

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
INGRID TURNER FOR CONGRESS

ADDRESS (number and street) PO Box 802
 Check if different than previously reported. (ACC) Bowie MD 20718

2. **FEC IDENTIFICATION NUMBER** ▼ C C00578518 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) STATE ▼ DISTRICT
MD 04

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
07 / 01 / 2015 through 09 / 30 / 2015

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 Latrise Workman
Signature of Treasurer Latrise Workman [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 15 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

INGRID TURNER FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15292.00	56150.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15292.00	56150.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25568.07	43616.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25568.07	43616.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	135233.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	120000.00	

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

INGRID TURNER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8075.00	34260.00
(ii) Unitemized.....	7217.00	21890.00
(iii) TOTAL of contributions from individuals ▶	15292.00	56150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15292.00	56150.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	220000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	220000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15292.00	276150.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25568.07	43616.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	100000.00	100000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	100000.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	125568.07	143616.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	245509.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15292.00
25. SUBTOTAL (add Line 23 and Line 24).....	260801.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	125568.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	135233.82

**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 32
	<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)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Angela Anglin

Mailing Address 2006 Bermondsey Drive

City Mitchellville State MD Zip Code 20721

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

Name of Employer M-NCPPC Occupation Area Specialist/Regional Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : VPFGAFQAPQ3

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Nita Armstrong

Mailing Address 15001 Hunter Mountain Lane

City Silver Spring State MD Zip Code 20906

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

Name of Employer The Goddard School Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : VPFGAFFB4Z8

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Erma Barron

Mailing Address 8510 Nightingale Dr

City Lanham State MD Zip Code 20706-3931

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2015

Transaction ID : VPFGAER6SG6

Amount of Each Receipt this Period
100.00

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: PAGE 6 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sharon Barry

Mailing Address 12609 Quoting Poet Court

City State Zip Code
Bowie MD 20720

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

Name of Employer Occupation
UMUC Director of Procurement

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : VPFGAFQ3GY9

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Louise Brown

Mailing Address 3715 Baskerville Dr

City State Zip Code
Mitchellville MD 20721-2403

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : VPFGAFMYQT1

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Kelly Burks

Mailing Address 3002 Westbrook Lane
Ste 200

City State Zip Code
Bowie MD 20721

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

Name of Employer Occupation
Self Employed Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : VPFGAFQ5CW1

Amount of Each Receipt this Period
2000.00

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

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

2175.00

**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 32
	<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)
INGRID TURNER FOR CONGRESS

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

Mailing Address 3002 Westbrook Lane

City State Zip Code
Bowie MD 20721

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : VPFGAFQ5D45

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Barry Caldwell

Mailing Address 1001 Fannin St
Ste 4000

City State Zip Code
Houston TX 77002-6711

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

Name of Employer Occupation
Waste Management Senior Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : VPFGAETF9W2

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kip Douglass

Mailing Address 4155 Chariot Way

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
ResCom Realtors, LLC Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : VPFGAFQAV84

Amount of Each Receipt this Period
250.00

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

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

2750.00

**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 32
	<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)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Constance Evans

Mailing Address 11735 Brookeville Landing Ct

City Bowie	State MD	Zip Code 20721-4505
---------------	-------------	------------------------

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

Name of Employer Ancon Group	Occupation President
---------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : VPFGAFM4YT1

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cheryl Petty Garnette

Mailing Address 2006 Shadowrock Ln

City Mitchellville	State MD	Zip Code 20721-2599
-----------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : VPFGAFRY5B3

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Milly Hall

Mailing Address 14404 Dunstable Ct

City Bowie	State MD	Zip Code 20721-1263
---------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : VPFGAF8W3X0

Amount of Each Receipt this Period
125.00

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

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

725.00

**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 32
	<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)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Inez Henderson

Mailing Address 14711
Dunbarton Drive

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
Educator/Counselor Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : VPFGEA8FN0

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Inez Henderson

Mailing Address 14711
Dunbarton Drive

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
Educator/Counselor Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 29 / 2015

Transaction ID : VPFGEAF68C16

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Inez Henderson

Mailing Address 14711
Dunbarton Drive

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
Educator/Counselor Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : VPFGEAFQABS4

Amount of Each Receipt this Period
100.00

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

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

400.00

**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 32
	<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)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Linda Jackson Jones

Mailing Address 1202 Kings Tree Drive

City Mitchellville State MD Zip Code 20721

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

Name of Employer TLC - The Leadership Coaches Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : VPFGEH55M2

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Nicholas Majett

Mailing Address 7223 24th Place

City Hyattsville State MD Zip Code 20783

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

Name of Employer Prince George's County Government Occupation Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : VPFGEFK3N13

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Raquel Skinner

Mailing Address 12303 Prospect Landing

City Bowie State MD Zip Code 20721

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

Name of Employer Georgetown Law Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : VPFGEFQACT5

Amount of Each Receipt this Period
 100.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 11 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INGRID M TURNER

Mailing Address 13602 GRESHAM COURT

City State Zip Code
Bowie MD 20720

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2725.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : VPFGAFQ7213

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Michael Turner

Mailing Address 2215 Riding Ridge Rd

City State Zip Code
Columbia SC 29223

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

Name of Employer Occupation
Hammond School School Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015

Transaction ID : VPFGAES38R0

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Winifred Turner

Mailing Address 6003 Strathmore Way

City State Zip Code
Upper Marlboro MD 20772-9536

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

Name of Employer Occupation
US Government Government Employee

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : VPFGAEKH9X1

Amount of Each Receipt this Period
50.00

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

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

175.00

**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 32
	<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)
INGRID TURNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Winifred Turner

Mailing Address 6003 Strathmore Way

City State Zip Code
Upper Marlboro MD 20772-9536

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

Name of Employer Occupation
US Government Government Employee

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : VPFGEZCMA1

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Winifred Turner

Mailing Address 6003 Strathmore Way

City State Zip Code
Upper Marlboro MD 20772-9536

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

Name of Employer Occupation
US Government Government Employee

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : VPFGEAFMQ380

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Linda Washington

Mailing Address 10701 Land Tree Drive

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : VPFGEAFN2BR2

Amount of Each Receipt this Period
200.00

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

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

300.00

8075.00

**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 13 OF 32			
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Jacobs			Date of Disbursement MM / DD / YYYY 08 / 09 / 2015	
Mailing Address 14410 Dolbrook Ln			Amount of Each Disbursement this Period 1500.00	
City Bowie	State MD	Zip Code 20721-3218	Transaction ID : VPEH2A056B8	
Purpose of Disbursement Consulting Services		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. David Jacobs			Date of Disbursement MM / DD / YYYY 08 / 09 / 2015	
Mailing Address 14410 Dolbrook Ln			Amount of Each Disbursement this Period 1500.00	
City Bowie	State MD	Zip Code 20721-3218	Transaction ID : VPEH2A056C6	
Purpose of Disbursement Consulting Services		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. David Jacobs			Date of Disbursement MM / DD / YYYY 08 / 09 / 2015	
Mailing Address 14410 Dolbrook Ln			Amount of Each Disbursement this Period 193.32	
City Bowie	State MD	Zip Code 20721-3218	Transaction ID : VPEH2A056D3	
Purpose of Disbursement Campaign Supplies		Category/ Type 006		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3193.32
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 14 OF 32			
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Jacobs		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 14410 Dolbrook Ln		Amount of Each Disbursement this Period 1500.00 Transaction ID : VPEH2A056K1
City Bowie	State MD	
Zip Code 20721-3218	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Olker		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3201 Belleview Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : VPEH2A054D8
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Robert Olker		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3201 Belleview Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : VPEH2A054E6
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 15 OF 32			
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Olker		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : VPEH2A054F4
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Olker		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A056F9
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Robert Olker		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A056G7
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1300.00
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 16 OF 32			
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Olker		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A056H5
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Olker		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A056J3
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Robert Olker		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A056X8
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	450.00
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 17 OF 32	
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Olker		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A056Y6
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Olker		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A05727
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Robert Olker		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A058H9
City Cheverly	State MD	
Zip Code 20785-1227	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	450.00
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 18 OF 32			
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Olker		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 600.00 Transaction ID : VPEH2A058K4
City Cheverly State MD Zip Code 20785-1227	Purpose of Disbursement Consulting Services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Robert Olker		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : VPEH2A058N0
City Cheverly State MD Zip Code 20785-1227	Purpose of Disbursement Consulting Services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Robert Olker		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3201 Bellevue Ave		Amount of Each Disbursement this Period 300.00 Transaction ID : VPEH2A058Q6
City Cheverly State MD Zip Code 20785-1227	Purpose of Disbursement Consulting Services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	600.00
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 19 OF 32			
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 1750 Old Meadow Rd Ste 300			Amount of Each Disbursement this Period 168.48
City McLean	State VA	Zip Code 22102-4304	
Purpose of Disbursement Merchant Fees		Category/ Type	Transaction ID : VPEH29Z0N42
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Sweet P's			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1709 Mayfair PI			Amount of Each Disbursement this Period 1122.90
City Crofton	State MD	Zip Code 21114-2624	
Purpose of Disbursement Palm Cards		Category/ Type	Transaction ID : VPEH2A055T3
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Sweet P's			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1709 Mayfair PI			Amount of Each Disbursement this Period 535.70
City Crofton	State MD	Zip Code 21114-2624	
Purpose of Disbursement Buttons/Stickers		Category/ Type	Transaction ID : VPEH2A055X7
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	1827.08
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 20 OF 32	
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sweet P's		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 1709 Mayfair PI		Amount of Each Disbursement this Period 1122.90
City Crofton	State MD	
Zip Code 21114-2624	Purpose of Disbursement Palm Cards	Transaction ID : VPEH2A05684
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sweet P's		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 1709 Mayfair PI		Amount of Each Disbursement this Period 344.90
City Crofton	State MD	
Zip Code 21114-2624	Purpose of Disbursement Buttons/Stickers	Transaction ID : VPEH2A05692
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 780.00
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Gazette Ad Reimbursement	Transaction ID : VPEH2A055Z3
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2247.80
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 21 OF 32		
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 974.20 Transaction ID : VPEH2A05627
City State Zip Code Bowie MD 20720	Purpose of Disbursement Photos/Stamps/BOE Maps/Food/etc. Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 2100.00 Transaction ID : VPEH2A05668
City State Zip Code Bowie MD 20720	Purpose of Disbursement NGP Software Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 750.00 Transaction ID : VPEH2A05676
City State Zip Code Bowie MD 20720	Purpose of Disbursement NGP Payment Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3824.20
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 22 OF 32	
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 750.00 Transaction ID : VPEH2A056N7
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement NGP Payment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 431.73 Transaction ID : VPEH2A056P5
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Pencils	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 1115.34 Transaction ID : VPEH2A056S8
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Communications Expenses	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2297.07
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 23 OF 32	
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 603.60 Transaction ID : VPEH2A056T6
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Veteran's Breakfast	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 607.92 Transaction ID : VPEH2A056V4
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Teacher's Breakfast	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 325.82 Transaction ID : VPEH2A056W0
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Food for Volunteers	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1537.34
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 24 OF 32	
	<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)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Victoria Research & Consulting		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address PO Box 5902		Amount of Each Disbursement this Period 1000.00
City Takoma Park	State MD	
Zip Code 20913-5902	Purpose of Disbursement Consulting Services	Transaction ID : VPEH2A056M9
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Watson Management Corporation		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 2609 Galeshead Dr		Amount of Each Disbursement this Period 3341.26
City Upper Marlboro	State MD	
Zip Code 20774-8013	Purpose of Disbursement Campaign Supplies	Transaction ID : VPEH2A05496
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4341.26
TOTAL This Period (last page this line number only).....	25568.07

**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 25 OF 32
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
INGRID TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 50000.00 Transaction ID : VPEH2A05642
City Bowie	State MD Zip Code 20720	
Purpose of Disbursement Loan Repayment	Category/Type 009	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INGRID M TURNER		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2015
Mailing Address 13602 GRESHAM COURT		Amount of Each Disbursement this Period 50000.00 Transaction ID : VPEH2A05650
City Bowie	State MD Zip Code 20720	
Purpose of Disbursement Loan Repayment	Category/Type 009	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	100000.00
TOTAL This Period (last page this line number only).....	100000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFACWS1Y0L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

INGRID M TURNER

Primary

General

Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

04 / 16 / 2015

Date Due

none

Interest Rate

none % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

5000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFADNZGR3L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

INGRID M TURNER

Primary

General

Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

M 05 / D 29 / Y 2015

Date Due

M / D / Y none

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

30000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **INGRID TURNER FOR CONGRESS** Transaction ID : **VPGADY3B45L**

LOAN SOURCE Full Name (Last, First, Middle Initial) INGRID M TURNER	[PERSONAL FUNDS]	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13602 GRESHAM COURT		

City	State	ZIP Code
Bowie	MD	20720

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	50000.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 06 / 22 / 2015	M M / D D / Y Y Y Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	15000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGE1T908L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

INGRID M TURNER

Primary

General

Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 29 / 2015

Date Due

MM / DD / YYYY
none

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

40000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGE1T957L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

INGRID M TURNER

Primary

General

Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

06 / 29 / 2015

Date Due

none

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGE1T973L

INGRID TURNER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

INGRID M TURNER

Primary

General

Other (specify) ▼

Mailing Address

13602 GRESHAM COURT

City

State

ZIP Code

Bowie

MD

20720

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

06 / 29 / 2015

Date Due

none

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

25000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **INGRID TURNER FOR CONGRESS** Transaction ID : **VPGAE3GVZ4L**

LOAN SOURCE Full Name (Last, First, Middle Initial) INGRID M TURNER	[PERSONAL FUNDS]	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13602 GRESHAM COURT		

City	State	ZIP Code
Bowie	MD	20720

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 2015	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	120000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.