

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TURKISH COALITION MIDWEST PAC AKA TC-MIDWEST-PAC

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement
Contribution

011

Candidate Name

LARRY D BUCSHON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

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

Transaction ID : **SB23.4170**

Amount of Each Disbursement this Period

2	6	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. CANDICE MILLER FOR CONGRESS

Mailing Address PO BOX 182152

City SHELBY TOWNSHIP State MI Zip Code 48318

Purpose of Disbursement
Contribution

011

Candidate Name

CANDICE S. MILLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	3

Transaction ID : **SB23.4161**

Amount of Each Disbursement this Period

2	6	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. CANDICE MILLER FOR CONGRESS

Mailing Address PO BOX 182152

City SHELBY TOWNSHIP State MI Zip Code 48318

Purpose of Disbursement
Contribution

011

Candidate Name

CANDICE S. MILLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	3

Transaction ID : **SB23.4165**

Amount of Each Disbursement this Period

9	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	1	0	0	.	0	0
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6	1	0	0	.	0	0
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