

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Indian Americans For Freedom		
(b) Address (number and street) ☐ check if different than previously reported 341 St Paul Blvd		
(c) City, State and ZIP Code Carol Stream IL 60188		3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)		C C90014457

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☒ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 13000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Mr. Vikram Aditya Kumar

Mr. Vikram Aditya Kumar

04/17/2014

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Indian Americans For Freedom

Full Name (Last, First, Middle Initial) of Payee

Asia TV USA Ltd

Date of Public Distribution/Dissemination

MM / DD / YYYY
03 / 07 / 2014

Mailing Address

250 W 34th Street

Suite 3501

Amount

13000.00

City

State

Zip Code

New York

NY

10119

Transaction ID : F57.4197

Purpose of Expenditure
Television AdCategory/
Type

004

Office Sought:



House

State: IL



Senate

District: 08



President

Check One:



Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Mrs. MANJU GOELDisbursement For:
2014

Primary

☐ General☐ Other (specify) ▶Calendar Year-To-Date Per Election
for Office Sought

184158.78

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:



House

State: _____



Senate

District: _____



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:



Primary

☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:



House

State: _____



Senate

District: _____



President

Check One:



Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:



Primary

☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

13000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

13000.00

(carry total from last page forward to Line 7)