC	Zip Code 20001-2631
Purpose of Disbursement Meeting Food and Beverage	Category/ Type 001	
Candidate Name	Transaction ID : B-S-17654	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial(10/07/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Old Ebbitt Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 675 15th Street NW		Amount of Each Disbursement this Period 31.84
City Washington	State DC	Zip Code 20005-5702
Purpose of Disbursement Meeting Food and Beverage	Category/Type 001	
Candidate Name	Transaction ID : B-S-17655	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial(10/07/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thai Nine</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 11 Brown Street		Amount of Each Disbursement this Period 37
City Dayton	State OH	Zip Code 45402-2826
Purpose of Disbursement Meeting Food and Beverage	Category/Type 001	
Candidate Name	Transaction ID : B-S-17660	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of First Financial(10/07/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Financial</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address PO Box 476		Amount of Each Disbursement this Period 877.63
City Hamilton	State OH	Zip Code 45012-0476
Purpose of Disbursement Credit Card Payment: See Below	Category/Type 001	
Candidate Name	Transaction ID : B-E-20836	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	877.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial)  
**A. Sixth Engine**

Mailing Address 438 Massachusetts Avenue NW

City Washington State DC Zip Code 20001-2631

Purpose of Disbursement Meeting Food and Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 13 / 2013

Amount of Each Disbursement this Period 135.5

Transaction ID : B-S-17630

**[MEMO ITEM]**  
Subitemization of First Financial(11/13/13)

Full Name (Last, First, Middle Initial)  
**B. Woomi Sushi**

Mailing Address 39832 Los Alamos Road

City Murrieta State CA Zip Code 92562-5804

Purpose of Disbursement Meeting Food and Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 13 / 2013

Amount of Each Disbursement this Period 62.18

Transaction ID : B-S-17622

**[MEMO ITEM]**  
Subitemization of First Financial(11/13/13)

Full Name (Last, First, Middle Initial)  
**C. First Financial**

Mailing Address PO Box 476

City Hamilton State OH Zip Code 45012-0476

Purpose of Disbursement Credit Card Payment: See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 12 / 18 / 2013

Amount of Each Disbursement this Period 1067.64

Transaction ID : B-E-20842

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional)..... 1067.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Rayburn Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address Capitol Building		Amount of Each Disbursement this Period 258.25
City Washington	State DC	Transaction ID : B-S-17631
Purpose of Disbursement Meeting Food and Beverage	001	
Candidate Name	Category/Type	[MEMO ITEM] Subitemization of First Financial(12/18/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thai Nine</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 11 Brown Street		Amount of Each Disbursement this Period 90.95
City Dayton	State OH	Transaction ID : B-S-17636
Purpose of Disbursement Meeting Food and Beverage	001	
Candidate Name	Category/Type	[MEMO ITEM] Subitemization of First Financial(12/18/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Apple Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 1 Infinite Loop		Amount of Each Disbursement this Period 1.29
City Cupertino	State CA	Transaction ID : B-S-17637
Purpose of Disbursement Office Supplies	001	
Candidate Name	Category/Type	[MEMO ITEM] Subitemization of First Financial(12/18/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Furst Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 1306 Troy Street		Amount of Each Disbursement this Period 150.11 <b>Transaction ID : B-E-20848</b>
City Dayton State OH Zip Code 45404-2723	Purpose of Disbursement Event Flowers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GSI HomeMaid Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 6931 Arlington Road Suite B		Amount of Each Disbursement this Period 125 <b>Transaction ID : B-E-20954</b>
City Bethesda State MD Zip Code 20814-5268	Purpose of Disbursement Cleaning Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Hank's Oyster Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 34.2 <b>Transaction ID : B-E-20951</b>
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Meeting Food and Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	309.31
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address		Amount of Each Disbursement this Period 54 <b>Transaction ID : B-E-20883</b>
City Washington	State DC	
Purpose of Disbursement Constituent Gifts	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address		Amount of Each Disbursement this Period 225 <b>Transaction ID : B-E-20884</b>
City Washington	State DC	
Purpose of Disbursement Constituent Gifts	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address		Amount of Each Disbursement this Period 54 <b>Transaction ID : B-E-20953</b>
City Washington	State DC	
Purpose of Disbursement Constituent Gifts	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	333.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. IContact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 2635 Meridian Parkway		Amount of Each Disbursement this Period 29 <b>Transaction ID : B-E-20853</b>
City Durham State NC Zip Code 27713-4201	Purpose of Disbursement Contact Management Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. IContact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 2635 Meridian Parkway		Amount of Each Disbursement this Period 29 <b>Transaction ID : B-E-20875</b>
City Durham State NC Zip Code 27713-4201	Purpose of Disbursement Contact Management Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. IContact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 2635 Meridian Parkway		Amount of Each Disbursement this Period 29 <b>Transaction ID : B-E-20947</b>
City Durham State NC Zip Code 27713-4201	Purpose of Disbursement Contact Management Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Liberty Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 120 W 2nd Street		Amount of Each Disbursement this Period 1260.63 <b>Transaction ID : B-E-20826</b>
City Dayton State OH Zip Code 45402-1604	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Liberty Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 120 W 2nd Street		Amount of Each Disbursement this Period 1260.63 <b>Transaction ID : B-E-20851</b>
City Dayton State OH Zip Code 45402-1604	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Liberty Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 120 W 2nd Street		Amount of Each Disbursement this Period 1260.63 <b>Transaction ID : B-E-20837</b>
City Dayton State OH Zip Code 45402-1604	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3781.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Momiji Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 505 H Street NW		Amount of Each Disbursement this Period 67 <b>Transaction ID : B-E-20881</b>
City Washington State DC Zip Code 20001-2619	Purpose of Disbursement Meeting Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Montgomery County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 211 S Main Street Suite 610		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-20844</b>
City Dayton State OH Zip Code 45402-2486	Purpose of Disbursement Dinner Ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Comte.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 1378 <b>Transaction ID : B-E-20980</b>
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Conference Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1645.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. NK Baur &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 9856 Archer Lane		Amount of Each Disbursement this Period 3000
City Dublin	State OH	Zip Code 43017-8914
Purpose of Disbursement Compliance	001 Category/ Type	
Candidate Name		Transaction ID : B-E-20969
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 1477.05
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Taxes	001 Category/ Type	
Candidate Name		Transaction ID : B-E-20867
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 87.69
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Fee	001 Category/ Type	
Candidate Name		Transaction ID : B-E-20868
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4564.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 1818.38
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<b>Transaction ID : B-E-20869</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 91.44
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Fee	Category/Type 001	<b>Transaction ID : B-E-20871</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 87.69
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Fee	Category/Type 001	<b>Transaction ID : B-E-20873</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1997.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 2137.49 <b>Transaction ID : B-E-20874</b>
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 91.69 <b>Transaction ID : B-E-20968</b>
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paycor, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 2617.26 <b>Transaction ID : B-E-20965</b>
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4846.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Pine Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013	
Mailing Address PO Box 152			Amount of Each Disbursement this Period 203.67	
City Dayton	State OH	Zip Code 45403	Transaction ID : B-E-20846	
Purpose of Disbursement Meeting Food and Beverage		Category/Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address			Amount of Each Disbursement this Period 59.87	
City	State	Zip Code	Transaction ID : B-E-20899	
Purpose of Disbursement Credit Card Processing Fee		Category/Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Rayburn Cafe</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013	
Mailing Address Capitol Building			Amount of Each Disbursement this Period 47	
City Washington	State DC	Zip Code	Transaction ID : B-E-20860	
Purpose of Disbursement Meeting Food and Beverage		Category/Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	310.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Rose's Luxury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 717 8th Street SE		Amount of Each Disbursement this Period 954.2
City Washington	State DC	
Zip Code 20003-2802	Purpose of Disbursement Reception Food and Beverage	Transaction ID : B-E-20963
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sixth Engine</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 438 Massachusetts Avenue NW		Amount of Each Disbursement this Period 434.56
City Washington	State DC	
Zip Code 20001-2631	Purpose of Disbursement Reception Food and Beverage	Transaction ID : B-E-20852
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Golf Club At Yankee Trace</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 10000 Yankee Street		Amount of Each Disbursement this Period 2134.27
City Dayton	State OH	
Zip Code 45458-3520	Purpose of Disbursement Political Event Expenses	Transaction ID : B-E-20834
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3523.03
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. The M Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 100 Luna Park Drive Apt. 156		Amount of Each Disbursement this Period 7952.96 <b>Transaction ID : B-E-20833</b>
City Alexandria State VA Zip Code 22305-3153	Purpose of Disbursement Political Consulting Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The M Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 100 Luna Park Drive Apt. 156		Amount of Each Disbursement this Period 3836 <b>Transaction ID : B-E-20845</b>
City Alexandria State VA Zip Code 22305-3153	Purpose of Disbursement Political Consulting Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The New York Palace</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 455 Madison Avenue		Amount of Each Disbursement this Period 281.8 <b>Transaction ID : B-E-20959</b>
City New York State NY Zip Code 10022-6845	Purpose of Disbursement Hotel Travel Expense Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12070.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. The New York Palace</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 455 Madison Avenue		Amount of Each Disbursement this Period 556.22 <b>Transaction ID : B-E-20961</b>
City New York	State NY	
Zip Code 10022-6845	Purpose of Disbursement Hotel Travel Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Think Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 131 N Ludlow Street		Amount of Each Disbursement this Period 813.85 <b>Transaction ID : B-E-20825</b>
City Dayton	State OH	
Zip Code 45402-1116	Purpose of Disbursement Invitation Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 1060 PO Box		Amount of Each Disbursement this Period 402.18 <b>Transaction ID : B-E-20861</b>
City Carol Stream	State IL	
Zip Code 60132-0001	Purpose of Disbursement Cable/Internet	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1772.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 1060 PO Box		Amount of Each Disbursement this Period 194.09 <b>Transaction ID : B-E-20839</b>
City Carol Stream	State IL	
Zip Code 60132-0001	Purpose of Disbursement Cable/Internet	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period 15 <b>Transaction ID : B-E-20955</b>
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period 24 <b>Transaction ID : B-E-20956</b>
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	233.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period ..... 49
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel Expense ..... 001 Category/Type	
Candidate Name		Transaction ID : B-E-20957
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period ..... 87
City San Francisco State CA Zip Code 94105-1611	Purpose of Disbursement Travel expense ..... 001 Category/Type	
Candidate Name		Transaction ID : B-E-20958
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 900 Grand Plaza Drive		Amount of Each Disbursement this Period ..... 143
City Houston State TX Zip Code 77067-4323	Purpose of Disbursement Airfare ..... 001 Category/Type	
Candidate Name		Transaction ID : B-E-20866
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 279.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 900 Grand Plaza Drive			Amount of Each Disbursement this Period 125 <b>Transaction ID : B-E-20891</b>
City Houston	State TX	Zip Code 77067-4323	
Purpose of Disbursement Airfare		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 900 Grand Plaza Drive			Amount of Each Disbursement this Period 149 <b>Transaction ID : B-E-20876</b>
City Houston	State TX	Zip Code 77067-4323	
Purpose of Disbursement Airfare		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 900 Grand Plaza Drive			Amount of Each Disbursement this Period 429.8 <b>Transaction ID : B-E-20885</b>
City Houston	State TX	Zip Code 77067-4323	
Purpose of Disbursement Airfare		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	703.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013	
Mailing Address 900 Grand Plaza Drive			Amount of Each Disbursement this Period 429.8	
City Houston	State TX	Zip Code 77067-4323	Transaction ID : B-E-20886	
Purpose of Disbursement Airfare		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 900 Grand Plaza Drive			Amount of Each Disbursement this Period 55	
City Houston	State TX	Zip Code 77067-4323	Transaction ID : B-E-20948	
Purpose of Disbursement Airfare		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013	
Mailing Address 900 Grand Plaza Drive			Amount of Each Disbursement this Period 99	
City Houston	State TX	Zip Code 77067-4323	Transaction ID : B-E-20949	
Purpose of Disbursement Airfare		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	583.80
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Us Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address Municipal Airport		Amount of Each Disbursement this Period 166.3 <b>Transaction ID : B-E-20862</b>
City Dayton	State OH Zip Code 45402	
Purpose of Disbursement Airfare	001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Us Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address Municipal Airport		Amount of Each Disbursement this Period 15 <b>Transaction ID : B-E-20863</b>
City Dayton	State OH Zip Code 45402	
Purpose of Disbursement Baggage Fee	001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Us Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address Municipal Airport		Amount of Each Disbursement this Period 314.9 <b>Transaction ID : B-E-20864</b>
City Dayton	State OH Zip Code 45402	
Purpose of Disbursement Airfare	001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	496.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 1111 E 5th Street		Amount of Each Disbursement this Period 138 <b>Transaction ID : B-E-20889</b>
City Dayton State OH Zip Code 45401-8905	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 1111 E 5th Street		Amount of Each Disbursement this Period 9.2 <b>Transaction ID : B-E-20950</b>
City Dayton State OH Zip Code 45401-8905	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 161.16 <b>Transaction ID : B-E-20870</b>
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Cell Phones 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	308.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 282.48 <b>Transaction ID : B-E-20872</b>
City Dallas	State TX	
Zip Code 75392-0041	Purpose of Disbursement Cell Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 354.48 <b>Transaction ID : B-E-20966</b>
City Dallas	State TX	
Zip Code 75392-0041	Purpose of Disbursement Cell Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Young Chow</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 312 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 258.75 <b>Transaction ID : B-E-20857</b>
City Washington	State DC	
Zip Code 20003-1147	Purpose of Disbursement Meeting Food and Beverage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	895.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Anne M Jagielski</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013	
Mailing Address 1101 Fox Chase Court			Amount of Each Disbursement this Period 1239.2	
City Dayton	State OH	Zip Code 45459-4938	Transaction ID : B-E-20901	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ms. Tanya Renicker</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013	
Mailing Address 500 E 3rd Street Apt. 401			Amount of Each Disbursement this Period 1000	
City Dayton	State OH	Zip Code 45402-5106	Transaction ID : B-E-20824	
Purpose of Disbursement Moving Expenses		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Ms. Tanya Renicker</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013	
Mailing Address 500 E 3rd Street Apt. 401			Amount of Each Disbursement this Period 1883.95	
City Dayton	State OH	Zip Code 45402-5106	Transaction ID : B-E-20902	
Purpose of Disbursement Payroll		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4123.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Ms. Tanya Renicker</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 500 E 3rd Street Apt. 401		Amount of Each Disbursement this Period 95.6
City Dayton	State OH Zip Code 45402-5106	
Purpose of Disbursement Reimbursement for Travel Expenses	Category/Type 001	<b>Transaction ID : B-E-20835</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Tanya Renicker</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 500 E 3rd Street Apt. 401		Amount of Each Disbursement this Period 2468.02
City Dayton	State OH Zip Code 45402-5106	
Purpose of Disbursement Payroll	Category/Type 001	<b>Transaction ID : B-E-20904</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ms. Tanya Renicker</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 500 E 3rd Street Apt. 401		Amount of Each Disbursement this Period 59.25
City Dayton	State OH Zip Code 45402-5106	
Purpose of Disbursement Reimbursement for Travel Expenses	Category/Type 001	<b>Transaction ID : B-E-20849</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2622.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Ms. Tanya Renicker</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 500 E 3rd Street Apt. 401		Amount of Each Disbursement this Period 2475.1 <b>Transaction ID : B-E-20945</b>
City Dayton	State OH Zip Code 45402-5106	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Diana S Vaughn</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 925 Dartmouth Drive		Amount of Each Disbursement this Period 2594.13 <b>Transaction ID : B-E-20900</b>
City Dayton	State OH Zip Code 45406-5916	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Diana S Vaughn</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 925 Dartmouth Drive		Amount of Each Disbursement this Period 2594.13 <b>Transaction ID : B-E-20903</b>
City Dayton	State OH Zip Code 45406-5916	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7663.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Diana S Vaughn</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 925 Dartmouth Drive		Amount of Each Disbursement this Period 2594.13 <b>Transaction ID : B-E-20905</b>
City Dayton	State OH	
Zip Code 45406-5916	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Diana S Vaughn</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 925 Dartmouth Drive		Amount of Each Disbursement this Period 2597.26 <b>Transaction ID : B-E-20946</b>
City Dayton	State OH	
Zip Code 45406-5916	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5191.39
<b>TOTAL</b> This Period (last page this line number only).....	79004.77

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 76
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Citizens for Turner**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Resource Strategies</b>		Nature of Debt (Purpose): Fundraising Expense
Mailing Address 606 N Imboden Street Apt. 301		
City State	Zip Code	
Alexandria VA	22304-5496	

Outstanding Balance Beginning This Period <input type="text" value="6995.93"/>	<b>Transaction ID : SD10-DEBT17791</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="6995.93"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6995.93"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="6995.93"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="6995.93"/>