



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Kumar For Congress**

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))....	58780.15	165282.15
(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)).....	58780.15	165282.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	48404.81	48404.81
(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)).....	48404.81	48404.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	476772.55	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	360000.00	

**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

**Kumar For Congress**

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).....	54769.15	161071.15
(ii) Unitemized.....	4011.00	4211.00
(iii) TOTAL of contributions from individuals ▶	58780.15	165282.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	58780.15	165282.15
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.....	260000.00	260000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	260000.00	260000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	318780.15	425282.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48404.81	48404.81
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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	48404.81	48404.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	206397.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	318780.15
25. SUBTOTAL (add Line 23 and Line 24).....	525177.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48404.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	476772.55

**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 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thabet Abbarah**

Mailing Address 395 Pine Ridge Dr

City Bloomfield Hills State MI Zip Code 48304-2140

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2013

**Transaction ID : VN8YXB40V54**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Antonietta Abuzeid**

Mailing Address 2601 Norwood Rd

City Bloomfield Hills State MI Zip Code 48302-1160

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

Name of Employer None 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 Y  
 10 / 06 / 2013

**Transaction ID : VN8YXB40VB2**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**John Richard Addington**

Mailing Address 2450 Walton Blvd

City Rochester Hills State MI Zip Code 48309-1481

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

Name of Employer Kumar Surgical Center Occupation Surgical PA

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 / 02 / 2013

**Transaction ID : VN8YXBKE126**

Amount of Each Receipt this Period  
 2600.00

**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 6 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kewal Krishan Aggarwal MD**

Mailing Address 1100 W University Dr

City Rochester Hills State MI Zip Code 48307-1878

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

Name of Employer Crittenton Hospital Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2013

**Transaction ID : VN8YXC27P02**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Naila Ahmad**

Mailing Address 3252 Woodview Lake Rd

City West Bloomfield State MI Zip Code 48323-3570

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

Name of Employer Self Occupation Family Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : VN8YXBJCA28**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Vivian Elayne Arterbery V**

Mailing Address 6071 W Outer Dr

City Detroit State MI Zip Code 48235-2624

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

Name of Employer Self Occupation Radiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : VN8YXBFZ708**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Providence F Badalament**

Mailing Address 4741 Crestone Way

City	State	Zip Code
Oakland Twp	MI	48306-1679

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

Name of Employer	Occupation
Rochester Urology	Office Manager

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 / 27 / 2013

**Transaction ID : VN8YXBTBD24**

Amount of Each Receipt this Period

2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Anthony Badalament MD**

Mailing Address 1135 W University Dr  
Ste 100

City	State	Zip Code
Rochester	MI	48307-1886

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

Name of Employer	Occupation
Rochester Urology, PC	Urological Surgeon

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 / 27 / 2013

**Transaction ID : VN8YXBTBCC1**

Amount of Each Receipt this Period

2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward G Bartholomew MD**

Mailing Address 765 Chester St

City	State	Zip Code
Birmingham	MI	48009-1940

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

Name of Employer	Occupation
Self	Anesthesiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2013

**Transaction ID : VN8YXBE7069**

Amount of Each Receipt this Period

500.00

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

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

5700.00

**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 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mohan Bijlani**

Mailing Address 1860 Wyngate Dr

City State Zip Code  
Troy MI 48098-6546

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
General Motors Contract Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VN8YXB3NK83**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Ray A Breitenbach MD**

Mailing Address 604 Sunset

City State Zip Code  
White Lake MI 48383-2865

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VN8YXBP5TP0**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Shobha Shivapuja Chandra MD**

Mailing Address 299 Orange Lake Dr

City State Zip Code  
Bloomfield Hills MI 48302-1162

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VN8YXBNZTY8**

Amount of Each Receipt this Period

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

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

**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 38
	<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)  
**Kumar For Congress**

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

Mailing Address 1726 Stony Creek Dr

City Rochester State MI Zip Code 48307-1785

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

Name of Employer RCO Inc Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : VN8YXB3NN11**

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Frazier**

Mailing Address 2842 Amberly Ln

City Troy State MI Zip Code 48084-2687

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

Name of Employer Self Occupation Oncologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : VN8YXBE6XQ7**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Arthur Frazier**

Mailing Address 2842 Amberly Ln

City Troy State MI Zip Code 48084-2687

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

Name of Employer Self Occupation Oncologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : VN8YXBE6XS2**

Amount of Each Receipt this Period  
 900.00

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

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

1750.00

**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 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sandeep Garg**

Mailing Address 7118 Kennowy Ct

City West Bloomfield State MI Zip Code 48322-3276

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  
 12 / 07 / 2013

**Transaction ID : VN8YXBNZS58**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**James Chester George Jr.**

Mailing Address 19634 Westchester Dr

City Clinton Township State MI Zip Code 48038-6415

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

Name of Employer McLaren Macomb Occupation Trustee

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : VN8YXBFZ4M9**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Anil Kumar Goel MD**

Mailing Address 1915 E 14 Mile Rd

City Birmingham State MI Zip Code 48009-7244

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

Name of Employer Self Occupation Cardiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : VN8YXB3NKC5**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

**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 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Umesh Gangappa Gowda MD**

Mailing Address 1135 W University Dr  
Ste 220

City Rochester Hills State MI Zip Code 48307-1872

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : VN8YXB3NQ58**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Lorenz Greski DO**

Mailing Address 3796 Eaton Gate Ln

City Auburn Hills State MI Zip Code 48326-3894

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

Name of Employer Self Occupation Surgeon

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 / 02 / 2013

**Transaction ID : VN8YXBKE158**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Harbajhan K Grewal MD**

Mailing Address 1664 Stony Creek Dr

City Rochester State MI Zip Code 48307-1783

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : VN8YXB3NQC4**

Amount of Each Receipt this Period  
1000.00

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

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

3850.00

**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 12 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Murali Guthikonda**

Mailing Address 6 Higbie Ct

City State Zip Code  
Grosse Pointe Farms MI 48236-3785

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

Name of Employer Occupation  
Wayne State UPG Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 26 / 2013

**Transaction ID : VN8YXC27KZ0**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Keith Alan Hinshaw MD**

Mailing Address 75 Barclay Cir  
Ste 200

City State Zip Code  
Rochester Hills MI 48307-5821

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

Name of Employer Occupation  
Rochester General Surgery Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VN8YXC27P36**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ala Eddin Imam MD**

Mailing Address 1978 Golf Ridge Dr

City State Zip Code  
Bloomfield Hills MI 48302-1725

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

Name of Employer Occupation  
Self Gastroenterologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 15 / 2013

**Transaction ID : VN8YXBFZ7A7**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**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 13 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Angela A Joseph MD**

Mailing Address 1102 Woodside Dr

City Flint State MI Zip Code 48503-5341

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  
 10 / 06 / 2013

**Transaction ID : VN8YXC27PE3**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Algirdas Juocys DO**

Mailing Address 5689 Carrollton Ct

City Rochester State MI Zip Code 48306-2397

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  
 10 / 07 / 2013

**Transaction ID : VN8YXBDPFE2**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Davinder Kakar**

Mailing Address 10 W Square Lake Rd

City Bloomfield Hills State MI Zip Code 48302-0465

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  
 11 / 03 / 2013

**Transaction ID : VN8YXBDV6Z8**

Amount of Each Receipt this Period  
 250.00

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

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

1050.00

**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 14 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dinesh Vyanktesh Kamat**

Mailing Address 1043 Covington Place Dr

City Rochester Hills State MI Zip Code 48309-3744

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

Name of Employer Self Occupation Registered Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : VN8YXBPAE85**

Amount of Each Receipt this Period  
 251.00

**B.** Full Name (Last, First, Middle Initial)  
**Safa S Kassab MD**

Mailing Address 2368 Heronwood Dr

City Bloomfield Hills State MI Zip Code 48302-0834

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

Name of Employer Self Occupation Orthopedic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VN8YXBTRCP1**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Amarbir Khaira MD**

Mailing Address 2604 Sequoia Ct

City Bloomfield Hills State MI Zip Code 48304-1838

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  
 10 / 06 / 2013

**Transaction ID : VN8YXB3NJ9**

Amount of Each Receipt this Period  
 1000.00

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

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

1501.00

**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 15 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Reda Khalifa MD**

Mailing Address 950 N Cass Lake Rd  
Ste 112

City Waterford State MI Zip Code 48328-2370

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

Name of Employer Self Occupation Gynecologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : VN8YXBFZ731**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Kumar**

Mailing Address 4501 Woodward Ave  
Apt 416

City Detroit State MI Zip Code 48201-1897

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

Name of Employer Self Occupation Student

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 / 30 / 2013

**Transaction ID : VN8YXBWEVY2**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2013

**Transaction ID : VN8YXBDV6B0**

Amount of Each Receipt this Period  
 406.44

\* In-Kind: Fundrasier food

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

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

3506.44

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

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

FOR LINE NUMBER: PAGE 16 OF 38  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**565.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 19 / 2013**

**Transaction ID : VN8YXBDV6D6**

Amount of Each Receipt this Period  
**158.61**

\* In-Kind: Fundraiser food

**B.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8065.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : VN8YXC3RPN3**

Amount of Each Receipt this Period  
**7500.00**

\* In-Kind: Consulting Fee

**C.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8122.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2013**

**Transaction ID : VN8YXBDV6C8**

Amount of Each Receipt this Period  
**57.15**

\* In-Kind: Fundraiser food

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

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

**7715.76**

**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 17 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8208.15**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2013**

**Transaction ID : VN8YXBDV6E4**

Amount of Each Receipt this Period  
**63.60**

\* In-Kind: Fundraiser food

**B.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8208.15**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2013**

**Transaction ID : VN8YXBDV6M1**

Amount of Each Receipt this Period  
**22.35**

\* In-Kind: Fundraiser food

**C.** Full Name (Last, First, Middle Initial)  
**Nathan Kumar**

Mailing Address 2075 Squirrel Rd

City Bloomfield Hills State MI Zip Code 48304-1489

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

Name of Employer Self Occupation Student

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

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

**Transaction ID : VN8YXBWETS0**

Amount of Each Receipt this Period  
**2600.00**

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

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

**2685.95**

**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 18 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Lala**

Mailing Address 3815 Pine Harbor Dr

City State Zip Code  
West Bloomfield MI 48323-1650

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 07 / 2013

**Transaction ID : VN8YXBNZR81**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gregory Ray Lane**

Mailing Address 27 Scenic Oaks Dr S

City State Zip Code  
Bloomfield Hills MI 48304-2228

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

Name of Employer Chief Administrative Officer Occupation McLaren Health Care Corp

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : VN8YXBFZ6N1**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Vinay Kumar Malviya MD**

Mailing Address 22301 Foster Winter Dr Ste 3

City State Zip Code  
Southfield MI 48075-3707

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

Name of Employer Self Occupation Oncologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : VN8YXBKDXC6**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

**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 19 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shahrokh Mansoori**

Mailing Address 1692 Orchard Lake Rd

City State Zip Code  
West Bloomfield MI 48324

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2013

**Transaction ID : VN8YXB3NN94**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Faiz W Mansour MD**

Mailing Address 3744 Newport Way Dr

City State Zip Code  
Waterford MI 48329-4285

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2013

**Transaction ID : VN8YXB3JCDX8**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Usman Ghani Master MD**

Mailing Address 5509 Springbrook Dr

City State Zip Code  
Troy MI 48098-5354

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

Name of Employer Self Occupation Nephrologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2013

**Transaction ID : VN8YXBE72S2**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 20 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Malik E McKany MD**

Mailing Address 2385 Heronwood Dr

City Bloomfield Hills State MI Zip Code 48302-0835

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

Name of Employer Self Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : VN8YXBRT4Z7**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Blanche L Mindlin**

Mailing Address 5358 Woodview Dr

City Bloomfield Hills State MI Zip Code 48302-2570

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

Name of Employer Self Occupation Practice Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : VN8YXB3NKG6**

Amount of Each Receipt this Period  
 360.00

**C.** Full Name (Last, First, Middle Initial)  
**Ashish Mody**

Mailing Address 4752 Rivers Edge Dr

City Troy State MI Zip Code 48098-4139

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  
 11 / 03 / 2013

**Transaction ID : VN8YXBDV6R3**

Amount of Each Receipt this Period  
 1000.00

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

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

1610.00

**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 21 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jignesh N Patel DO**

Mailing Address 3278 Camden Dr

City State Zip Code  
Troy MI 48084-7027

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2013

**Transaction ID : VN8YXBE6ZJ1**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 37303 Tericrest Dr

City State Zip Code  
Sterling Heights MI 48310-3960

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 07 / 2013

**Transaction ID : VN8YXBNZRH2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Vijay C Patel MD**

Mailing Address 48856 Stoneridge Dr

City State Zip Code  
Northville MI 48168-8594

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 07 / 2013

**Transaction ID : VN8YXBNZQZ9**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 22 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Peven**

Mailing Address 29122 Forest Hill Ct

City Farmington Hills State MI Zip Code 48331-2438

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

Name of Employer NW Pathology Consultants Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2013**

**Transaction ID : VN8YXBDV6V6**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Donald Peven**

Mailing Address 29122 Forest Hill Ct

City Farmington Hills State MI Zip Code 48331-2438

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

Name of Employer NW Pathology Consultants Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2013**

**Transaction ID : VN8YXBDV6W4**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Pugmire DO**

Mailing Address 1901 Star Batt Dr

City Rochester Hills State MI Zip Code 48309-3712

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

Name of Employer Self Occupation Gynecological Oncologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 22 / 2013**

**Transaction ID : VN8YXBKDWN4**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

**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 23 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Atul Rajpurkar**

Mailing Address 2338 Claymont Dr

City State Zip Code  
Troy MI 48098-2426

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

Name of Employer Self Occupation urologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2013

**Transaction ID : VN8YXB3NJQ9**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Kalyana S Ramamurthi MD**

Mailing Address 4920 Adams Pointe Ct

City State Zip Code  
Troy MI 48098-4111

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

Name of Employer Self Occupation Physican

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2013

**Transaction ID : VN8YXBNZS81**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kanamarlapudi V Rao MD**

Mailing Address 642 W Hamlin Rd

City State Zip Code  
Rochester Hills MI 48307-3429

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

Name of Employer Self Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : VN8YXB3NQ25**

Amount of Each Receipt this Period  
 2000.00

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

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

5100.00

**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 24 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Prakash N Sanghvi**

Mailing Address 1898 W Square Lake Rd

City Bloomfield Hills State MI Zip Code 48302-0773

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  
 12 / 07 / 2013

**Transaction ID : VN8YXBNZV20**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Clarence Marvin Sevillian II**

Mailing Address 10220 Mill Pointe Dr

City Goodrich State MI Zip Code 48438-9314

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

Name of Employer POH Regional Medical Center Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : VN8YXBFZ656**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Abul Shamsuddoha MD**

Mailing Address 6748 Vachon Dr

City Bloomfield Hills State MI Zip Code 48301-2939

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  
 12 / 07 / 2013

**Transaction ID : VN8YXBNZNG7**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 25 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ghalib Talia**

Mailing Address 44555 Woodward Ave  
Ste 301

City Pontiac State MI Zip Code 48341-5035

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2013

**Transaction ID : VN8YXBDV6S0**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kingsley Archer Thomas MD**

Mailing Address 2340 Mulberry Rd

City Bloomfield Hills State MI Zip Code 48302-0651

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

Name of Employer Self Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2013

**Transaction ID : VN8YXBE73A7**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Kingsley Archer Thomas MD**

Mailing Address 2340 Mulberry Rd

City Bloomfield Hills State MI Zip Code 48302-0651

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

Name of Employer Self Occupation Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 07 / 2013

**Transaction ID : VN8YXBNZS08**

Amount of Each Receipt this Period  
300.00

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

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

700.00

**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 26 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Jo Voelpel DO**

Mailing Address 3175 Wynns Mill Ct

City Metamora State MI Zip Code 48455-8956

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

Name of Employer Self Occupation Hematologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2013

**Transaction ID : VN8YXBDPFR1**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Bashar Yaldo**

Mailing Address 3050 Heron PI

City Bloomfield Hills State MI Zip Code 48302-0714

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

Name of Employer Self Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : VN8YXBDPFJ3**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bohdan N Zarewych DO**

Mailing Address 1972 Tall Oaks Blvd

City Rochester Hills State MI Zip Code 48306-3264

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

Name of Employer Self Occupation Gynecologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2013

**Transaction ID : VN8YXBE72A4**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

54769.15

**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 27 OF 38
	<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)  
**Kumar For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : VN8YXBWERK9**

Amount of Each Receipt this Period  
70000.00

**B.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : VN8YXC23876**

Amount of Each Receipt this Period  
30000.00

**C.** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Mailing Address 1556 Bartley Ln

City Bloomfield Hills State MI Zip Code 48304-1002

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

Name of Employer Self Occupation Doctor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
260000.00

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

**Transaction ID : VN8YXC3E9A1**

Amount of Each Receipt this Period  
160000.00

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

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

260000.00

260000.00

**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 28 OF 38	
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Brett Zachary Foreman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 17333 Birwood Ave		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : VN7ZN9Q0MW2</b>
City Beverly Hills	State MI	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Brett Zachary Foreman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 17333 Birwood Ave		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : VN7ZN9Q0MX0</b>
City Beverly Hills	State MI	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Brett Zachary Foreman</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 17333 Birwood Ave		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : VN7ZN9NXPB8</b>
City Beverly Hills	State MI	
Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5200.00
<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 29 OF 38	
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Goodman Acker</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 17000 W 10 Mile Rd Ste 200		Amount of Each Disbursement this Period 7500.00 <b>Transaction ID : VN7ZN9Q0MY8</b>
City Southfield State MI Zip Code 48075-2902	Purpose of Disbursement Campaign consulting Candidate Name Category/Type 001	
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. Anil Kumar</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address 1556 Bartley Ln		Amount of Each Disbursement this Period 406.44 <b>Transaction ID : VN8YXBDV6B0I</b>
City Bloomfield Hills State MI Zip Code 48304-1002	Purpose of Disbursement Fundrasier food 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:	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>C. Anil Kumar</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 1556 Bartley Ln		Amount of Each Disbursement this Period 158.61 <b>Transaction ID : VN8YXBDV6D6I</b>
City Bloomfield Hills State MI Zip Code 48304-1002	Purpose of Disbursement Fundraiser food 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:	* In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8065.05
<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 30 OF 38			
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Anil Kumar</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1556 Bartley Ln		Amount of Each Disbursement this Period 7500.00
City Bloomfield Hills	State MI	
Purpose of Disbursement Consulting Fee	Category/ Type	
Candidate Name	Transaction ID : VN8YXC3RPN3I	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anil Kumar</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address 1556 Bartley Ln		Amount of Each Disbursement this Period 57.15
City Bloomfield Hills	State MI	
Purpose of Disbursement Fundraiser food	Category/ Type	
Candidate Name	Transaction ID : VN8YXBDV6C8I	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Anil Kumar</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 1556 Bartley Ln		Amount of Each Disbursement this Period 63.60
City Bloomfield Hills	State MI	
Purpose of Disbursement Fundraiser food	Category/ Type	
Candidate Name	Transaction ID : VN8YXBDV6E4I	
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)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7620.75
<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 31 OF 38			
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Anil Kumar</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 1556 Bartley Ln		Amount of Each Disbursement this Period 22.35
City Bloomfield Hills	State MI Zip Code 48304-1002	
Purpose of Disbursement Fundraiser food	Candidate Name	Transaction ID : VN8YXBDV6M11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 7151 Dixie Hwy		Amount of Each Disbursement this Period 269.67
City Clarkston	State MI Zip Code 48346-2015	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : VN7ZN9N9BD5
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. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 7151 Dixie Hwy		Amount of Each Disbursement this Period 94.99
City Clarkston	State MI Zip Code 48346-2015	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : VN7ZN9N9BE3
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).....	387.01
<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 32 OF 38	
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>7151 Dixie Hwy</b>		Amount of Each Disbursement this Period <b>505.70</b>
City <b>Clarkston</b> State <b>MI</b> Zip Code <b>48346-2015</b>	Purpose of Disbursement <b>Office Supplies</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9N9BF0</b>
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) <b>B. Rice &amp; Diggs</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 23 / 2013</b>
Mailing Address <b>31000 Northwestern Hwy Ste 100</b>		Amount of Each Disbursement this Period <b>20000.00</b>
City <b>Farmington Hills</b> State <b>MI</b> Zip Code <b>48334-2585</b>	Purpose of Disbursement <b>Research</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9Q0N12</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Andrea Simonelli</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2013</b>
Mailing Address <b>9731 Naiad Rd</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>Clarkston</b> State <b>MI</b> Zip Code <b>48348-2407</b>	Purpose of Disbursement <b>Salary</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9N9BH6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>23005.70</b>
<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 33 OF 38			
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrea Simonelli</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2013</b>
Mailing Address <b>9731 Naiad Rd</b>		Amount of Each Disbursement this Period <b>536.49</b>
City <b>Clarkston</b> State <b>MI</b> Zip Code <b>48348-2407</b>	Purpose of Disbursement <b>Reimbursement- Office Supplies</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9N9BJ4</b>
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) <b>B. Andrea Simonelli</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2013</b>
Mailing Address <b>9731 Naiad Rd</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Clarkston</b> State <b>MI</b> Zip Code <b>48348-2407</b>	Purpose of Disbursement <b>Salary</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9N9BK2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andrea Simonelli</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2013</b>
Mailing Address <b>9731 Naiad Rd</b>		Amount of Each Disbursement this Period <b>41.38</b>
City <b>Clarkston</b> State <b>MI</b> Zip Code <b>48348-2407</b>	Purpose of Disbursement <b>Reimbursement - Phone Bill, International, Campaign use</b>	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9Q0MT7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2536.49</b>
<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 34 OF 38		
	<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)  
**Kumar For Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrea Simonelli</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2013</b>
Mailing Address 9731 Naiad Rd		Amount of Each Disbursement this Period <b>1200.00</b>
City Clarkston State MI Zip Code 48348-2407	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<b>Transaction ID : VN7ZN9Q0MV4</b>
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.</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	
Candidate Name	Category/Type	
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) <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	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>48015.00</b>

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Kumar For Congress**

Transaction ID : VN8YXB3NG61L

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Anil Kumar**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1556 Bartley Ln

City State ZIP Code  
Bloomfield Hills MI 48304-1002

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

### TERMS

Date Incurred: M 09 / D 29 / Y 2013  
Date Due: M / D / Y none  
Interest Rate: none % (apr)  
Secured:  Yes  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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00

**TOTALS** This Period (last page in this line only)..... ▶

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Kumar For Congress**

Transaction ID : VN8YXBWERK9L

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**Anil Kumar**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1556 Bartley Ln

City State ZIP Code  
Bloomfield Hills MI 48304-1002

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
70000.00 0.00 70000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 29 / Y 2013 M M / D D / Y none % (apr)  Yes  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:

**SUBTOTALS** This Period This Page (optional)..... ▶ 70000.00

**TOTALS** This Period (last page in this line only)..... ▶

**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) **Kumar For Congress** Transaction ID : **VN8YXC23876L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Anil Kumar** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1556 Bartley Ln

City State ZIP Code  
Bloomfield Hills MI 48304-1002

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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**TERMS**

Date Incurred: M 12 / D 29 / Y 2013  
 Date Due: M / D / Y none  
 Interest Rate: none % (apr)  
 Secured:  Yes  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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 30000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**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) **Kumar For Congress** Transaction ID : VN8YXC3E9A1L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Anil Kumar</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1556 Bartley Ln	

City	State	ZIP Code
Bloomfield Hills	MI	48304-1002

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
160000.00	0.00	160000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2013	M / D / Y none	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: [ ]
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).....	▶	160000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	360000.00

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