

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
TURKISH COALITION MIDWEST PAC AKA TC-MIDWEST-PAC

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

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

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

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Cem Karsan

Signature of Treasurer Cem Karsan [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TURKISH COALITION MIDWEST PAC AKA TC-MIDWEST-PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="4835.20"/>	<input type="text" value="4835.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4835.20"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28400.00"/>	<input type="text" value="28400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33235.20"/>	<input type="text" value="33235.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29110.30"/>	<input type="text" value="29110.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4124.90"/>	<input type="text" value="4124.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**TURKISH COALITION MIDWEST PAC AKA TC-MIDWEST-PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28300.00	28300.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28400.00	28400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	28400.00	28400.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28400.00	28400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28400.00	28400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	110.30	110.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	110.30	110.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	10000.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29110.30	29110.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29110.30	29110.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28400.00	28400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28400.00	28400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	110.30	110.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	110.30	110.30

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mrs. Sengul Oguz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 The Promenade  
 City Edgewater State NJ Zip Code 07020-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Business Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : A2714DEF617FC44FA97C**  
 Amount of Each Receipt this Period  
**5000.00**

**B. Cem Karsan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1844 N Hoyne Ave  
 City Chicago State IL Zip Code 60647-5541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AEGEA Capital Occupation Sr. Managing Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : AE32BE2727FFE478284C**  
 Amount of Each Receipt this Period  
**2500.00**

**C. Halil I. Danismaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Malcolm Ave  
 City Garfield State NJ Zip Code 07026-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Turkish Airline Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : A5CE1D4F614234C108C7**  
 Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Erol Yorulmazoglu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 59488  
 City Schaumburg State IL Zip Code 60159-0488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**  
**Transaction ID : A07767B43734241F88B7**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Derya Taskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Crooks Ave  
 City Paterson State NJ Zip Code 07503-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Derya Staffing & Consulting Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2015**  
**Transaction ID : AA1C1BE31DB204984BB1**  
 Amount of Each Receipt this Period  
**5000.00**

**C. Kadir Taskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Crooks Ave  
 City Paterson State NJ Zip Code 07503-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Taskin Bakery Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2015**  
**Transaction ID : A942296F6827440D3907**  
 Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

Mailing Address 14 Starlight Ct  
Ste 225

City Potomac State MD Zip Code 20854-2658

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

Name of Employer Saltzman & Evnich PC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2015

**Transaction ID : A141E3894B18441778CB**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 14550 South Somerset Circle

City Libertyville State IL Zip Code 60048-4882

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

Name of Employer AbbVie Occupation Vice President, Health & Commercial Co

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : A9CA7AD349D4F46D9942**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 14 Starlight Ct  
Ste 225

City Potomac State MD Zip Code 20854-2658

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

Name of Employer Saltzman & Evnich PC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2015

**Transaction ID : A940CC86090F5493BB5D**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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

**A. Gizem Salcigil White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 S. Eads Street, Apt 519  
 City Arlington State VA Zip Code 22202-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Turkish Airline Occupation PR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : AC61543B963AD477598C**  
 Amount of Each Receipt this Period  
 200.00

**B. Gizem Salcigil White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 S. Eads Street, Apt 519  
 City Arlington State VA Zip Code 22202-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Turkish Airline Occupation PR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A60AB856F3F96407585D**  
 Amount of Each Receipt this Period  
 100.00

**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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28300.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : B0AC1C2E6ED13499AB43

Amount of Each Disbursement this Period

5000.00

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : BB5008872C10E49ADB46

Amount of Each Disbursement this Period

5000.00

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : B76AD27BD11D24B89978

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. O'MALLEY FOR PRESIDENT**

Mailing Address 1501 ST PAUL STREET SUITE 114

City State Zip Code  
BALTIMORE MD 21202

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Martin Joseph O'Malley**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2015

Transaction ID : **B8D84F934E9FE4200BF6**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DONNA EDWARDS FOR SENATE**

Mailing Address PO BOX 44305

City State Zip Code  
FORT WASHINGTON MD 20749

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Donna Fern Edwards**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : **B7246FB0A2D86455FA1A**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4000.00

19000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Recount Fund Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : B16F374D5A97147F9A7B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Recount Fund Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2015

Transaction ID : BA11BF0744C9742CE9CA

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

10000.00

10000.00