



SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

KORPE FOR CONGRESS

Report Covering the Period:

From:

01 ' 01 ' 2014

To:

03 ' 31 ' 2014

	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)) ....	8,701.00	8,701.00
(b) Total Contribution Refunds (from Line 20(d)) .....	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	8,701.00	8,701.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7,107.00	7,107.00
(b) Total Offsets to Operating Expenditures (from Line 14) .....	-	-
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	7,107.00	7,107.00
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	7,198.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14031222672

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

KORPE FOR CONGRESS

Report Covering the Period: From: 01 ' 01 ' 2014 To: 03 ' 31 ' 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....	3,501.00	3,501.00
(ii) Unitemized .....	,	,
(iii) TOTAL of contributions from individuals .....	3,501.00	3,501.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

5,200.00	5,200.00
8,701.00	8,701.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

5,604.01	5,604.01
5,604.01	5,604.01

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4).....

14,305.01	14,305.01
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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	7,107.00	7,107.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	,	,
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	,	,
(b) Of All Other Loans .....	,	,
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	,
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	,	,
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	,	,
21. OTHER DISBURSEMENTS .....	,	,
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7,107.00	7,107.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14,305.01
25. SUBTOTAL (add Line 23 and Line 24).....	14,305.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7,107.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7,198.01

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**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		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)

*KORPE FOR CONGRSS*

Full Name (Last, First, Middle Initial)

*P. GOBBI PARTHA GOGOI*

A. Mailing Address

*3829 Broadwater St.*

City *Fairfax* State *VA* Zip Code *22031*

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

Name of Employer *SELF* Occupation *Engineer*

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *03, 31, 2014*

Date of Receipt  
*03 31 2014*

Amount of Each Receipt this Period  
*500.00*

Full Name (Last, First, Middle Initial)

*Shanley Nansimhan*

B. Mailing Address

*2502 Sandburg St.*

City *Dunn Loring* State *VA* Zip Code *22027*

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *03, 31, 2014*

Date of Receipt  
*03 31 2014*

Amount of Each Receipt this Period  
*1,000.00*

Full Name (Last, First, Middle Initial)

*KORPE, POGKUM*

C. Mailing Address

*1850 Candlewood Ct. #201*

City *Charlottesville* State *VA* Zip Code *22903*

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

Name of Employer *University of Virginia* Occupation *Doctor*

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *03, 31, 2014*

Date of Receipt  
*03 31 2014*

Amount of Each Receipt this Period  
*501.00*

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

*2,001.00*

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

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <b>Raj PATIL</b>		Date of Receipt <b>03 31 2014</b>
Mailing Address <b>899 Falls Manor Ct.</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>Great Falls, VA</b>	State Zip Code <b>VA 22066</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>American Consultants Inc.</b>	Occupation <b>Engineer</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>3 31 2014</b>	

Full Name (Last, First, Middle Initial) B. <b>RAM SINGH</b>		Date of Receipt <b>03 31 2014</b>
Mailing Address <b>1121 Glade Dr.</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Reston, VA</b>	State Zip Code <b>VA 20191</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Retired</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>03 31 2014</b>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3,501.00</b>

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

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

NAME OF COMMITTEE (In Full)  
**KORPE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA BHATNAGAR</b>		Date of Disbursement <b>03 31 2014</b>
Mailing Address <b>3309 Gwynn Road</b>		Amount of Each Disbursement this Period <b>1,001.00</b>
City <b>Falls Church, VA</b>	State <b>VA</b>	
Zip Code <b>22042</b>		Amount of Each Disbursement this Period <b>1,001.00</b>
Purpose of Disbursement <b>Manager (Campaign Worker (Mgn))</b>		
Candidate Name <b>Sen <del>Sen</del> Korpe for Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC PARTY OF VIRGINIA</b>		Date of Disbursement <b>03 31 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>6,106.00</b>
City <b>Richmond VA</b>	State <b>VA</b>	
Zip Code		Amount of Each Disbursement this Period <b>6,106.00</b>
Purpose of Disbursement <b>Software Rental VAN</b>		
Candidate Name <b>KORPE for Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" 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		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7,107.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>7,107.00</b>

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

NAME OF COMMITTEE (In Full)  
*KORPE FOR CONGRESS*

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>5,604.01</i>	<i>0.00</i>	<i>5,604.01</i>

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	<i>03 ' 31 ' 20 14</i>			<input type="checkbox"/> Yes <input 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)..... ▶	<i>5,604.01</i>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<i>5,604.01</i>

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

14031222678



**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)  <p style="text-align:center; font-size: 1.2em;">KORPE FOR CONGRESS</p>		FEC IDENTIFICATION NUMBER  <p style="text-align:center; font-size: 1.5em;">C</p>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan  , , .	Interest Rate (APR)  %
Mailing Address	Date Incurred or Established <span style="float:right">M M / D D / Y Y Y Y</span>	
City State Zip Code	Date Due <span style="float:right">M M / D D / Y Y Y Y</span>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <span style="float:right">M M / D D / Y Y Y Y</span>		
B. If line of credit, Amount of this Draw: , , .		Total Outstanding Balance: , , .
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks; accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral?  , , .  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value?  , , .
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established: <span style="float:right">M M / D D / Y Y Y Y</span>		Location of account:  Address:  City, State, Zip: _____
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.		
G. COMMITTEE TREASURER Typed Name Signature		DATE <span style="float:right">M M / D D / Y Y Y Y</span>
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.		
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <span style="float:right">M M / D D / Y Y Y Y</span>
Title		

14031222679

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

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
*KORPE FOR CONCERTS*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

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

14031222680

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>KORPE FOR CONGRESS</b>		Report Covering Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y				
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A				3,501.00	0	
B	Column Total Last Page Only.....			3,501.00	0	
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	5,200.00	8,701.00	0	5,604.01	0
B	0	5,200.00	8,701.00	0	5,604.01	0
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	5,604.01	0	0	14,305.01	7,107.00	0
B		0	0		7,107.00	0
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B	0	0	0	0	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	7,107.00	0	7,198.01	0
B	0	0	7,107.00	0	7,198.01	0
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	8,701.00	7,107.00			
B	0					

14031222681

KORREKTURE NUR FÜR LEHNER

MOUNT VERNON LANDMO  
ANDRIA, VA 22309

14031222682



U.S. POSTAGE  
PAID  
ALEXANDRIA, VA  
22309  
APR 21 2014  
AMOUNT  
**\$7.40**  
00019655-04



20463



1000

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

RECEIVED  
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**Federal Election Commission**  
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/15/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JSD*  
 PREPARER  
 (8/2013)

*4/21/14*  
 DATE PREPARED

14051222683