

# 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

Chivukula for Congress

ADDRESS (number and street)

P.O. Box 5222

Check if different than previously reported. (ACC)

Somerset

NJ

08875

2. FEC IDENTIFICATION NUMBER ▼

C C00415828

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NJ

12

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  /  /  in the State of

(c) 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 Ann McCracken

Signature of Treasurer Ann McCracken

[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.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Chivukula for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	22725.00	366509.10
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22725.00	363909.10
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19934.22	448384.63
(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)).....	19934.22	448384.63
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	20189.21	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	50000.00	

**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

**Chivukula for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21625.00	335849.00
(ii) Unitemized .....	100.00	27660.10
(iii) TOTAL of contributions from individuals .....	21725.00	363509.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	2000.00
(d) The Candidate .....	0.00	1000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22725.00	366509.10
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	22725.00	416509.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19934.22	448384.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	3500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2600.00
(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	2600.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19934.22	454484.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17398.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22725.00
25. SUBTOTAL (add Line 23 and Line 24).....	40123.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19934.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20189.21

**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 20
	<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)  
**Chivukula for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sunuanda Gaur**

Mailing Address 11 Hans Voji Dr

City State Zip Code  
Franklin Park NJ 08823

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

Name of Employer Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Occupation Information Requested

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C6679432**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Harveen Bhatla**

Mailing Address 5 Newport Ct

City State Zip Code  
Princeton Junction NJ 08550-2223

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C6679435**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Archana A. Joglekar**

Mailing Address 10 Erin Ct

City State Zip Code  
Kendall Park NJ 08824-1939

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

Name of Employer Occupation  
Self Employed Performing Artist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : C6679445**

Amount of Each Receipt this Period  
 2600.00

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

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

5600.00

**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 6 OF 20
	<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)  
**Chivukula for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ashish Kapoor**

Mailing Address 20 West Group Ct

City State Zip Code  
Bridgewater NJ 08807

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

Name of Employer Occupation  
Infotech Global CIO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5075.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C6679430**

Amount of Each Receipt this Period  
2575.00

**B.** Full Name (Last, First, Middle Initial)  
**Sam Khan**

Mailing Address 7 Lambert Ave

City State Zip Code  
Edison NJ 08817-4512

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

Name of Employer Occupation  
Utopia Construction LLC President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : C6679459**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**WIJEPALA KOTTAHACHCHI**

Mailing Address 130 Miller Ave

City State Zip Code  
Edison NJ 08820-2107

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : C6679448**

Amount of Each Receipt this Period  
400.00

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

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

3275.00

**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 20
	<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)  
**Chivukula for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ashok Krishnaswamy (Krish)**

Mailing Address 377 Rahway Rd

City Edison State NJ Zip Code 08820-1116

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

Name of Employer Kaizen Technologies Inc. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : C6679414**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nishith Parikh**

Mailing Address 61 Vones Lane

City Raritan State NJ Zip Code 08869

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

Name of Employer Rangam Consultants Inc. Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : C6679446**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**BHARAT PATEL**

Mailing Address 68 OLD RD

City Princeton State NJ Zip Code 08540

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

Name of Employer NJ TURNPIKE AUTHORITY Occupation ENGINEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : C6679451**

Amount of Each Receipt this Period  
2500.00

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

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

7000.00

**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 20
	<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)  
**Chivukula for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nayana Patel**

Mailing Address 3 Sherwood Ct

City Livingston State NJ Zip Code 07039

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

Name of Employer Dr. Hemant Patel MD, PA Occupation Administrative Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : C6679456**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jothi R. Pirlamarla**

Mailing Address 77 Jackson Mills Rd

City Freehold State NJ Zip Code 07728

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

Name of Employer Jothi R. Pirlamarla MDPC Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : C6679442**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Prasanna Reddy**

Mailing Address 37 Margaret Dr

City Somerset State NJ Zip Code 08873

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

Name of Employer Prolong Pharmaceuticals Occupation Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : C6679443**

Amount of Each Receipt this Period  
 2500.00

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

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

5500.00

**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 20
	<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)  
**Chivukula for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Babu Keelarn Veeregowda**

Mailing Address 33 W Kincaid Dr

City West Windsor State NJ Zip Code 08550-3026

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

Name of Employer Self Occupation Engineer

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 / 09 / 2014

**Transaction ID : C6679425**

Amount of Each Receipt this Period  
 250.00

**B.** 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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

21625.00

**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 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Chivukula for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Chivukula for Assembly**

Mailing Address PO Box 6463

City Somerset State NJ Zip Code 08875-6463

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : C6679421**

Amount of Each Receipt this Period  
 1000.00

**B.** 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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 11 OF 20			
	<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)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. EBC Music</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 2088 US Highway 130		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : D344466</b>
City Monmouth Junction	State NJ	
Zip Code 08852	Purpose of Disbursement Equipment Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 306.68 <b>Transaction ID : D344456</b>
City Menlo	State CA	
Zip Code 94025	Purpose of Disbursement Advertising - Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. First Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address Colorado Blvd. & Yale Ave.		Amount of Each Disbursement this Period 848.10 <b>Transaction ID : D344461</b>
City Denver	State CO	
Zip Code 80222	Purpose of Disbursement Merchant fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1954.78
<b>TOTAL</b> 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 12 OF 20			
	<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)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address Colorado Blvd. & Yale Ave.		Amount of Each Disbursement this Period 76.01
City Denver	State CO Zip Code 80222	
Purpose of Disbursement Merchant fee	Candidate Name	Transaction ID : D344462
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. First Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address Colorado Blvd. & Yale Ave.		Amount of Each Disbursement this Period 16.80
City Denver	State CO Zip Code 80222	
Purpose of Disbursement Merchant fee	Candidate Name	Transaction ID : D344463
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. First Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address Colorado Blvd. & Yale Ave.		Amount of Each Disbursement this Period 134.00
City Denver	State CO Zip Code 80222	
Purpose of Disbursement Merchant fee	Candidate Name	Transaction ID : D344468
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	226.81
<b>TOTAL</b> 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 13 OF 20			
	<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)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address Colorado Blvd. & Yale Ave.		Amount of Each Disbursement this Period 7.00
City Denver	State CO Zip Code 80222	
Purpose of Disbursement Merchant Fee	Category/Type	<b>Transaction ID : D344469</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP Van</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2700.00
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Software	Category/Type	<b>Transaction ID : D344471</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NGP Van</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1650.00
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Campaign software	Category/Type	<b>Transaction ID : D346621</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4357.00
<b>TOTAL</b> 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 20			
	<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)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 980 Easton Ave.		Amount of Each Disbursement this Period 13.15 <b>Transaction ID : D344460</b>
City Somerset	State NJ	
Zip Code 08873	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 980 Easton Ave.		Amount of Each Disbursement this Period 58.83 <b>Transaction ID : D344457</b>
City Somerset	State NJ	
Zip Code 08873	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Print Today</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 825 US Highway 1 S #9		Amount of Each Disbursement this Period 12194.79 <b>Transaction ID : D344481</b>
City Iselin	State NJ	
Zip Code 08830	Purpose of Disbursement Printing, Signs, Cards	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12266.77
<b>TOTAL</b> 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 20			
	<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)  
**Chivukula for Congress**

**A. Print Today**

Full Name (Last, First, Middle Initial)  
Mailing Address 825 US Highway 1 S #9

City Iselin State NJ Zip Code 08830

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 374.50

Transaction ID : D346625

**B. Julia Unigovski**

Full Name (Last, First, Middle Initial)  
Mailing Address 424 Maple Avenue

City Bernards State NJ Zip Code 07920

Purpose of Disbursement Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 52.50

Transaction ID : D344458

**c. Virgin Mobile USA**

Full Name (Last, First, Middle Initial)  
Mailing Address 10 Independence Way #200

City Warren State NJ Zip Code 07059

Purpose of Disbursement Cell Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 26 / 2014

Amount of Each Disbursement this Period: 42.80

Transaction ID : D346620

**SUBTOTAL** of Disbursements This Page (optional) ..... 469.80

**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 16 OF 20			
	<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)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. Virgin Mobile USA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 10 Independence Way #200		Amount of Each Disbursement this Period 42.80 <b>Transaction ID : D344467</b>
City Warren	State NJ Zip Code 07059	
Purpose of Disbursement Cell Phone Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ben Winsor</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1170 Hamilton St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D344472</b>
City Somerset	State NJ Zip Code 08873	
Purpose of Disbursement Canvassing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ben Winsor</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1170 Hamilton St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D344473</b>
City Somerset	State NJ Zip Code 08873	
Purpose of Disbursement Canvassing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.80
<b>TOTAL</b> 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 20			
	<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)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ben Winsor</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1170 Hamilton St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D344474</b>
City Somerset	State NJ	
Zip Code 08873	Purpose of Disbursement Canvassing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ben Winsor</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1170 Hamilton St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D344475</b>
City Somerset	State NJ	
Zip Code 08873	Purpose of Disbursement Canvassing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ben Winsor</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1170 Hamilton St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D344476</b>
City Somerset	State NJ	
Zip Code 08873	Purpose of Disbursement Canvassing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> 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 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)  
**Chivukula for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ben Winsor</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 1170 Hamilton St			Amount of Each Disbursement this Period 50.00	
City Somerset	State NJ	Zip Code 08873	Transaction ID : D344477	
Purpose of Disbursement Canvassing		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Ben Winsor</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 1170 Hamilton St			Amount of Each Disbursement this Period 50.00	
City Somerset	State NJ	Zip Code 08873	Transaction ID : D344478	
Purpose of Disbursement Canvassing		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			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:	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	19667.96

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

NAME OF COMMITTEE (In Full) Transaction ID : L796  
 Chivukula for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Hon. Upendra Chivukula	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 536 New Brunswick Road		

City	State	ZIP Code
Somerset	NJ	08873

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 19 / Y 2014 Y	M M / D D / Y Y Y Y no due date	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="25000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
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) **Chivukula for Congress** Transaction ID : L797

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014  
**Hon. Upendra Chivukula**  Primary  
 Mailing Address General  
 536 New Brunswick Road  Other (specify) ▼

City State ZIP Code  
 Somerset NJ 08873

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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**TERMS**

Date Incurred M 05 / D 27 / Y 2014	Date Due M / D / Y no due date	Interest Rate none % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	50000.00

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