

**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. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement
Political Contribution

Candidate Name

Barbara J Comstock

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : BACE6895614E54934800

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City FORT WASHINGTON State MD Zip Code 20749

Purpose of Disbursement
Political Contribution

Candidate Name

Donna Fern Edwards

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : B67597921D353460B9AA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

2000.00

12600.00