

# 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

VANILA SINGH FOR CONGRESS 2014

ADDRESS (number and street) ▼

PO BOX 14037

Check if different than previously reported. (ACC)

FREMONT

CA

94539

2. **FEC IDENTIFICATION NUMBER** ▼

C C00554204

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA 17

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 06 / 03 / 2014 in the State of CA

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 2014

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 Mr. Thomas E Montgomery III

Signature of Treasurer Mr. Thomas E Montgomery III [Electronically Filed] Date

05 / 22 / 2014

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  
**VANILA SINGH FOR CONGRESS 2014**

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))....	94956.00	347117.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	10100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94956.00	337017.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	184881.77	206670.56
(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)).....	184881.77	206670.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	211799.44	
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).....	91214.02	

**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

**VANILA SINGH FOR CONGRESS 2014**

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).....	80869.00	275401.00
(ii) Unitemized.....	6387.00	19016.00
(iii) TOTAL of contributions from individuals ▶	87256.00	294417.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7700.00	27700.00
(d) The Candidate.....	0.00	25000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94956.00	347117.00
<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	79000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	79000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1303.00	2453.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	96259.00	428570.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	184881.77	206670.56
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	10100.00
(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	10100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	184881.77	216770.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	300422.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	96259.00
25. SUBTOTAL (add Line 23 and Line 24).....	396681.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	184881.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	211799.44

**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 5 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Ajay Aggarwal</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2014
Mailing Address 5318 WESLAYAN #183		<b>Transaction ID : SA11AI.5147</b>
City Houston	State TX	
Zip Code 77005		Amount of Each Receipt this Period contribution 501.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 501.00
Name of Employer aa tx abc mdpa	Occupation health care provider	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 501.00	

Full Name (Last, First, Middle Initial) <b>B. sairam atluri</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2014
Mailing Address 8200 muchmore point ln		<b>Transaction ID : SA11AI.5504</b>
City cincinnati	State OH	
Zip Code 45243		Amount of Each Receipt this Period contribution 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 1000.00
Name of Employer self employed	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. steve aydin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2014
Mailing Address 85 walsh dr		<b>Transaction ID : SA11AI.5485</b>
City mahwah	State NJ	
Zip Code 07743		Amount of Each Receipt this Period contribution 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 500.00
Name of Employer manhattan spine and pain	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2001.00
<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 6 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. ritu bakshi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 167 crawfords corner rd		<b>Transaction ID : SA11AI.5508</b>	
City holmdel	State NJ	Zip Code 07733	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 2600.00	
Name of Employer manhattan spine and pain		Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 2600.00	

Full Name (Last, First, Middle Initial) <b>B. sanjay bakshi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 167 crawfords corner rd		<b>Transaction ID : SA11AI.5506</b>	
City holmdel	State NJ	Zip Code 07733	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 2600.00	
Name of Employer manhattan spine and pain		Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 2600.00	

Full Name (Last, First, Middle Initial) <b>C. amir baluchi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 2943 thomas ave		<b>Transaction ID : SA11AI.5494</b>	
City dallas	State TX	Zip Code 75204	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 250.00	
Name of Employer metro anesthesia		Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	5450.00

**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 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. david bryce</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 7329 summit ridge rd		<b>Transaction ID : SA11AI.5500</b>	
City middleton	State WI	Zip Code 53562	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 contribution	
Name of Employer advanced pain management	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Luis Buhler</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 10372 Scenic Circle		<b>Transaction ID : SA11AI.5231</b>	
City Cupertino	State CA	Zip Code 95014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 contribution	
Name of Employer RockLedge Associates	Occupation consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. joseph cabaret</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 1062 desco ave		<b>Transaction ID : SA11AI.5502</b>	
City camarillo	State CA	Zip Code 93010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 contribution	
Name of Employer self employed	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 8 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. john cellar</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 16740 littlefield ln		<b>Transaction ID : SA11AI.5493</b>	
City los gatos	State CA	Zip Code 95032	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 contribution	
Name of Employer group anesthesia services	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. wing chang</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 1996 mendenhall		<b>Transaction ID : SA11AI.5513</b>	
City atlanta	State GA	Zip Code 30341	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00 contribution	
Name of Employer peachtree orthopaedic clinic	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>C. Edward Chen</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 2840 West Bay Drive #227		<b>Transaction ID : SA11AI.5184</b>	
City Belleair Bluffs	State FL	Zip Code 33770	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 contribution	
Name of Employer Clearwater Pain Management Associates	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 9 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Harrison Chow</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 2425 Samaritan Dr		<b>Transaction ID : SA11AI.5469</b>	
City San Jose	State CA	Zip Code 95124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 500.00	
Name of Employer GAS Group Anesthesiologist Svc	Occupation Anesthesiologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>B. seema dalal</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 19 embry farm rd		<b>Transaction ID : SA11AI.5482</b>	
City marlboro	State NJ	Zip Code 07746	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 250.00	
Name of Employer retired	Occupation n/a		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. sukdeb datta</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 47 woodland ave apt 301		<b>Transaction ID : SA11AI.5490</b>	
City summit	State NJ	Zip Code 07901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 1500.00	
Name of Employer datta endoscopic back surgery	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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: PAGE 10 OF 58  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Falguni Dave**

Mailing Address 7833 Honors Ct

City Pleasanton State CA Zip Code 94588

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

Name of Employer N/A Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 06 / 2014**

**Transaction ID : SA11AI.5235**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address 6409 crane terrace

City Bethesda State MD Zip Code 20817

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

Name of Employer Johns Hopkins university Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 07 / 2014**

**Transaction ID : SA11AI.5143**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address 119 martingale dr

City fremont State CA Zip Code 94539

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

Name of Employer dermatologist Occupation self employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **501.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : SA11AI.5436**

Amount of Each Receipt this Period  
**501.00**  
 contribution

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

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

**1001.00**

**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 58  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**sripad dhawlikar**

Mailing Address 21 oakcrest ct

City holmdel State NJ Zip Code 07733

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

Name of Employer ocean orthopedics Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5480**

Amount of Each Receipt this Period  
 500.00  
 contribution

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

Mailing Address 38 carter st

City norwood State NJ Zip Code 07648

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

Name of Employer manhattan spine and pain Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.5487**

Amount of Each Receipt this Period  
 2000.00  
 contribution

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

Mailing Address 9550 windy knoll

City dallas State TX Zip Code 75243

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

Name of Employer retired Occupation n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5441**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine Fields**

Mailing Address 2060 Longden Circle

City Los Altos State CA Zip Code 94024

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

Name of Employer self employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.5160**

Amount of Each Receipt this Period  
 2600.00  
 contribution

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

Mailing Address 48 Bay Avenue

City Hancock State ME Zip Code 04640

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

Name of Employer Ellsworth Uveitis& Retina Care Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : SA11AI.5149**

Amount of Each Receipt this Period  
 500.00  
 contribution

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

Mailing Address 1904 Via De Salerno

City Pleasanton State CA Zip Code 94566

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

Name of Employer N/A Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 06 / 2014

**Transaction ID : SA11AI.5236**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**carlos giron**

Mailing Address 3356 vingville ave

City macon State GA Zip Code 31204

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

Name of Employer georgia pain institute Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.5501**

Amount of Each Receipt this Period  
 500.00  
 contribution

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

Mailing Address 4530 woodfin dr

City dallas State TX Zip Code 75220

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

Name of Employer real time resolution Occupation entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.5454**

Amount of Each Receipt this Period  
 2000.00  
 contribution

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

Mailing Address 5252 McCormick Mountain Drive

City Austin State TX Zip Code 78734

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

Name of Employer First Manhattan Co. Occupation Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.5141**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. avinash gupta</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 1460 lafite ct		<b>Transaction ID : SA11AI.5472</b>	
City toms river	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 500.00	
Name of Employer self employed		Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 500.00	

Full Name (Last, First, Middle Initial) <b>B. tillman hein</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 4251 park lane		<b>Transaction ID : SA11AI.5445</b>	
City dallas	State TX	Zip Code 75220	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 500.00	
Name of Employer physician		Occupation self employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 500.00	

Full Name (Last, First, Middle Initial) <b>C. Standiford Helm</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 1808 Calle de los Alamos		<b>Transaction ID : SA11AI.5221</b>	
City San Clemente	State CA	Zip Code 92672	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 250.00	
Name of Employer Standiford Helm, II, M.D. Inc		Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**David Hendricks**

Mailing Address 90 Redding Dr.

City Campbell State CA Zip Code 95008

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

Name of Employer Google Occupation IT Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.5233**

Amount of Each Receipt this Period  
 120.00  
 contribution

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

Mailing Address 2404 topeka

City lubbock State TX Zip Code 79407

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

Name of Employer physician Occupation self employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5444**

Amount of Each Receipt this Period  
 500.00  
 contribution

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

Mailing Address 20073 kibbride dr

City saratoga State CA Zip Code 95070

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

Name of Employer self employed Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.5511**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

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

1620.00

**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 16 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Kunal Jerath</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 434 West Webster Avenue		<b>Transaction ID : SA11AI.5427</b>	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 2600.00 contribution		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation N/A Entrepreneur		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5205.00		

Full Name (Last, First, Middle Initial) <b>B. Lynn Jerath</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 434 West Webster Avenue		<b>Transaction ID : SA11AI.5428</b>	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 2600.00 contribution		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation N/A Entrepreneur		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. nalini jeyapalan</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 2893 e fremont ave		<b>Transaction ID : SA11AI.5468</b>	
City State Zip Code fresno CA 93710	Amount of Each Receipt this Period 250.00 contribution		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation retired n/a		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<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 17 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**donald jones**

Mailing Address 2621 carpenters grade rd

City maryville State TN Zip Code 37803

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

Name of Employer comprehensive pain specialists Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.5505**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

Mailing Address 2913 mountain laurel ln

City plano State TX Zip Code 75093

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

Name of Employer gs dallas Occupation entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 142 santa cruz ridge

City los gatos State CA Zip Code 95003

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

Name of Employer urological surgeons of norcal Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.5467**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**sanjay kumar**

Mailing Address 2218 ponybrook way

City State Zip Code  
toms river NJ 08755

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

Name of Employer Occupation  
retired n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5478**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 7115 van hook dr

City State Zip Code  
dallas TX 75248

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

Name of Employer Occupation  
self employed entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5452**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 8 kuhl ave

City State Zip Code  
hicksville NY 11801

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

Name of Employer Occupation  
kkmehta cpa associates cpa

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5491**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Laxmaiah Manchikanti**

Mailing Address 2075 Natchez Ln

City Paducah State KY Zip Code 12001

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

Name of Employer N/A Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.5498**

Amount of Each Receipt this Period  
 2600.00  
 contribution

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

Mailing Address 305 forest ridge dr

City paducah State KY Zip Code 42003

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

Name of Employer retired Occupation n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.5497**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

Mailing Address 23 embry farm rd

City marlboro State NJ Zip Code 07746

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

Name of Employer self employed Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5475**

Amount of Each Receipt this Period  
 2600.00  
 contribution

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. dharam mann</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 23 embury farm rd		<b>Transaction ID : SA11AI.5477</b>	
City marlboro	State NJ	Zip Code 07746	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 2600.00	
Name of Employer self employed		Occupation physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 5200.00	

Full Name (Last, First, Middle Initial) <b>B. Jillian Manus</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 200 Polhemus Avenue		<b>Transaction ID : SA11AI.5159</b>	
City Atherton	State CA	Zip Code 94027	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 500.00	
Name of Employer Manus Media & Literary Agency		Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 500.00	

Full Name (Last, First, Middle Initial) <b>C. george mathai</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 22559 canyon ridge pl		<b>Transaction ID : SA11AI.5465</b>	
City castro valley	State CA	Zip Code 94552	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period contribution 500.00	
Name of Employer self employed		Occupation entrepreneur	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date contribution 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<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 21 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Lalit Mathur</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 1513 Vinehill Circle		<b>Transaction ID : SA11AI.5431</b>	
City Fremont	State CA	Zip Code 94539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00 contribution	
Name of Employer CT	Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2625.00		

Full Name (Last, First, Middle Initial) <b>B. Lalit Mathur</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 1513 Vinehill Circle		<b>Transaction ID : SA11AI.5432</b>	
City Fremont	State CA	Zip Code 94539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00 contribution	
Name of Employer CT	Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5125.00		

Full Name (Last, First, Middle Initial) <b>C. Leela Mathur</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 1513 Vinehill Circle		<b>Transaction ID : SA11AI.5433</b>	
City Fremont	State CA	Zip Code 94539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00 contribution	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5025.00
<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 22 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Ramesh Mehan**

Mailing Address 480 sugarbrook trail

City Bellbrook State OH Zip Code 45305

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

Name of Employer Retired Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : SA11AI.5154**

Amount of Each Receipt this Period  
 1000.00  
 contribution

Election Cycle-to-Date  
 1000.00

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

Mailing Address 3916 Vierra St

City Pleasanton State CA Zip Code 94566

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

Name of Employer N/A Occupation Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 06 / 2014

**Transaction ID : SA11AI.5234**

Amount of Each Receipt this Period  
 500.00  
 contribution

Election Cycle-to-Date  
 500.00

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

Mailing Address 6060 sw 90th st

City miami State FL Zip Code 33156

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

Name of Employer miami pain and diagnostics Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.5495**

Amount of Each Receipt this Period  
 2600.00  
 contribution

Election Cycle-to-Date  
 2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Varun Nanda</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 120 Sugar Creek Lane		<b>Transaction ID : SA11AI.5144</b>	
City Alamo	State CA	Zip Code 94507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 contribution	
Name of Employer Sumbhav Consulting	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. udaya padakandla</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 4449 young dr		<b>Transaction ID : SA11AI.5455</b>	
City carrollton	State TX	Zip Code 75010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1001.00 contribution	
Name of Employer pinnacle partners	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1001.00		

Full Name (Last, First, Middle Initial) <b>C. Vasudev Pai</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 1901 Halford Ave, Apt#60		<b>Transaction ID : SA11AI.4840</b>	
City Santa Clara	State CA	Zip Code 95051	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 Contribution	
Name of Employer Marvell	Occupation IT Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2251.00
<b>TOTAL</b> This Period (last page this line number only).....	(Empty field)

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

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

FOR LINE NUMBER: PAGE 24 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Vasudev Pai**

Mailing Address 1901 Halford Ave, Apt#60

City Santa Clara State CA Zip Code 95051

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

Name of Employer Marvell Occupation IT Engineer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.5230**

Amount of Each Receipt this Period  
 contribution 250.00

contribution 500.00

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

Mailing Address 2104 Brighton Dr.

City bakersfield State CA Zip Code 93311

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

Name of Employer central california pain management Occupation PAIN MANAGEMENT MD

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.5150**

Amount of Each Receipt this Period  
 contribution 1000.00

contribution 1000.00

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

Mailing Address 2304 all saints ln

City plano State TX Zip Code 75025

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

Name of Employer patel & associates Occupation physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5446**

Amount of Each Receipt this Period  
 contribution 250.00

contribution 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**muhammed patel**

Mailing Address 6003 derek trl

City State Zip Code  
dallas TX 75252

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

Name of Employer Occupation  
retired n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : SA11AI.5443**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 1217 Germano Way

City State Zip Code  
Pleasanton CA 94566

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 23 / 2014

**Transaction ID : SA11AI.5155**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 651 hearsds ferry rd

City State Zip Code  
atlanta GA 30327

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

Name of Employer Occupation  
peachtree orthopaedic clinic physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2014

**Transaction ID : SA11AI.5515**

Amount of Each Receipt this Period  
750.00  
contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. amit poonia</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 1 richmond st apt 4067		<b>Transaction ID : SA11AI.5473</b>	
City new brunswick	State NJ	Zip Code 08901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 contribution	
Name of Employer AIPMC	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. amit poonia</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 1 richmond st apt 4067		<b>Transaction ID : SA11AI.5474</b>	
City new brunswick	State NJ	Zip Code 08901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 contribution	
Name of Employer AIPMC	Occupation physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. Ruth Prillinger</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 773 Arroyo Rd.		<b>Transaction ID : SA11AI.5228</b>	
City Los Altos	State CA	Zip Code 94024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00 contribution	
Name of Employer N/A	Occupation Housewifew		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5320.00
<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 27 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. christopher riegler</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 32 stonewall cir		<b>Transaction ID : SA11AI.5483</b>
City west harrison	State NY Zip Code 10604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 contribution
Name of Employer retired	Occupation n/a	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. timothy ritter</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 701 e bethel school rd		<b>Transaction ID : SA11AI.5510</b>
City coppell	State TX Zip Code 75019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 contribution
Name of Employer texas digestive consultants	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. vinod sancheti</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 15 randall dr		<b>Transaction ID : SA11AI.5471</b>
City manalapan	State NJ Zip Code 07726	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 contribution
Name of Employer retired	Occupation n/a	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 28 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Rupa Sawhney</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address 26779 Greenhaven Rd		<b>Transaction ID : SA11AI.5239</b>	
City Hayward	State CA	Zip Code 94524	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 contribution	
Name of Employer N/A	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. david schiff</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 7615 treeridge ct		<b>Transaction ID : SA11AI.5514</b>	
City atlanta	State GA	Zip Code 30350	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00 contribution	
Name of Employer peachtree orthopaedic clinic	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>C. mukesh shah</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014	
Mailing Address 2207 ponybrook way		<b>Transaction ID : SA11AI.5481</b>	
City toms river	State NJ	Zip Code 08755	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 contribution	
Name of Employer jackson llc	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>rinoo shah</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2014
Mailing Address 3524 granada ave		<b>Transaction ID : SA11AI.5496</b>
City dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 contribution
Name of Employer self employed	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Samir Shah</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014
Mailing Address 301 lennon lane		<b>Transaction ID : SA11AI.5164</b>
City walnut creek	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.00 contribution
Name of Employer ccrmc	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 201.00	

Full Name (Last, First, Middle Initial) <b>anil sharma</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2014
Mailing Address 2 mockingbird dr		<b>Transaction ID : SA11AI.5488</b>
City colts neck	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00 contribution
Name of Employer spine and pain center	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3201.00
<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: PAGE 30 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**anil sharma**

Mailing Address 2 mockingbird dr

City colts neck      State NJ      Zip Code 07722

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

Name of Employer spine and pain center      Occupation physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5484**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00  
 contribution

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

Mailing Address 533 MacLeod Drive

City Gibsonia      State PA      Zip Code 15044

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

Name of Employer Vascular Access Centers      Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.5201**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 contribution

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

Mailing Address 111 Wild Oak Court

City Danville      State CA      Zip Code 94506

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

Name of Employer eCIFM Solutions Inc.      Occupation Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2014

**Transaction ID : SA11AI.5152**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 contribution

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

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

\_\_\_\_\_ 1750.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Boyd Smith</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 1398 Marinovich Way		<b>Transaction ID : SA11AI.5161</b>	
City Los Altos	State CA	Zip Code 94024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 contribution	
Name of Employer Cassidy Turley	Occupation Real Estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. Lund Smith</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 11705 Walnut Spring Court		<b>Transaction ID : SA11AI.5162</b>	
City Cupertino	State CA	Zip Code 95014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 contribution	
Name of Employer WSJ Properties	Occupation Real Estate Developer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ruth Snodgrass</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 203 Montclair Rd.		<b>Transaction ID : SA11AI.5227</b>	
City Los Gatos	State CA	Zip Code 95032	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 contribution	
Name of Employer N/A	Occupation Housewife		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3800.00
<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 32 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**amol soih**

Mailing Address 8934 kingsridge dr

City centerville State OH Zip Code 45458

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

Name of Employer ohio pain clinic Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.5503**

Amount of Each Receipt this Period  
 2600.00  
 contribution

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

Mailing Address 47 orchard ln

City colts neck State NJ Zip Code 07722

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

Name of Employer retired Occupation n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5489**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

Mailing Address 6708 vanderbilt dr

City dallas State TX Zip Code 75214

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

Name of Employer metro anesthesia Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5453**

Amount of Each Receipt this Period  
 500.00  
 contribution

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**calvin turner**

Mailing Address 6761 lakefair cir

City State Zip Code  
dallas TX 75214

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

Name of Employer Occupation  
metro anesthesia physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5451**

Amount of Each Receipt this Period  
 300.00  
 contribution

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

Mailing Address 515 wilmot rd

City State Zip Code  
new rochelle NY 10804

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

Name of Employer Occupation  
montefiore medical center physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.5499**

Amount of Each Receipt this Period  
 500.00  
 contribution

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

Mailing Address 21717 Rainbow Dr

City State Zip Code  
Cupertino CA 95014

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

Name of Employer Occupation  
N/A retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

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

900.00

**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 34 OF 58
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**scott woska**

Mailing Address 100 farm bridge rd

City marlboro State NJ Zip Code 07746

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

Name of Employer shore orthopaedic group Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11A1.5486**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

80869.00

**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 35 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>action pac</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2014
Mailing Address po box 442		<b>Transaction ID : SA11C.5459</b>
City sharpsburg	State Zip Code GA 30277	
FEC ID number of contributing federal political committee. C c00411579		Amount of Each Receipt this Period 1000.00 contribution
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>dickstein shapiro llp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2014
Mailing Address 1825 eye st nw		<b>Transaction ID : SA11C.5461</b>
City washington	State Zip Code DC 20006	
FEC ID number of contributing federal political committee. C c00110197		Amount of Each Receipt this Period 1000.00 contribution
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>first colonies anesthesia associates</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2014
Mailing Address 7490 new technology way		<b>Transaction ID : SA11C.5460</b>
City frederick	State Zip Code MD 21703	
FEC ID number of contributing federal political committee. C c00416305		Amount of Each Receipt this Period 500.00 contribution
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 36 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**lummis for congress**

Mailing Address po box 52188

City caspar State WY Zip Code 82605

FEC ID number of contributing federal political committee. **C** c00443580

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2014

**Transaction ID : SA11C.5463**

Amount of Each Receipt this Period  
 200.00  
 contribution

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

Mailing Address po box 65116

City washington State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** c00425439

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11C.5462**

Amount of Each Receipt this Period  
 5000.00  
 contribution

**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).....

5200.00

7700.00

**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 37 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

**A.** Full Name (Last, First, Middle Initial)  
**Anjali Jhangiani**

Mailing Address 4276 West Ruby Hill Dr.

City Pleasanton State CA Zip Code 94566

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

Name of Employer Oracle Occupation Accountant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2003.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2014

**Transaction ID : SA15.4980**

Amount of Each Receipt this Period  
1003.00

In-kind - Fundraiser Refreshments

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

Mailing Address 1217 Germano Way

City Pleasanton State CA Zip Code 94566

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

Name of Employer N/A Occupation n/a

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA15.4984**

Amount of Each Receipt this Period  
300.00

In-kind - Fundraiser Refreshments

**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).....

1303.00

1303.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 58			
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. ALAMEDA COUNTY REPUBLICAN PARTY (FED)</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1039 MACARTHUR BOULEVARD		Amount of Each Disbursement this Period 825.00 <b>Transaction ID : SB17.5322</b>
City SAN LEANDRO State CA Zip Code 94577	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. AlphaGraphics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 199 2nd Street,		Amount of Each Disbursement this Period 597.04 <b>Transaction ID : SB17.5291</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Axiom Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : SB17.5292</b>
City Kansas City State MO Zip Code 64116	Purpose of Disbursement Consulting 003 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13422.04
<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 39 OF 58		
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Budget Watchdogs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1954 West Carson St. #B		Amount of Each Disbursement this Period 8088.00 <b>Transaction ID : SB17.5329</b>
City Torrance State CA Zip Code 90501	Purpose of Disbursement Slate Mailer 003 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. California Voter Guide</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1954 West Carson St. #B		Amount of Each Disbursement this Period 1989.00 <b>Transaction ID : SB17.5328</b>
City Torrance State CA Zip Code 90501	Purpose of Disbursement Slate Mailer 003 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Callfire.com</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1410 2nd St Suite 200		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5318</b>
City Santa Monica State CA Zip Code 90401	Purpose of Disbursement Web 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11577.00
<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 40 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Cal Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2300 Stevens Creek Blvd		Amount of Each Disbursement this Period 4263.00
City San Jose State CA Zip Code 95128	Purpose of Disbursement Printing	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		Transaction ID : SB17.5293
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>B. Candidate Command</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1420 NW Vivion Road Suite 113		Amount of Each Disbursement this Period 17972.00
City Kansas City State MO Zip Code 64118	Purpose of Disbursement Slate Mailer	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		Transaction ID : SB17.5294
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>c. Candidate Command</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1420 NW Vivion Road Suite 113		Amount of Each Disbursement this Period 17972.00
City Kansas City State MO Zip Code 64118	Purpose of Disbursement Slate Mailers	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		Transaction ID : SB17.5295
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17	Category/Type 004	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	40207.00
<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 41 OF 58			
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Candidate Command</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 1420 NW Vivion Road Suite 113		Amount of Each Disbursement this Period 15046.00 <b>Transaction ID : SB17.5296</b>
City Kansas City State MO Zip Code 64118	Purpose of Disbursement Slate Mailers 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. Candidate Command</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1420 NW Vivion Road Suite 113		Amount of Each Disbursement this Period 17972.00 <b>Transaction ID : SB17.5297</b>
City Kansas City State MO Zip Code 64118	Purpose of Disbursement Slate Mailer 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Claire Chiara</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2801 Sepulveda Blvd.		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.5344</b>
City Torrance State CA Zip Code 90505	Purpose of Disbursement Office Staffing 001 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33718.00
<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 42 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1701 Airport Blvd		Amount of Each Disbursement this Period 1224.00 <b>Transaction ID : SB17.5300</b>
City San Jose State CA Zip Code 95110	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1701 Airport Blvd		Amount of Each Disbursement this Period 1526.00 <b>Transaction ID : SB17.5301</b>
City San Jose State CA Zip Code 95110	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1701 Airport Blvd		Amount of Each Disbursement this Period 806.00 <b>Transaction ID : SB17.5299</b>
City San Jose State CA Zip Code 95110	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3556.00
<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 43 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Diamond Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 3567 Benton St., #315		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5302</b>
City Santa Clara State CA Zip Code 95051	Purpose of Disbursement Consulting 001 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. DocuCopies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 636 Commerce Dr		Amount of Each Disbursement this Period 287.50 <b>Transaction ID : SB17.5303</b>
City hudson State WI Zip Code 54018	Purpose of Disbursement Copies 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. GoToPrint</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 12230 Stevens Creek Blvd		Amount of Each Disbursement this Period 2430.31 <b>Transaction ID : SB17.5304</b>
City San Jose State CA Zip Code 95113	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4217.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. John Hamilton</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2014
Mailing Address 150 Fox Hollow Rd		Amount of Each Disbursement this Period 2720.00 <b>Transaction ID : SB17.5352</b>
City Woodside State CA Zip Code 94062	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. Heritage Press. Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 1601 Cottage St.		Amount of Each Disbursement this Period 1469.00 <b>Transaction ID : SB17.5305</b>
City Ashland State OH Zip Code 44805	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Holiday Inn</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 450 U.S. 1		Amount of Each Disbursement this Period 262.07 <b>Transaction ID : SB17.5306</b>
City Newark State NJ Zip Code 07114	Purpose of Disbursement Lodging 002 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4451.07
<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 45 OF 58		
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)  
**A. Holiday Inn**

Mailing Address 450 U.S. 1

City Newark State NJ Zip Code 07114

Purpose of Disbursement Lodging

Candidate Name **VANILA SINGH FOR CONGRESS 2014**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: CA District: 17

Date of Disbursement: 05 / 06 / 2014

Amount of Each Disbursement this Period: 344.20

Transaction ID : SB17.5307

Category/Type: 002

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

Mailing Address 5101 Great America Pkwy

City Santa Clara State CA Zip Code 95054

Purpose of Disbursement Lodging

Candidate Name **VANILA SINGH FOR CONGRESS 2014**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: CA District: 17

Date of Disbursement: 04 / 23 / 2014

Amount of Each Disbursement this Period: 459.42

Transaction ID : SB17.5308

Category/Type: 002

Full Name (Last, First, Middle Initial)  
**c. Kunal Jerath**

Mailing Address 434 West Webster Avenue

City Chicago State IL Zip Code 60614

Purpose of Disbursement Consulting

Candidate Name **VANILA SINGH FOR CONGRESS 2014**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: CA District: 17

Date of Disbursement: 05 / 13 / 2014

Amount of Each Disbursement this Period: 5251.94

Transaction ID : SB17.5309

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 6055.56

**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 46 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Anjali Jhangiani</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 4276 West Ruby Hill Dr.		Amount of Each Disbursement this Period 1003.00 <b>Transaction ID : SB17.4981</b>
City Pleasanton State CA Zip Code 94566	Purpose of Disbursement In-kind - Fundraiser Refreshments	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Scott Luginbill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 933 Oakwood Avenue		Amount of Each Disbursement this Period 7057.00 <b>Transaction ID : SB17.5340</b>
City Lake Forrest State IL Zip Code 60045	Purpose of Disbursement Consulting	
Candidate Name VANILA SINGH FOR CONGRESS 2014	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Scott Luginbill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 933 Oakwood Avenue		Amount of Each Disbursement this Period 3787.12 <b>Transaction ID : SB17.5342</b>
City Lake Forrest State IL Zip Code 60045	Purpose of Disbursement Consulting	
Candidate Name VANILA SINGH FOR CONGRESS 2014	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11847.12
<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 47 OF 58			
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Scott Luginbill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 933 Oakwood Avenue		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.5343</b>
City Lake Forrest	State IL	
Zip Code 60045	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 17	

Full Name (Last, First, Middle Initial) <b>B. No Party Preference Voter Guide</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 5429 Madison Ave		Amount of Each Disbursement this Period 2727.00 <b>Transaction ID : SB17.5327</b>
City Sacramento	State CA	
Zip Code 95841	Purpose of Disbursement Slate Mailer	Category/ Type 003
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 17	

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 30701 Dyer St		Amount of Each Disbursement this Period 493.07 <b>Transaction ID : SB17.5310</b>
City Union City	State CA	
Zip Code 94587	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 17	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3220.07
<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 48 OF 58			
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Political Data Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address PO Box 59570		Amount of Each Disbursement this Period 5150.00
City Norwalk	State CA	
Zip Code 90652	Purpose of Disbursement Voter Data	Transaction ID : SB17.5311
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Category/ Type 005	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 17	

Full Name (Last, First, Middle Initial) <b>B. Political Visions</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 1912 Grand Ave		Amount of Each Disbursement this Period 900.00
City San Rafael	State CA	
Zip Code 94901	Purpose of Disbursement Bookkeeping	Transaction ID : SB17.5312
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 17	

Full Name (Last, First, Middle Initial) <b>c. Public Opinion Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 214 North Fayette Street		Amount of Each Disbursement this Period 20000.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Transaction ID : SB17.5313
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Category/ Type 005	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 17	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26050.00
<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 49 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Rally Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 1001.97 <b>Transaction ID : SB17.5057</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Fees 4-1 through 5-14 003 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. Raleigh Reneau</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 5438 Felter Rd.		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5345</b>
City Fremont State CA Zip Code 95132	Purpose of Disbursement Office Staffing 001 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>C. SAN FRANCISCO REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 475520		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.5314</b>
City SAN FRANCISCO State CA Zip Code 94147	Purpose of Disbursement Contribution made 012 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1621.97
<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 50 OF 58			
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Saloni Sharma</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014		
Mailing Address 1217 Germano Way			Amount of Each Disbursement this Period 300.00		
City Pleasanton	State CA	Zip Code 94566	Transaction ID : SB17.4985		
Purpose of Disbursement In-kind - Fundraiser Refreshments		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Matt Shupe</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014		
Mailing Address 32 Chestnut Place			Amount of Each Disbursement this Period 5000.00		
City Danville	State CA	Zip Code 94506	Transaction ID : SB17.5339		
Purpose of Disbursement Consulting		Category/ Type 001			
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: CA	District: 17				

Full Name (Last, First, Middle Initial) <b>c. Matt Shupe</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 32 Chestnut Place			Amount of Each Disbursement this Period 5000.00		
City Danville	State CA	Zip Code 94506	Transaction ID : SB17.5348		
Purpose of Disbursement Consulting		Category/ Type 001			
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: CA	District: 17				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10300.00
<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 51 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. SM LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 3131 n milpitas blvd		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5315</b>
City milpitas State CA Zip Code 95035	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. Tara Gill Studios</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 2925 Barrington Terrace		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.5357</b>
City Fremont State CA Zip Code 94536	Purpose of Disbursement Photo Shoot 003 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Tony Treja</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 711 Bodega Ct.		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.5346</b>
City Fremont State CA Zip Code 95439	Purpose of Disbursement Consulting 001 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5450.00
<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 52 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 233 S. Wacker Drive		Amount of Each Disbursement this Period 1276.00 <b>Transaction ID : SB17.5316</b>
City Chicago State IL Zip Code 60606	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 233 S. Wacker Drive		Amount of Each Disbursement this Period 479.00 <b>Transaction ID : SB17.5317</b>
City Chicago State IL Zip Code 60606	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>c. Voter Guide Slate Cards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 6285 E. Spring St. #B		Amount of Each Disbursement this Period 2730.00 <b>Transaction ID : SB17.5330</b>
City Long Beach State CA Zip Code 90808	Purpose of Disbursement Slate mailer 003 Category/Type	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4485.00
<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 53 OF 58	
	<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)  
**VANILA SINGH FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial) <b>A. Chris Wiggins</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2014</b>
Mailing Address 1310 Funston Ave		Amount of Each Disbursement this Period <b>1350.00</b> <b>Transaction ID : SB17.5298</b>
City San Francisco State CA Zip Code 94133	Purpose of Disbursement Commercial Production Category/Type <b>004</b>	
Candidate Name <b>VANILA SINGH FOR CONGRESS 2014</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement 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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>181528.64</b>

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4168**  
**VANILA SINGH FOR CONGRESS 2014**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Vanila M Singh</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 711 BODEGA CT		

City	State	ZIP Code
FREMONT	CA	94539

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 31 / Y 2013	M / D / Y 6/4/2014	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).....	▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4834**  
**VANILA SINGH FOR CONGRESS 2014**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Vanila M Singh</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 711 BODEGA CT		

City	State	ZIP Code
FREMONT	CA	94539

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 30 / Y 2014	M M / D D / Y 6/3/2014	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).....	70000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5035**  
**VANILA SINGH FOR CONGRESS 2014**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Vanila M Singh</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 711 BODEGA CT		

City	State	ZIP Code
FREMONT	CA	94539

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2014	M M / D D / Y Y Y Y 6/3/2014	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).....	▶	4000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	79000.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**VANILA SINGH FOR CONGRESS 2014**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Axiom Strategies</b>	Nature of Debt (Purpose): Website Design
Mailing Address 1251 NW Briarcliff Pkwy Suite 85	
City State Zip Code Kansas City MO 64116	

Outstanding Balance Beginning This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5022</b>
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="1500.00"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" type="text" value="1500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Axiom Strategies</b>	Nature of Debt (Purpose): General Consulting
Mailing Address 1251 NW Briarcliff Pkwy Suite 85	
City State Zip Code Kansas City MO 64116	

Outstanding Balance Beginning This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5023</b>
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="3500.00"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" type="text" value="3500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Axiom Strategies</b>	Nature of Debt (Purpose): General Consulting
Mailing Address 1251 NW Briarcliff Pkwy Suite 85	
City State Zip Code Kansas City MO 64116	

Outstanding Balance Beginning This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5024</b>
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="3500.00"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" type="text" value="3500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%; text-align: right;" type="text" value="8500.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%; text-align: right;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%; text-align: right;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%; text-align: right;" type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**VANILA SINGH FOR CONGRESS 2014**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Axiom Strategies</b>		Nature of Debt (Purpose): General Consulting
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		
City State	Zip Code	
Kansas City	MO 64116	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5025</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Corporate Media Solutions</b>		Nature of Debt (Purpose): Printed mzaterials
Mailing Address 701 West Broad Street Suite 404		
City State	Zip Code	
Falls Church	VA 22046	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5027</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="47.30"/>	<input type="text" value="0.00"/>	<input type="text" value="47.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Corporate Media Solutions</b>		Nature of Debt (Purpose): Printed materials
Mailing Address 701 West Broad Street Suite 404		
City	State	Zip Code
Falls Church	VA	22046

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.5028</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="166.72"/>	<input type="text" value="0.00"/>	<input type="text" value="166.72"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3714.02"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="12214.02"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="79000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="91214.02"/>