

# 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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 24

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))....	20388.98	31997.89
(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)).....	20388.98	31997.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20634.34	31569.64
(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)).....	20634.34	31569.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	828.25	
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).....	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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20188.98	30707.89
(ii) Unitemized.....	200.00	1290.00
(iii) TOTAL of contributions from individuals ▶	20388.98	31997.89
(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))..	20388.98	31997.89
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	400.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	400.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	20388.98	32397.89

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20634.34	31569.64
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) ▶	20634.34	31569.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1073.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20388.98
25. SUBTOTAL (add Line 23 and Line 24).....	21462.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20634.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	828.25

**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 24
	<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  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012

**Transaction ID : SA11AI.4255**

Amount of Each Receipt this Period  
5.00

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  
225.00

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

**Transaction ID : SA11AI.4259**

Amount of Each Receipt this Period  
5.00

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2012

**Transaction ID : SA11AI.4280**

Amount of Each Receipt this Period  
25.00

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 24
	<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  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 04 / 2012

**Transaction ID : SA11AI.4281**

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  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 23 / 2012

**Transaction ID : SA11AI.4312**

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  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : SA11AI.4316**

Amount of Each Receipt this Period  
25.00

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 24
	<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)  
**Kanchan Singh**

Mailing Address 413 Oak Place, Unit 4H

City Port Orange State FL Zip Code 32127

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
201.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA11AI.4305**

Amount of Each Receipt this Period  
201.00

**B.** Full Name (Last, First, Middle Initial)  
**Arun 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 SSA Occupation Paralegal Analyst

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2012

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
500.00

In-kind - Campaign Stationary

**C.** Full Name (Last, First, Middle Initial)  
**Arun 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 SSA Occupation Paralegal Analyst

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11AI.4299**

Amount of Each Receipt this Period  
150.00

In-kind - Campaign Stationary

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

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

851.00

**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 24
	<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 State Zip Code  
Daytona Beach FL 32118

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

Name of Employer Occupation  
SSA Paralegal Analyst

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11AI.4296**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 141 S Peninsula Dr

City State Zip Code  
Daytona Beach FL 32118

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

Name of Employer Occupation  
SSA Paralegal Analyst

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
2375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2012

**Transaction ID : SA11AI.4306**

Amount of Each Receipt this Period  
125.00

In-kind - Voter List

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

Mailing Address 618 N RIDGEWOOD AVE

City State Zip Code  
DAYTONA BEACH FL 32114

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

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

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
7041.79

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

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
88.44

In-kind - Postage

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

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

1213.44



**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 24
	<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) <b>VIPIN VERMA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		<b>Transaction ID : SA11AI.4272</b>	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. <b>C H2FL07115</b>		Amount of Each Receipt this Period 5000.00	
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 12041.79		

Full Name (Last, First, Middle Initial) <b>VIPIN VERMA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		<b>Transaction ID : SA11AI.4274</b>	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. <b>C H2FL07115</b>		Amount of Each Receipt this Period 587.15	
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 12628.94		

Full Name (Last, First, Middle Initial) <b>VIPIN VERMA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		<b>Transaction ID : SA11AI.4276</b>	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. <b>C H2FL07115</b>		Amount of Each Receipt this Period 190.20	
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 12819.14		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5777.35
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<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  
**13419.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2012**

**Transaction ID : SA11AI.4278**

Amount of Each Receipt this Period  
**600.00**

**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  
**14319.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 04 / 2012**

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period  
**900.00**

**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  
**16149.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2012**

**Transaction ID : SA11AI.4284**

Amount of Each Receipt this Period  
**1830.00**

In-kind - Postage

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

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

**3330.00**

**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 24
	<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)  
**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  
**16313.98**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2012**

**Transaction ID : SA11AI.4286**

Amount of Each Receipt this Period  
**164.84**

In-kind - Campaign Stationary, Office Supplies

**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  
**17813.98**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 18 / 2012**

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
**1500.00**

**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  
**17895.43**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 18 / 2012**

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
**81.45**

In-kind - Postage

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

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

**1746.29**

**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 24
	<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  
**19562.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 25 / 2012**

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
**1667.25**

In-kind - Postage

**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  
**19602.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2012**

**Transaction ID : SA11AI.4294**

Amount of Each Receipt this Period  
**39.89**

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  
**19704.01**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2012**

**Transaction ID : SA11AI.4302**

Amount of Each Receipt this Period  
**101.44**

In-kind - Campaign Stationary

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

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

**1808.58**

**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 24
	<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) <b>VIPIN VERMA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		<b>Transaction ID : SA11AI.4308</b>	
City DAYTONA BEACH	State FL	Zip Code 32114	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C H2FL07115	
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 _____ 20704.01		

Full Name (Last, First, Middle Initial) <b>VIPIN VERMA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		<b>Transaction ID : SA11AI.4309</b>	
City DAYTONA BEACH	State FL	Zip Code 32114	Amount of Each Receipt this Period _____ 1647.00 In-kind - Postage
FEC ID number of contributing federal political committee.		C H2FL07115	
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 _____ 22351.01		

Full Name (Last, First, Middle Initial) <b>VIPIN VERMA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		<b>Transaction ID : SA11AI.4313</b>	
City DAYTONA BEACH	State FL	Zip Code 32114	Amount of Each Receipt this Period _____ 1900.32 In-kind - Campaign Signs
FEC ID number of contributing federal political committee.		C H2FL07115	
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 _____ 24251.33		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4547.32
<b>TOTAL</b> 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 24
	<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  
**25166.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11Al.4317**

Amount of Each Receipt this Period  
**915.00**

In-kind - Postage

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**915.00**

**20188.98**

**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 24	
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 300.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4321</b>
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 600.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4322</b>
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 600.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4323</b>
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).....	1500.00
<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 16 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 9.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4324</b>
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 1000.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4327</b>
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 9.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4328</b>
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).....	1018.00
<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 17 OF 24	
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 900.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4329</b>
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 1000.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4334</b>
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 600.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4335</b>
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).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 24	
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 9.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Transaction ID : SB17.4336
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 600.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Transaction ID : SB17.4337
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. Arun Verma</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 141 S Peninsula Dr		Amount of Each Disbursement this Period 500.00
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Campaign Stationary	Transaction ID : SB17.4298
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).....	1109.00
<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 19 OF 24			
	<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) <b>A. Arun Verma</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2012
Mailing Address 141 S Peninsula Dr		Amount of Each Disbursement this Period 3,000.00 <b>Transaction ID : SB17.4300</b>
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Campaign Stationary	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>B. Arun Verma</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address 141 S Peninsula Dr		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : SB17.4307</b>
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Voter List	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>C. VIPIN VERMA</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 88.44 <b>Transaction ID : SB17.4261</b>
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	363.44
<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 20 OF 24	
	<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) <b>A. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4273</b>
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Automated Calls	
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>B. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 587.15 <b>Transaction ID : SB17.4275</b>
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>C. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 190.20 <b>Transaction ID : SB17.4277</b>
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Campaign Stationary, Office Supplies	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5777.35
<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 21 OF 24	
	<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) <b>A. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 1830.00 <b>Transaction ID : SB17.4285</b>
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) <b>B. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 164.84 <b>Transaction ID : SB17.4287</b>
City DAYTONA BEACH	State FL Zip Code 32114	
Purpose of Disbursement In-kind - Campaign Stationary, Office Supplies	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) <b>C. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 81.45 <b>Transaction ID : SB17.4290</b>
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2076.29
<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 22 OF 24	
	<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) <b>A. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 1667.25 <b>Transaction ID : SB17.4293</b>
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>B. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 39.89 <b>Transaction ID : SB17.4295</b>
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>C. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 101.44 <b>Transaction ID : SB17.4303</b>
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Campaign Stationary	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1808.58
<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 23 OF 24		
	<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) <b>A. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 1647.00
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	Transaction ID : SB17.4310
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 1900.32
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Campaign Signs	
Candidate Name	Category/Type	Transaction ID : SB17.4314
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. VIPIN VERMA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 915.00
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	Transaction ID : SB17.4318
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4462.32
<b>TOTAL</b> This Period (last page this line number only).....	20614.98

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4104**  
**VERMA FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>VIPIN VERMA</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 / D / Y None	0.00 % (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).....	▶	400.00
<b>TOTALS</b> 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.**