

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MANJU FOR CONGRESS COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	25204.00	225889.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25204.00	225889.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56924.72	56980.54
(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)).....	56924.72	56980.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	168408.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	19922.97	

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

MANJU FOR CONGRESS COMMITTEE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23128.00	198678.00
(ii) Unitemized.....	1501.00	1626.00
(iii) TOTAL of contributions from individuals ▶	24629.00	200304.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	575.00	575.00
(d) The Candidate.....	0.00	25010.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25204.00	225889.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25204.00	225889.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56924.72	56980.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	500.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	57424.72	57480.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200629.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25204.00
25. SUBTOTAL (add Line 23 and Line 24).....	225833.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57424.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	168408.46

**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 30
	<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)
MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Virendra Bisla

Mailing Address 1650 Princeton Rd

City State Zip Code
Flossmoor IL 60422

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2013

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Robert Doerfer

Mailing Address 224 48th Street

City State Zip Code
Moline IL 61265

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

Name of Employer Self Occupation Financial Planning

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Atul Gupta

Mailing Address 5096 Westbury Circle

City State Zip Code
Granite Bay CA 95746

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

Name of Employer Self Occupation Management Consulting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period
 250.00

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

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

3150.00

**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 30			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Douglas May

Mailing Address **PO Box 562**

City **Port Byron** State **IL** Zip Code **61275**

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

Name of Employer **Self** Occupation **Financial Planning**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2013			

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Anita Mital

Mailing Address **8224 Windsor Ct.**

City **Burr Ridge** State **IL** Zip Code **60527**

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

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
408.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2013			

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period
408.00

In-kind - Catering

C. Full Name (Last, First, Middle Initial)
Piyush Mittal

Mailing Address **2235 Glouceston Ln**

City **Naperville** State **IL** Zip Code **60564**

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

Name of Employer **Self** Occupation **Management Consulting**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2013			

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
120.00

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

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

3128.00

**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 30
	<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)
MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gary Najarian

Mailing Address 44804 Aspen Ridge Drive

City Northville State MI Zip Code 48167

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

Name of Employer Self Occupation Financial Planning

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Matthew Najarian

Mailing Address 2372 Buckingham Avenue

City Birmingham State MI Zip Code 48009

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

Name of Employer Self Occupation Financial Planning

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4471

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Saurabh Narain

Mailing Address 400 E. Ohio St

City Chicago State IL Zip Code 60611

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

Name of Employer Self Occupation Management Consulting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2013

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
 500.00

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

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

4100.00

**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 30
	<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)
MANJU FOR CONGRESS COMMITTEE

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

Mailing Address 1 Tiffany Circle

City South Barrington State IL Zip Code 60010

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

Name of Employer Self Occupation Hotel Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Chhotal Patel

Mailing Address 1 Tiffany Circle

City South Barrington State IL Zip Code 60010

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

Name of Employer Self Occupation Hotel Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
 2400.00

C. Full Name (Last, First, Middle Initial)
Hiraben Patel

Mailing Address 1 Tiffany Circle

City South Barrington State IL Zip Code 60010

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period
 2600.00

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

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

7600.00

**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 30
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Hiraben Patel		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2013	
Mailing Address 1 Tiffany Circle		Transaction ID : SA11AI.4423	
City South Barrington	State IL	Zip Code 60010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) B. Joseph Salerno		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2013	
Mailing Address 450 W. Lake Street		Transaction ID : SA11AI.4429	
City Roselle	State IL	Zip Code 60172	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Salerno's Rosedale Chapels	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
Refund issued 1/23/14			

Full Name (Last, First, Middle Initial) C. Vidushi Soni		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2013	
Mailing Address 1541 W Port Au Prince Ln		Transaction ID : SA11AI.4439	
City Phoenix	State AZ	Zip Code 85023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	4650.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 30
	<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)
MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Amit Srivastava

Mailing Address 9 Lake Ridge Ct

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2013

Transaction ID : SA11Al.4465

Amount of Each Receipt this Period
 500.00

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).....

500.00

23128.00

**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 11 OF 30
	<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)
MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Northwest Suburban Family Picnic

Mailing Address 1106 N. Plum Grove Rd. #207

City Schaumburg State IL Zip Code 60173

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11C.4510

Amount of Each Receipt this Period
 575.00

In-kind - From Nonfed Cmte-Printing

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 M / D 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 M / D 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).....

575.00

575.00

**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 12 OF 30		
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Edmier Andrew		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 210 Baynard Road		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4379
City Addison	State IL Zip Code 60101	
Purpose of Disbursement Field Operations Consulting	Candidate Name	Category/Type
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. Autotech Technologies		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2013
Mailing Address 363 St. Paul Blvd.		Amount of Each Disbursement this Period 3150.00 Transaction ID : SB17.4402
City Carol Stream	State IL Zip Code 60188	
Purpose of Disbursement Rent/Utilities	Candidate Name	Category/Type
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) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 4400 E New York St		Amount of Each Disbursement this Period 324.74 Transaction ID : SB17.4299
City Aurora	State IL Zip Code 60504	
Purpose of Disbursement Office Equipment	Candidate Name	Category/Type
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:		

SUBTOTAL of Disbursements This Page (optional).....	4274.74
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 13 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 4400 E New York St		Amount of Each Disbursement this Period 409.16
City Aurora	State IL	
Zip Code 60504	Purpose of Disbursement Office Equipment	Transaction ID : SB17.4300
Candidate Name	Category/Type	
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. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1207 N Aurora		Amount of Each Disbursement this Period 48.50
City Aurora	State IL	
Zip Code 15236	Purpose of Disbursement Travel	Transaction ID : SB17.4326
Candidate Name	Category/Type	
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) C. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1207 N Aurora		Amount of Each Disbursement this Period 54.08
City Aurora	State IL	
Zip Code 15236	Purpose of Disbursement Travel	Transaction ID : SB17.4331
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	511.74
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 14 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 1207 N Aurora		Amount of Each Disbursement this Period 49.95
City Aurora	State IL	
Zip Code 15236	Purpose of Disbursement Travel	Transaction ID : SB17.4335
Candidate Name	Category/ Type	
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. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1207 N Aurora		Amount of Each Disbursement this Period 56.22
City Aurora	State IL	
Zip Code 15236	Purpose of Disbursement Travel	Transaction ID : SB17.4354
Candidate Name	Category/ Type	
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) C. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1207 N Aurora		Amount of Each Disbursement this Period 52.66
City Aurora	State IL	
Zip Code 15236	Purpose of Disbursement Travel	Transaction ID : SB17.4375
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	158.83
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 15 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 2310.00
City Washington DC	State DC	
Zip Code 20003	Purpose of Disbursement Catering	Transaction ID : SB17.4311
Candidate Name	Category/Type	
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. Costco		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 1320 South Rt 59		Amount of Each Disbursement this Period 183.76
City Naperville	State IL	
Zip Code 60564	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4297
Candidate Name	Category/Type	
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) C. MANJU GOEL		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 661 INVERNESS DRIVE		Amount of Each Disbursement this Period 1666.63
City AURORA	State IL	
Zip Code 60504	Purpose of Disbursement See Memos	Transaction ID : SB17.4410
Candidate Name	Category/Type 001	
Office Sought: <input checked="" 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: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....	4160.39
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 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 4400 E New York St		Amount of Each Disbursement this Period 831.34
City Aurora	State IL Zip Code 60504	
Purpose of Disbursement Office Equipment	Candidate Name	Transaction ID : SB17.4410.0
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1207 N Aurora		Amount of Each Disbursement this Period 99.04
City Aurora	State IL Zip Code 15236	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.4410.1
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1320 South Rt 59		Amount of Each Disbursement this Period 280.13
City Naperville	State IL Zip Code 60564	
Purpose of Disbursement Travel-Gas	Candidate Name	Transaction ID : SB17.4410.3
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 17 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. India American Medical Association (IAMA)		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 2645 West Peterson Avenue		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4285
City Chicago State IL Zip Code 60659	Purpose of Disbursement Meeting Expense	
Candidate Name	Category/Type	
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. India American Medical Association (IAMA)		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 2645 West Peterson Avenue		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4334
City Chicago State IL Zip Code 60659	Purpose of Disbursement Meeting Expense	
Candidate Name	Category/Type	
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) C. Loster Lewis		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 767 Lincoln Avenue		Amount of Each Disbursement this Period 817.30 Transaction ID : SB17.4345
City Glen Ellyn State IL Zip Code 60137	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1217.30
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 18 OF 30			
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Loster Lewis		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 767 Lincoln Avenue		Amount of Each Disbursement this Period 817.30 Transaction ID : SB17.4369
City Glen Ellyn	State IL	
Purpose of Disbursement Fundraising Consulting	Candidate Name	Category/ Type
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. Loster Lewis		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 767 Lincoln Avenue		Amount of Each Disbursement this Period 817.30 Transaction ID : SB17.4370
City Glen Ellyn	State IL	
Purpose of Disbursement Fundraising Consulting	Candidate Name	Category/ Type
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) c. Manpasand Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1075 Flamingo Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4287
City Roselle	State IL	
Purpose of Disbursement Event Production	Candidate Name	Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional).....	4134.60
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 19 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Manpasand Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 1075 Flamingo Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4292
City Roselle State IL Zip Code 60172	Purpose of Disbursement Event Production	
Candidate Name	Category/Type	
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. Mike Martin		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 935 25th Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4283
City Moline State IL Zip Code 61265	Purpose of Disbursement Administrative Consulting	
Candidate Name	Category/Type	
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) C. Mike Martin		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 935 25th Street		Amount of Each Disbursement this Period 496.00 Transaction ID : SB17.4324
City Moline State IL Zip Code 61265	Purpose of Disbursement Travel-No vendors require itemization	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4996.00
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 20 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert J. May III		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 3501 1/2 Heyward Street		Amount of Each Disbursement this Period 522.04 Transaction ID : SB17.4250
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Travel	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. United		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 522.04 Transaction ID : SB17.4250.0 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> 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:	

Full Name (Last, First, Middle Initial) c. Robert J. May III		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 3501 1/2 Heyward Street		Amount of Each Disbursement this Period 2163.17 Transaction ID : SB17.4260
City Columbia	State SC	
Zip Code 29205	Purpose of Disbursement Strategic Consulting	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:	

SUBTOTAL of Disbursements This Page (optional).....	2685.21
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 21 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert K May III		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address 3501 1/2 Heyward Street		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4337
City Columbia	State SC Zip Code 29205	
Purpose of Disbursement Strategic Consulting	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Anita Mital		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 8224 Windsor Ct.		Amount of Each Disbursement this Period 408.00 Transaction ID : SB17.4509
City Burr Ridge	State IL Zip Code 60527	
Purpose of Disbursement In-kind - Catering	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Northwest Suburban Family Picnic		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1106 N. Plum Grove Rd. #207		Amount of Each Disbursement this Period 575.00 Transaction ID : SB17.4512
City Schaumburg	State IL Zip Code 60173	
Purpose of Disbursement In-kind - From Nonfed Cmte-Printing	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1733.00
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 22 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. One-Step		M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 806 W 4th Street		Amount of Each Disbursement this Period	
City Davenport State IA Zip Code 52802		3837.78	
Purpose of Disbursement Printing		Transaction ID : SB17.4519	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. One-Step		M M / D D / Y Y Y Y 12 / 15 / 2013	
Mailing Address 806 W 4th Street		Amount of Each Disbursement this Period	
City Davenport State IA Zip Code 52802		4645.50	
Purpose of Disbursement Campaign TShirts		Transaction ID : SB17.4520	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
c. One-Step		M M / D D / Y Y Y Y 12 / 15 / 2013	
Mailing Address 806 W 4th Street		Amount of Each Disbursement this Period	
City Davenport State IA Zip Code 52802		1609.00	
Purpose of Disbursement Printin		Transaction ID : SB17.4521	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	10092.28
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 23 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Parikh Law Group LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 150 S. Wacker Drive Suite 2600		Amount of Each Disbursement this Period 1500.00
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Legal Fees	Candidate Name	Transaction ID : SB17.4351
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. Parikh Law Group LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 150 S. Wacker Drive Suite 2600		Amount of Each Disbursement this Period 250.00
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Legal Fees	Candidate Name	Transaction ID : SB17.4398
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Mina Purohit		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1471 Richmond lane		Amount of Each Disbursement this Period 4750.00
City Algonquin	State IL Zip Code 60102	
Purpose of Disbursement Strategic Consulting	Candidate Name	Transaction ID : SB17.4264
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	6500.00
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 24 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Sai Saffron Seets and Chat House		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 6034 South Cass Avenue		Amount of Each Disbursement this Period 2130.38 Transaction ID : SB17.4525
City Westmont State IL Zip Code 60559	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
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. Sai Saffron Seets and Chat House		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 6034 South Cass Avenue		Amount of Each Disbursement this Period 2130.38 Transaction ID : SB17.4302
City Westmont State IL Zip Code 60559	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
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) c. Jean Siefert		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address PO Box 83		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4291
City Cuba State IL Zip Code 61427	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	5260.76
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 25 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Starboard Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4527
City Lexington	State SC Zip Code 29072	
Purpose of Disbursement Strategic Consulting	Category/Type 001	
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. Alka Tyle		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 707 Mesa Drive		Amount of Each Disbursement this Period 405.30 Transaction ID : SB17.4281
City Naperville	State IL Zip Code 60565	
Purpose of Disbursement See Memo	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) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 776 S Route 59		Amount of Each Disbursement this Period 405.30 Transaction ID : SB17.4281.0 [MEMO ITEM]
City Aurora	State IL Zip Code 60540	
Purpose of Disbursement Campaign Telephones	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> 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:		

SUBTOTAL of Disbursements This Page (optional).....	2405.30
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 26 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. United		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 1217.60
City Chicago	State IL	
Zip Code 60666	Purpose of Disbursement Travel	Transaction ID : SB17.4270
Candidate Name	Category/ Type	
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. Walmart		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 776 S Route 59		Amount of Each Disbursement this Period 123.56
City Aurora	State IL	
Zip Code 60540	Purpose of Disbursement Cell Phone	Transaction ID : SB17.4327
Candidate Name	Category/ Type	
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) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 776 S Route 59		Amount of Each Disbursement this Period 116.77
City Aurora	State IL	
Zip Code 60540	Purpose of Disbursement Office Equipment	Transaction ID : SB17.4404
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1457.93
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 27 OF 30	
	<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)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. John Zahm		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address PO Box 1		Amount of Each Disbursement this Period 4000.00
City Osco	State IL	
Zip Code 61274	Purpose of Disbursement Administrative Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. John Zahm		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 1		Amount of Each Disbursement this Period 333.32
City Osco	State IL	
Zip Code 61274	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Office Sought: <input type="checkbox"/> 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:		

SUBTOTAL of Disbursements This Page (optional).....	4333.32
TOTAL This Period (last page this line number only).....	53921.40

**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 28 OF 30	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MANJU FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. FAMILY-PAC FEDERAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 414 N ORLEANS PLAZA #320		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4412
City CHICAGO State IL Zip Code 60654	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4415
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 228 S WASHINGTON ST STE 115		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4415
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4415
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		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 Contribution Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Huckaby Davis Lisker Inc.

Mailing Address 228 S. Washington St., Ste. 115

City State Zip Code
 Alexandria VA 22314

Nature of Debt (Purpose):
 Compliance Consulting

Transaction ID : SD10.4530

Outstanding Balance Beginning This Period		
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="832.55"/>	<input type="text" value="0.00"/>	<input type="text" value="832.55"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
One-Step

Mailing Address 806 W 4th Street

City State Zip Code
 Davenport IA 52802

Nature of Debt (Purpose):
 Printing

Transaction ID : SD10.4518

Outstanding Balance Beginning This Period		
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="21278.68"/>	<input type="text" value="10092.28"/>	<input type="text" value="11186.40"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Starboard Communications Inc.

Mailing Address 1043 Barr Road

City State Zip Code
 Lexington SC 29072

Nature of Debt (Purpose):
 Strategic Consulting/Travel/Web Services

Transaction ID : SD10.4526

Outstanding Balance Beginning This Period		
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="9404.02"/>	<input type="text" value="2000.00"/>	<input type="text" value="7404.02"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="19422.97"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

MANJU FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Winfrey & Company

Mailing Address 228 S. Washington St., Ste. 330

City State Zip Code
 Alexandria VA 22314

Nature of Debt (Purpose):
 Fundraising Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4533**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

500.00 0.00 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	500.00
2) TOTALS This Period (last page this line number only)	19922.97
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	19922.97