

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

VERMA FOR CONGRESS

ADDRESS (number and street) 618 N RIDGEWOOD AVE

Check if different than previously reported. (ACC)

DAYTONA BEACH

FL

32114

2. **FEC IDENTIFICATION NUMBER**

C C00498923

CITY

STATE

ZIP CODE

STATE DISTRICT

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

FL

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer VIPIN VERMA

Signature of Treasurer VIPIN VERMA

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
VERMA 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))....	9618.91	10358.91
(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)).....	9618.91	10358.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8730.49	9685.30
(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)).....	8730.49	9685.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1073.61	
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).....	400.00	

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

VERMA 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).....	8878.91	9268.91
(ii) Unitemized.....	740.00	1090.00
(iii) TOTAL of contributions from individuals ▶	9618.91	10358.91
(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))..	9618.91	10358.91
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	400.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	400.00
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)..... ▶	9618.91	10758.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8730.49	9685.30
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8730.49	9685.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	185.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9618.91
25. SUBTOTAL (add Line 23 and Line 24).....	9804.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8730.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1073.61

**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
VERMA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2012

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
25.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
25.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2012

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period
50.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

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

0.00

**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 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
VERMA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 17 / 2012

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period
25.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
195.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2012

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
70.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
20.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

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

0.00

**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 26
	<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)
VERMA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Om Prakash

Mailing Address 2240 S Atlantic Ave

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 890.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2012

Transaction ID : SA11Al.4171

Amount of Each Receipt this Period
 _____ 400.00

B. Full Name (Last, First, Middle Initial)
Om Prakash

Mailing Address 2240 S Atlantic Ave

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1190.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11Al.4185

Amount of Each Receipt this Period
 _____ 300.00

C. Full Name (Last, First, Middle Initial)
Om Prakash

Mailing Address 2240 S Atlantic Ave

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1364.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012

Transaction ID : SA11Al.4200

Amount of Each Receipt this Period
 _____ 174.08
 In-kind - Postage

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

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

_____ 874.08

**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 26
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Om Prakash		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2012	
Mailing Address 2240 S Atlantic Ave		Transaction ID : SA11AI.4202	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 251.48	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1615.56		

Full Name (Last, First, Middle Initial) B. Om Prakash		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012	
Mailing Address 2240 S Atlantic Ave		Transaction ID : SA11AI.4204	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2015.56		

Full Name (Last, First, Middle Initial) C. Om Prakash		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012	
Mailing Address 2240 S Atlantic Ave		Transaction ID : SA11AI.4217	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2465.56		

SUBTOTAL of Receipts This Page (optional).....	1101.48
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 9 OF 26
	<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)
VERMA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Arun Verma

Mailing Address 141 S Peninsula Dr

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer SSA	Occupation Paralegal Analyst
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
600.00

In-kind - Voter Database

B. Full Name (Last, First, Middle Initial)
Neelam Verma

Mailing Address 141 S Peninsula Dr

City Daytona Beach	State FL	Zip Code 32118
-----------------------	-------------	-------------------

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

Name of Employer none	Occupation Homemaker
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Neelam Verma

Mailing Address 141 S Peninsula Dr

City Daytona Beach	State FL	Zip Code 32118
-----------------------	-------------	-------------------

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

Name of Employer none	Occupation Homemaker
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
200.00

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

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

1100.00

**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 26
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Neelam Verma		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address 141 S Peninsula Dr		Transaction ID : SA11AI.4189	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer none	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) B. Neelam Verma		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2012	
Mailing Address 141 S Peninsula Dr		Transaction ID : SA11AI.4199	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer none	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4164	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 64.00 In-kind - Postage	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 464.00		

SUBTOTAL of Receipts This Page (optional).....	564.00
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: PAGE 11 OF 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VERMA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIPIN VERMA

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
634.43

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period
170.43

In-kind - Brochures

B. Full Name (Last, First, Middle Initial)
VIPIN VERMA

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
717.59

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
83.16

In-kind - Postage

C. Full Name (Last, First, Middle Initial)
VIPIN VERMA

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
911.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2012

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
193.87

In-kind - Brochures

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

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

447.46

**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 12 OF 26
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4180	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 213.00	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1124.46		
		In-kind - Brochures	

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4190	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 142.89	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1267.35		
		In-kind - Postage	

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4197	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 157.74	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1425.09		
		In-kind - Postage	

SUBTOTAL of Receipts This Page (optional).....	513.63
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 13 OF 26
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4205	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 123.75	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1548.84		

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4207	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 332.81	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1881.65		

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4209	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 175.56	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2057.21		

SUBTOTAL of Receipts This Page (optional).....	632.12
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 14 OF 26
	<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)
VERMA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIPIN VERMA

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3508.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2012

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period
1451.71

In-kind - Brochures

B. Full Name (Last, First, Middle Initial)
VIPIN VERMA

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5703.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period
2194.43

In-kind - Brochures

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).....

3646.14

8878.91

**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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Om Prakash		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 2240 S Atlantic Ave		Amount of Each Disbursement this Period 174.08
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Postage	Transaction ID : SB17.4201
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. Om Prakash		Date of Disbursement MM / DD / YYYY 03 / 13 / 2012
Mailing Address 2240 S Atlantic Ave		Amount of Each Disbursement this Period 251.48
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Postage	Transaction ID : SB17.4203
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) C. USPS		Date of Disbursement MM / DD / YYYY 01 / 12 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 136.80
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Postage	Transaction ID : SB17.4219
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:		

SUBTOTAL of Disbursements This Page (optional).....	562.36
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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 128.32
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Postage	Transaction ID : SB17.4220
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 8.80
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Transaction ID : SB17.4221
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) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 46.37
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Postage	Transaction ID : SB17.4223
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:		

SUBTOTAL of Disbursements This Page (optional).....	183.49
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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 01 / 30 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps	Amount of Each Disbursement this Period 300.00	
Candidate Name	Transaction ID : SB17.4226	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 03 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage	Amount of Each Disbursement this Period 52.80	
Candidate Name	Transaction ID : SB17.4227	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 07 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage	Amount of Each Disbursement this Period 57.49	
Candidate Name	Transaction ID : SB17.4228	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	410.29
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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		10		2012
M M	/	D D	/	Y Y Y Y									
02		10		2012									
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period											
City State Zip Code Daytona Beach FL 32114		<table border="1"> <tr> <td>99.00</td> </tr> </table>		99.00									
99.00													
Purpose of Disbursement Postage		Transaction ID : SB17.4230											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>14</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		14		2012
M M	/	D D	/	Y Y Y Y									
02		14		2012									
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period											
City State Zip Code Daytona Beach FL 32114		<table border="1"> <tr> <td>181.83</td> </tr> </table>		181.83									
181.83													
Purpose of Disbursement Postage		Transaction ID : SB17.4231											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>22</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		22		2012
M M	/	D D	/	Y Y Y Y									
02		22		2012									
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period											
City State Zip Code Daytona Beach FL 32114		<table border="1"> <tr> <td>9.00</td> </tr> </table>		9.00									
9.00													
Purpose of Disbursement Stamps		Transaction ID : SB17.4233											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	289.83
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 19 OF 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 22 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps	Amount of Each Disbursement this Period 300.00	
Candidate Name	Transaction ID : SB17.4235	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 22 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage	Amount of Each Disbursement this Period 132.66	
Candidate Name	Transaction ID : SB17.4236	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 03 / 09 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps	Amount of Each Disbursement this Period 300.00	
Candidate Name	Transaction ID : SB17.4237	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	732.66
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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 03 / 16 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps		Amount of Each Disbursement this Period 300.00
Candidate Name	Category/ Type	Transaction ID : SB17.4238
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. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 03 / 20 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps		Amount of Each Disbursement this Period 9.00
Candidate Name	Category/ Type	Transaction ID : SB17.4240
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. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 03 / 30 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps		Amount of Each Disbursement this Period 300.00
Candidate Name	Category/ Type	Transaction ID : SB17.4242
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).....	609.00
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 21 OF 26		
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Arun Verma		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address 141 S Peninsula Dr		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4194
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Voter Database	Category/ Type
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) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 64.00 Transaction ID : SB17.4165
City DAYTONA BEACH	State FL	
Zip Code 32114	Purpose of Disbursement In-kind - Postage	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: FL District: 06	

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 170.43 Transaction ID : SB17.4170
City DAYTONA BEACH	State FL	
Zip Code 32114	Purpose of Disbursement In-kind - Brochures	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	834.43
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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 83.16
City DAYTONA BEACH	State FL Zip Code 32114	
Purpose of Disbursement In-kind - Postage	Category/Type	Transaction ID : SB17.4173
Candidate Name		
Office Sought: <input checked="" 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: FL District: 06		

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 193.87
City DAYTONA BEACH	State FL Zip Code 32114	
Purpose of Disbursement In-kind - Brochures	Category/Type	Transaction ID : SB17.4177
Candidate Name		
Office Sought: <input checked="" 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: FL District: 06		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 213.00
City DAYTONA BEACH	State FL Zip Code 32114	
Purpose of Disbursement In-kind - Brochures	Category/Type	Transaction ID : SB17.4181
Candidate Name		
Office Sought: <input checked="" 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: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	490.03
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 26	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 142.89 Transaction ID : SB17.4191
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 06		

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 157.74 Transaction ID : SB17.4198
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 06		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 123.75 Transaction ID : SB17.4206
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	424.38
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 26			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 332.81 Transaction ID : SB17.4208
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 06		

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 175.56 Transaction ID : SB17.4210
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Envelopes	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 06		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 1451.71 Transaction ID : SB17.4212
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Brochures	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	1960.08
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 26		
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 2194.43
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Brochures	
Candidate Name		Category/Type
Office Sought: <input checked="" 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)	Transaction ID : SB17.4214
State: FL District: 06		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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).....	2194.43
TOTAL This Period (last page this line number only).....	8690.98

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)

Transaction ID : SC/10.4104

VERMA FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

VIPIN VERMA

Primary

General

Other (specify) ▼

Mailing Address

618 N RIDGEWOOD AVE

City

State

ZIP Code

DAYTONA BEACH

FL

32114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.00

0.00

400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 / D 06 / Y 2011

M M / D D / Y None

0.00 % (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)..... ▶

400.00

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

400.00

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