

**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

Kumar For Congress

ADDRESS (number and street)

2450 Walton Blvd

Check if different  
than previously  
reported. (ACC)

Rochester Hills

MI

48309

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00548925

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MI

11

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

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Marjorie Kumar

Signature of Treasurer

Marjorie Kumar

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

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**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 42

Write or Type Committee Name

**Kumar For Congress**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 1 | 4 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 57844.00                | 223126.15                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 57844.00                | 223126.15                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 172474.69               | 172474.69                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 172474.69               | 172474.69                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 610541.86               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 610000.00               |                                    |

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 42

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kumar For Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 1 | 4 |

**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).....

53100.00

214171.15

(ii) Unitemized.....

4494.00

8705.00

(iii) TOTAL of contributions from individuals ▶

57594.00

222876.15

(b) Political Party Committees.....

0.00

0.00

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

250.00

250.00

(d) The Candidate.....

0.00

0.00

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

57844.00

223126.15

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

0.00

0.00

**13. LOANS:**

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

0.00

0.00

(b) All Other Loans.....

250000.00

250000.00

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

250000.00

250000.00

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

0.00

0.00

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

0.00

0.00

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

307844.00

473126.15

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 172474.69                     | 172474.69                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 1600.00                       | 1600.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 174074.69                     | 174074.69                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 476772.55 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 307844.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 784616.55 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 174074.69 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 610541.86 |

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

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

FOR LINE NUMBER:

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(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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

|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------|---|-----|---|---------|----|--|----|--|------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Steven Achtman</b>                                                                    |                                                                                                        | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table> |                                                                                                                    | M M     | / | D D | / | Y Y Y Y | 03 |  | 03 |  | 2014 |
| M M                                                                                                                                           | /                                                                                                      | D D                                                                                                                                                                                             | /                                                                                                                  | Y Y Y Y |   |     |   |         |    |  |    |  |      |
| 03                                                                                                                                            |                                                                                                        | 03                                                                                                                                                                                              |                                                                                                                    | 2014    |   |     |   |         |    |  |    |  |      |
| Mailing Address 1871 Plumridge Ct                                                                                                             |                                                                                                        | <b>Transaction ID : VN8YXCAX3B0</b>                                                                                                                                                             |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| City<br>Commerce Township                                                                                                                     | State<br>MI                                                                                            | Zip Code<br>48390-3971                                                                                                                                                                          | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> |         |   |     |   | 250.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    | 250.00  |   |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><div>C</div>                                                                    |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| Name of Employer<br>Coloplast                                                                                                                 | Occupation<br>Territory Manager                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   | 250.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    | 250.00  |   |     |   |         |    |  |    |  |      |

  

|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------|---|-----|---|---------|----|--|----|--|------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Anis Ahmed</b>                                                                        |                                                                                                        | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table> |                                                                                                                    | M M     | / | D D | / | Y Y Y Y | 03 |  | 27 |  | 2014 |
| M M                                                                                                                                           | /                                                                                                      | D D                                                                                                                                                                                             | /                                                                                                                  | Y Y Y Y |   |     |   |         |    |  |    |  |      |
| 03                                                                                                                                            |                                                                                                        | 27                                                                                                                                                                                              |                                                                                                                    | 2014    |   |     |   |         |    |  |    |  |      |
| Mailing Address 25744 Cheyenne Dr                                                                                                             |                                                                                                        | <b>Transaction ID : VN8YXCMVRG7</b>                                                                                                                                                             |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| City<br>Novi                                                                                                                                  | State<br>MI                                                                                            | Zip Code<br>48374-2362                                                                                                                                                                          | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> |         |   |     |   | 250.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    | 250.00  |   |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><div>C</div>                                                                    |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| Name of Employer<br>Northwestern Mutual                                                                                                       | Occupation<br>Financial Advisor                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   | 250.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    | 250.00  |   |     |   |         |    |  |    |  |      |

  

|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------|---|-----|---|---------|----|--|----|--|------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Duraid Antone</b>                                                                     |                                                                                                        | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table> |                                                                                                                    | M M     | / | D D | / | Y Y Y Y | 03 |  | 27 |  | 2014 |
| M M                                                                                                                                           | /                                                                                                      | D D                                                                                                                                                                                             | /                                                                                                                  | Y Y Y Y |   |     |   |         |    |  |    |  |      |
| 03                                                                                                                                            |                                                                                                        | 27                                                                                                                                                                                              |                                                                                                                    | 2014    |   |     |   |         |    |  |    |  |      |
| Mailing Address 1 Elk Grove Ln                                                                                                                |                                                                                                        | <b>Transaction ID : VN8YXCMVRJ2</b>                                                                                                                                                             |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| City<br>Laguna Niguel                                                                                                                         | State<br>CA                                                                                            | Zip Code<br>92677-1012                                                                                                                                                                          | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table> |         |   |     |   | 500.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    | 500.00  |   |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><div>C</div>                                                                    |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| Name of Employer<br>Biostructures LLC                                                                                                         | Occupation<br>COO                                                                                      |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table> |                                                                                                                                                                                                 |                                                                                                                    |         |   |     |   | 500.00  |    |  |    |  |      |
|                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                    | 500.00  |   |     |   |         |    |  |    |  |      |

  

|                                                                 |                                                                               |  |  |         |  |         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|---------|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table> |  |  |         |  | 1000.00 |
|                                                                 |                                                                               |  |  | 1000.00 |  |         |
| <b>TOTAL</b> This Period (last page this line number only)..... | <table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>        |  |  |         |  |         |
|                                                                 |                                                                               |  |  |         |  |         |

# **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 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

|                                                                                                                                               |                                        |                                                          |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Jacob Bacall</b>                                                                      |                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |                                                    |
| Mailing Address 30407 W 13 Mile Rd                                                                                                            |                                        | <b>Transaction ID : VN8YXCMAEJ0</b>                      |                                                    |
| City<br>Farmington Hills                                                                                                                      | State<br>MI                            | Zip Code<br>48334-2211                                   | Amount of Each Receipt this Period<br>_____ 250.00 |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |                                        |                                                          |                                                    |
| Name of Employer<br>Bacall Development                                                                                                        | Occupation<br>CEO                      |                                                          |                                                    |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 250.00 |                                                          |                                                    |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Frank Baciwicz Jr.</b>                                                                |                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 25 / 2014 |                                                    |
| Mailing Address 5600 Town Center<br>Suite 3206                                                                                                |                                        | <b>Transaction ID : VN8YXCMVSS0</b>                      |                                                    |
| City<br>Southfield                                                                                                                            | State<br>MI                            | Zip Code<br>48075                                        | Amount of Each Receipt this Period<br>_____ 500.00 |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |                                        |                                                          |                                                    |
| Name of Employer<br>DMC Hospital                                                                                                              | Occupation<br>Physician                |                                                          |                                                    |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00 |                                                          |                                                    |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Harinder Bhooi</b>                                                                    |                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |                                                    |
| Mailing Address 3441 Roxbury Dr                                                                                                               |                                        | <b>Transaction ID : VN8YXCMC3X6</b>                      |                                                    |
| City<br>Troy                                                                                                                                  | State<br>MI                            | Zip Code<br>48084-2673                                   | Amount of Each Receipt this Period<br>_____ 500.00 |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |                                        |                                                          |                                                    |
| Name of Employer<br>Ha Singh Construction Inc                                                                                                 | Occupation<br>Owner                    |                                                          |                                                    |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00 |                                                          |                                                    |
| <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 7 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Kumar For Congress

**A.** Full Name (Last, First, Middle Initial)  
May Bue-Niederhauser DO

Mailing Address 1541 W Buell Rd

City State Zip Code  
Oakland MI 48363-2331

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Anesthesia Services PC Anesthesiologist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 10 2014

Transaction ID : VN8YXBWT1R3

Amount of Each Receipt this Period

250.00

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

Mailing Address 7271 W Smith Rd

City State Zip Code  
Medina OH 44256-9138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Entrepreneur, Medical Technology

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt

M M / D D / Y Y Y Y  
01 31 2014

Transaction ID : VN8YXC3VJY2

Amount of Each Receipt this Period

200.00

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

Mailing Address 7271 W Smith Rd

City State Zip Code  
Medina OH 44256-9138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Entrepreneur, Medical Technology

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 03 2014

Transaction ID : VN8YXCAXRY4

Amount of Each Receipt this Period

200.00

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

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

650.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

|                                                                                                                                               |                                                   |                                                          |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Krishal Dalal</b>                                                                     |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |                                                    |
| Mailing Address 12801 Auburn St                                                                                                               |                                                   | <b>Transaction ID : VN8YXCGK177</b>                      |                                                    |
| City<br>Detroit                                                                                                                               | State<br>MI                                       | Zip Code<br>48223-3413                                   | Amount of Each Receipt this Period<br>_____ 500.00 |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |                                                   |                                                          |                                                    |
| Name of Employer<br>Futurenet                                                                                                                 | Occupation<br>Vice President Of Corporate Affairs |                                                          |                                                    |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00            |                                                          |                                                    |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Avinash M Desai</b>                                                                   |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 18 / 2014 |                                                    |
| Mailing Address 6385 Shagbark Dr                                                                                                              |                                                   | <b>Transaction ID : VN8YXCE80T5</b>                      |                                                    |
| City<br>Troy                                                                                                                                  | State<br>MI                                       | Zip Code<br>48098-2256                                   | Amount of Each Receipt this Period<br>_____ 250.00 |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |                                                   |                                                          |                                                    |
| Name of Employer<br>Lung and Sleep Center, P.C                                                                                                | Occupation<br>Physician                           |                                                          |                                                    |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00            |                                                          |                                                    |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Avinash M Desai</b>                                                                   |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 18 / 2014 |                                                    |
| Mailing Address 6385 Shagbark Dr                                                                                                              |                                                   | <b>Transaction ID : VN8YXCE80X8</b>                      |                                                    |
| City<br>Troy                                                                                                                                  | State<br>MI                                       | Zip Code<br>48098-2256                                   | Amount of Each Receipt this Period<br>_____ 250.00 |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |                                                   |                                                          |                                                    |
| Name of Employer<br>Lung and Sleep Center, P.C                                                                                                | Occupation<br>Physician                           |                                                          |                                                    |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00            |                                                          |                                                    |
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....                                                                                        |                                                   | _____ 1000.00                                            |                                                    |
| <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 9 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

Nitin Desai

Mailing Address 3047 Spring St

City

West Bloomfield

State

MI

Zip Code

48322-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMABD4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Tusar Desai

Mailing Address 1257 Club Dr

City

Bloomfield Hills

State

MI

Zip Code

48302-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oakland Gastroenterology AssociatesOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMC1D4

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

Janapriya B Dhabuwala MD

Mailing Address 255 Christopher Ter

City

West Springfield

State

MA

Zip Code

01089-4595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Urologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 15    |   | 2014        |

Transaction ID : VN8YXC238H5

Amount of Each Receipt this Period

2600.00

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

3550.00

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

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

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

FOR LINE NUMBER:

PAGE 10 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

A. Janapriya B Dhabuwala MD

Mailing Address 255 Christopher Ter

City

West Springfield

State

MA

Zip Code

01089-4595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Urologist

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 15  |   | 2014    |

Transaction ID : VN8YXC238M8

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Rupa J Dhabuwala

Mailing Address 255 Christopher Ter

City

West Springfield

State

MA

Zip Code

01089-4595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Massachusetts Amherst

Occupation

Microbiology Supervisor

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

4800.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 15  |   | 2014    |

Transaction ID : VN8YXC238S6

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Rupa J Dhabuwala

Mailing Address 255 Christopher Ter

City

West Springfield

State

MA

Zip Code

01089-4595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Massachusetts Amherst

Occupation

Microbiology Supervisor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4800.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 15  |   | 2014    |

Transaction ID : VN8YXC238V2

Amount of Each Receipt this Period

2200.00

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

7400.00

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

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

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

FOR LINE NUMBER:

PAGE 11 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

A. Arthur Frazier

Mailing Address 2842 Amberly Ln

City

Troy

State

MI

Zip Code

48084-2687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Oncologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMMXQ8

Amount of Each Receipt this Period

1700.00

Full Name (Last, First, Middle Initial)

B. Manmohan K. Gandhi

Mailing Address 1440 Marlborough Rd

City

Hillsborough

State

CA

Zip Code

94010-7143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMMXN2

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Manmohan K. Gandhi

Mailing Address 1440 Marlborough Rd

City

Hillsborough

State

CA

Zip Code

94010-7143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMMW509

Amount of Each Receipt this Period

2600.00

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

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

6900.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

A. Dale Anthony Gonzales MD

Mailing Address 1135 W University Dr  
Ste 350

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Rochester | MI    | 48307-1886 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Services PCOccupation  
Anesthesiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 25    |   | 2014      |

Transaction ID : VN8YXCA34F7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Barry Goodman

Mailing Address 28854 Herndonwood Dr

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48334-5237 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goodman Acker LawOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 18    |   | 2014      |

Transaction ID : VN8YXCE81Q2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ramesh Goyal

Mailing Address 3301 Rocky Crest Dr

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| Rochester Hills | MI    | 48306-3750 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Thermal Management SolutionsOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 31    |   | 2014      |

Transaction ID : VN8YXCM8K03

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

|                                                                                                                                               |                                      |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Tima Harwood</b>                                                                                |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b> |
| Mailing Address <b>16436 Ridgewood Ct</b>                                                                                                     |                                      | <b>Transaction ID : VN8YXCMMXB5</b>                             |
| City<br><b>Northville</b>                                                                                                                     | State<br><b>MI</b>                   |                                                                 |
| Zip Code<br><b>48168-6831</b>                                                                                                                 |                                      | Amount of Each Receipt this Period<br><b>2600.00</b>            |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                      | <b>5200.00</b>                                                  |
| Name of Employer<br><b>Blue Cross Blue Shield</b>                                                                                             | Occupation<br><b>Account Manager</b> |                                                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date               |                                                                 |

|                                                                                                                                               |                                      |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Tima Harwood</b>                                                                                |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b> |
| Mailing Address <b>16436 Ridgewood Ct</b>                                                                                                     |                                      | <b>Transaction ID : VN8YXCMW4Q9</b>                             |
| City<br><b>Northville</b>                                                                                                                     | State<br><b>MI</b>                   |                                                                 |
| Zip Code<br><b>48168-6831</b>                                                                                                                 |                                      | Amount of Each Receipt this Period<br><b>2600.00</b>            |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                      | <b>5200.00</b>                                                  |
| Name of Employer<br><b>Blue Cross Blue Shield</b>                                                                                             | Occupation<br><b>Account Manager</b> |                                                                 |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date               |                                                                 |

|                                                                                                                                               |                                |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Pamela Jackson</b>                                                                              |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b> |
| Mailing Address <b>5736 Lancaster Ln</b>                                                                                                      |                                | <b>Transaction ID : VN8YXCGQ5B7</b>                             |
| City<br><b>Commerce Township</b>                                                                                                              | State<br><b>MI</b>             |                                                                 |
| Zip Code<br><b>48382-5008</b>                                                                                                                 |                                | Amount of Each Receipt this Period<br><b>500.00</b>             |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                        |                                | <b>500.00</b>                                                   |
| Name of Employer<br><b>Oakland Community College</b>                                                                                          | Occupation<br><b>Professor</b> |                                                                 |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date         |                                                                 |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5700.00</b> |
| <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 14 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

Firas Jiddou

Mailing Address 21901 Dunnabeck Ct

City

Novi

State

MI

Zip Code

48374-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EntrepreneurOccupation  
Sales Consulting

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 31    |   | 2014      |

Transaction ID : VN8YXCM9295

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dinesh Vyanktesh Kamat

Mailing Address 1043 Covington Place Dr

City

Rochester Hills

State

MI

Zip Code

48309-3744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's HospitalOccupation  
Registered Nurse

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 29    |   | 2014      |

Transaction ID : VN8YXCMMWA4

Amount of Each Receipt this Period

2349.00

Full Name (Last, First, Middle Initial)

Dinesh Vyanktesh Kamat

Mailing Address 1043 Covington Place Dr

City

Rochester Hills

State

MI

Zip Code

48309-3744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's HospitalOccupation  
Registered Nurse

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 29    |   | 2014      |

Transaction ID : VN8YXCMW779

Amount of Each Receipt this Period

251.00

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

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

2850.00

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

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

FOR LINE NUMBER:

PAGE 15 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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

Full Name (Last, First, Middle Initial)

**Jyotibala Kamat**

Mailing Address 1043 Covington Place Dr

City

Rochester Hills

State

MI

Zip Code

48309-3744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Medical Biller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 29    |   | 2014        |

Transaction ID : VN8YXCMMW96

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Jayashree Kommareddi**

Mailing Address 8426 Warwick Groves Ct

City

Grand Blanc

State

MI

Zip Code

48439-7426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
Housewife

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMMWT1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Rekha Kostecke**

Mailing Address 3064 Exeter Dr

City

Milford

State

MI

Zip Code

48380-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Pediatrician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 25    |   | 2014        |

Transaction ID : VN8YXCA3720

Amount of Each Receipt this Period

2600.00

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

TOTAL 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:

PAGE 16 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

A. Rohit Mehra

Mailing Address 2545 S Dearborn St

Apt 325

City

Chicago

State

IL

Zip Code

60616-4985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greyhound Food Service

Occupation

General Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMMWZ0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Rohit Mehra

Mailing Address 2545 S Dearborn St

Apt 325

City

Chicago

State

IL

Zip Code

60616-4985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greyhound Food Service

Occupation

General Manager

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMW4J0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Nagaprasadarao Mummaneni

Mailing Address 3928 Columbia Ct

City

Bloomfield Hills

State

MI

Zip Code

48302-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bloomfield Anesthesiology

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMA736

Amount of Each Receipt this Period

300.00

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

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

5500.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**Kumar For Congress**

Full Name (Last, First, Middle Initial)

**A. Sandeep Narang**

Mailing Address 1835 Preserve Blvd

City

Canton

State

MI

Zip Code

48188-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

All American Embroidery

Occupation

President

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMBDP8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Sana Navarrette**

Mailing Address 32100 Sheridan Dr

City

Beverly Hills

State

MI

Zip Code

48025-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chaldean Chamber Of Commerce

Occupation

Membership Manager

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMBGT3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John Oram**

Mailing Address 6256 Quaker Hill Dr

City

West Bloomfield

State

MI

Zip Code

48322-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 03    |   | 2014        |

Transaction ID : VN8YXCM7A54

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER:

PAGE 18 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

John Oram

Mailing Address 6256 Quaker Hill Dr

City

West Bloomfield

State

MI

Zip Code

48322-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMMKY4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Steven Primeau

Mailing Address 26826 York Rd

City

Huntington Woods

State

MI

Zip Code

48070-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raymond James &amp; Associates.

Occupation

Financial Advisor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 03    |   | 2014        |

Transaction ID : VN8YXCAXSJ0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Bhimsen Rao

Mailing Address 368 Wilshire Dr

City

Bloomfield

State

MI

Zip Code

48302-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shelby PED Assoc/Child Lung Cnt

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCMBK29

Amount of Each Receipt this Period

500.00

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

1600.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**Kumar For Congress**

Full Name (Last, First, Middle Initial)

**Uzma Rehman**

Mailing Address 43417 Schoenherr Rd

City

Sterling Heights

State

MI

Zip Code

48313-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Macomb Hand Surgery

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 25    |   | 2014      |

Transaction ID : VN8YXCA33F6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Randolph G Ston**

Mailing Address 1034 Sherbrooke St

City

Commerce Township

State

MI

Zip Code

48382-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 03    |   | 2014      |

Transaction ID : VN8YXCAXQE5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Beata Stylianios**

Mailing Address 10655 Blythe Ave

City

Los Angeles

State

CA

Zip Code

90064-3313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mission Critical Technologies

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 31    |   | 2014      |

Transaction ID : VN8YXCMMJZ9

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Kumar For Congress

|                                                                                                                                               |                                     |                                                          |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Leslie Walsh DO</b>                                                                   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 25 / 2014 |                                               |
| Mailing Address 4646 John R St                                                                                                                |                                     | <b>Transaction ID : VN8YXCA34A8</b>                      |                                               |
| City<br>Detroit                                                                                                                               | State<br>MI                         | Zip Code<br>48201-1916                                   | Amount of Each Receipt this Period<br>500.00  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     |                                                          |                                               |
| Name of Employer<br>Anesthesia Services PC                                                                                                    | Occupation<br>Physician             |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00    |                                                          |                                               |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Crystal Zoma</b>                                                                      |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |                                               |
| Mailing Address 42279 Whittler Trl                                                                                                            |                                     | <b>Transaction ID : VN8YXCGJY55</b>                      |                                               |
| City<br>Novi                                                                                                                                  | State<br>MI                         | Zip Code<br>48377-2879                                   | Amount of Each Receipt this Period<br>2600.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     |                                                          |                                               |
| Name of Employer<br>Life Skills Village                                                                                                       | Occupation<br>Director Of Marketing |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00   |                                                          |                                               |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>George Zoma</b>                                                                       |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |                                               |
| Mailing Address 42279 Whittler Trl                                                                                                            |                                     | <b>Transaction ID : VN8YXCM7AG1</b>                      |                                               |
| City<br>Novi                                                                                                                                  | State<br>MI                         | Zip Code<br>48377-2879                                   | Amount of Each Receipt this Period<br>50.00   |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     |                                                          |                                               |
| Name of Employer<br>R & R Transportation                                                                                                      | Occupation<br>Owner                 |                                                          |                                               |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>50.00     |                                                          |                                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                     | 3150.00                                                  |                                               |
| <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 21 OF 42

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

George Zoma

Mailing Address 42279 Whittler Trl

City

State

Zip Code

Novi

MI

48377-2879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R & R TransportationOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2650.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCGJX03

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

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

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

2600.00

53100.00

# **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)

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|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)

**A. Michigan Indo-American Democratic Caucus**

Mailing Address 1719 Chatham Dr

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Troy | MI    | 48084-1482 |

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Transaction ID : VN8YXCM99K9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

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

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

250.00

250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 42

|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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

|                                                                                                                                               |                                                                                     |                                                                                                                                                                                                 |                                                                                                 |           |   |     |   |         |    |  |    |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------|---|-----|---|---------|----|--|----|--|------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Anil Kumar</b>                                                                        |                                                                                     | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table> |                                                                                                 | M M       | / | D D | / | Y Y Y Y | 03 |  | 31 |  | 2014 |
| M M                                                                                                                                           | /                                                                                   | D D                                                                                                                                                                                             | /                                                                                               | Y Y Y Y   |   |     |   |         |    |  |    |  |      |
| 03                                                                                                                                            |                                                                                     | 31                                                                                                                                                                                              |                                                                                                 | 2014      |   |     |   |         |    |  |    |  |      |
| Mailing Address 1556 Bartley Ln                                                                                                               |                                                                                     | <b>Transaction ID : VN8YXCMMXS3</b>                                                                                                                                                             |                                                                                                 |           |   |     |   |         |    |  |    |  |      |
| City<br>Bloomfield Hills                                                                                                                      | State<br>MI                                                                         | Zip Code<br>48304-1002                                                                                                                                                                          | Amount of Each Receipt this Period<br><table border="1"> <tr> <td>250000.00</td> </tr> </table> | 250000.00 |   |     |   |         |    |  |    |  |      |
| 250000.00                                                                                                                                     |                                                                                     |                                                                                                                                                                                                 |                                                                                                 |           |   |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><div>C</div>                                                                    |                                                                                     |                                                                                                                                                                                                 |                                                                                                 |           |   |     |   |         |    |  |    |  |      |
| Name of Employer<br>Self                                                                                                                      | Occupation<br>Doctor                                                                |                                                                                                                                                                                                 |                                                                                                 |           |   |     |   |         |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td>250000.00</td> </tr> </table> |                                                                                                                                                                                                 |                                                                                                 | 250000.00 |   |     |   |         |    |  |    |  |      |
| 250000.00                                                                                                                                     |                                                                                     |                                                                                                                                                                                                 |                                                                                                 |           |   |     |   |         |    |  |    |  |      |

  

|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|---|-----|---|---------|--|--|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)                                                                             |                                                                            | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |   | M M     | / | D D | / | Y Y Y Y |  |  |  |  |  |
| M M                                                                                                                           | /                                                                          | D D                                                                                                                                                                                     | / | Y Y Y Y |   |     |   |         |  |  |  |  |  |
|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| Mailing Address                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| City                                                                                                                          | State                                                                      | Zip Code                                                                                                                                                                                |   |         |   |     |   |         |  |  |  |  |  |
| FEC ID number of contributing federal political committee.<br><div>C</div>                                                    |                                                                            | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td> </tr> </table>                                                                                                  |   |         |   |     |   |         |  |  |  |  |  |
|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| Name of Employer                                                                                                              | Occupation                                                                 |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td></td> </tr> </table> |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |

  

|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|---|-----|---|---------|--|--|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                             |                                                                            | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |   | M M     | / | D D | / | Y Y Y Y |  |  |  |  |  |
| M M                                                                                                                           | /                                                                          | D D                                                                                                                                                                                     | / | Y Y Y Y |   |     |   |         |  |  |  |  |  |
|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| Mailing Address                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| City                                                                                                                          | State                                                                      | Zip Code                                                                                                                                                                                |   |         |   |     |   |         |  |  |  |  |  |
| FEC ID number of contributing federal political committee.<br><div>C</div>                                                    |                                                                            | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td> </tr> </table>                                                                                                  |   |         |   |     |   |         |  |  |  |  |  |
|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| Name of Employer                                                                                                              | Occupation                                                                 |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td></td> </tr> </table> |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |
|                                                                                                                               |                                                                            |                                                                                                                                                                                         |   |         |   |     |   |         |  |  |  |  |  |

  

|                                                                 |  |                                                           |           |
|-----------------------------------------------------------------|--|-----------------------------------------------------------|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           |  | <table border="1"> <tr> <td>250000.00</td> </tr> </table> | 250000.00 |
| 250000.00                                                       |  |                                                           |           |
| <b>TOTAL</b> This Period (last page this line number only)..... |  | <table border="1"> <tr> <td>250000.00</td> </tr> </table> | 250000.00 |
| 250000.00                                                       |  |                                                           |           |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

**A. Aetek LLC**

Mailing Address 31000 Northwestern Hwy

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48334-2557 |

Purpose of Disbursement  
Website Design

004

Category/  
Type

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 05  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3160.00 |
|---------|

Transaction ID : VN7ZN9RZ930

**B. All American Embroidery**

Mailing Address 31600 Plymouth Rd

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Livonia | MI    | 48150-1930 |

Purpose of Disbursement  
T Shirts/Banners For Campaign

006

Category/  
Type

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 17  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 834.75 |
|--------|

Transaction ID : VN7ZN9RZ5P1

**c. Best Buy**

Mailing Address 30830 Orchard Lake Rd

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48334-1331 |

Purpose of Disbursement  
Campaign Computer

001

Category/  
Type

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 28  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2666.88 |
|---------|

Transaction ID : VN7ZN9S1512

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6661.63



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

**A. Dolma Detroit**

Mailing Address 31000 Northwestern Hwy

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 19  |   | 2014    |

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48334-2557 |

Amount of Each Disbursement this Period

|          |
|----------|
| 10000.00 |
|----------|

Purpose of Disbursement  
Consulting ServicesCategory/  
Type

Transaction ID : VN7ZN9RZ633

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. Drake View LLC.**

Mailing Address 24155 Drake Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 17  |   | 2014    |

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48335-3168 |

Amount of Each Disbursement this Period

|         |
|---------|
| 2239.00 |
|---------|

Purpose of Disbursement  
Office Space RentalCategory/  
Type

Transaction ID : VN7ZN9RZ600

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)

**c. Drake View LLC.**

Mailing Address 24155 Drake Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 17  |   | 2014    |

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48335-3168 |

Amount of Each Disbursement this Period

|         |
|---------|
| 1200.00 |
|---------|

Purpose of Disbursement  
Office Space Rental001  
Category/  
Type

Transaction ID : VN7ZN9RZ6J2

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:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13439.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

**A. Brett Zachary Foreman**

Mailing Address 17333 Birwood Ave

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Beverly Hills | MI    | 48025-3247 |

Purpose of Disbursement  
Salary

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 02  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : VN7ZN9Q0N04

**B. Brett Zachary Foreman**

Mailing Address 17333 Birwood Ave

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Beverly Hills | MI    | 48025-3247 |

Purpose of Disbursement  
Salary

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 12  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : VN7ZN9RZ6D2

**c. Go Daddy**Mailing Address 14455 N Hayden Rd  
Ste 219

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Scottsdale | AZ    | 85260-6993 |

Purpose of Disbursement  
Website

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 193.58 |
|--------|

Transaction ID : VN7ZN9S15Y1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4193.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

**A. Go Daddy**Mailing Address 14455 N Hayden Rd  
Ste 219City State Zip Code  
Scottsdale AZ 85260-6993Purpose of Disbursement  
Website

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 03  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 461.78 |
|--------|

Transaction ID : VN7ZN9S15Z9

**B. Goodman Acker**Mailing Address 17000 W 10 Mile Rd  
Ste 200City State Zip Code  
Southfield MI 48075-2902Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 15  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 7500.00 |
|---------|

Transaction ID : VN7ZN9Q0MZ6

**c. Goodman Acker**Mailing Address 17000 W 10 Mile Rd  
Ste 200City State Zip Code  
Southfield MI 48075-2902Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 24  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 7500.00 |
|---------|

Transaction ID : VN7ZN9RZ5J9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15461.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

**A. Goodman Acker**Mailing Address 17000 W 10 Mile Rd  
Ste 200

City Southfield State MI Zip Code 48075-2902

Purpose of Disbursement  
Consulting Services

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 12500.00 |
|----------|

Transaction ID : VN7ZN9RZ8K3

**B. Gragert Research**

Mailing Address 222 W Ontario St

City Chicago State IL Zip Code 60654-3652

Purpose of Disbursement  
ResearchCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 15  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Transaction ID : VN7ZN9Q0N38

**c. Home Depot**

Mailing Address 32525 Northwestern Hwy

City Farmington Hills State MI Zip Code 48334-1447

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 28  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 283.26 |
|--------|

Transaction ID : VN7ZN9S1546

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17783.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

**A. Home Depot**

Mailing Address 32525 Northwestern Hwy

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 03  |   | 2014    |

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Farmington Hills | MI    | 48334-1447 |

Amount of Each Disbursement this Period

|       |
|-------|
| 71.45 |
|-------|

Purpose of Disbursement  
Office Supplies

001

Transaction ID : VN7ZN9S15P8

Candidate Name

Category/  
Type

|                |           |                                                                              |
|----------------|-----------|------------------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For: 2014                                                       |
|                | Senate    |                                                                              |
|                | President |                                                                              |
|                |           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|                |           | <input type="checkbox"/> Other (specify)                                     |

State: District:

Full Name (Last, First, Middle Initial)

**B. Colleen Klemet**Mailing Address 301 N Eton St  
Apt B

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 06  |   | 2014    |

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Birmingham | MI    | 48009-5932 |

Amount of Each Disbursement this Period

|         |
|---------|
| 2750.00 |
|---------|

Purpose of Disbursement  
Salary

001

Transaction ID : VN7ZN9RZ964

Candidate Name

Category/  
Type

|                |           |                                                                              |
|----------------|-----------|------------------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For: 2014                                                       |
|                | Senate    |                                                                              |
|                | President |                                                                              |
|                |           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|                |           | <input type="checkbox"/> Other (specify)                                     |

State: District:

Full Name (Last, First, Middle Initial)

**C. Colleen Klemet**Mailing Address 301 N Eton St  
Apt B

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 17  |   | 2014    |

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Birmingham | MI    | 48009-5932 |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement  
Salary

001

Transaction ID : VN7ZN9RZ8F2

Candidate Name

Category/  
Type

|                |           |                                                                              |
|----------------|-----------|------------------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For: 2014                                                       |
|                | Senate    |                                                                              |
|                | President |                                                                              |
|                |           | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|                |           | <input type="checkbox"/> Other (specify)                                     |

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4821.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

**A. Lake Research Partners**Mailing Address 1726 M St NW  
Ste 1100

City Washington State DC Zip Code 20036-4528

Purpose of Disbursement  
Polling Research

005

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 11  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 16215.00 |
|----------|

Transaction ID : VN7ZN9RZ6P4

**B. MGO Networks**

Mailing Address 31000 Northwestern Hwy

City Farmington Hills State MI Zip Code 48334-2557

Purpose of Disbursement  
Website ConstructionCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 19  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 10000.00 |
|----------|

Transaction ID : VN7ZN9RZ683

**C. Mort Meisner Associates**

Mailing Address 26711 Woodward Ave

City Huntington Woods State MI Zip Code 48070-1333

Purpose of Disbursement  
Consulting Services

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 10  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3400.00 |
|---------|

Transaction ID : VN7ZN9RZ8N9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

29615.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Kumar For Congress**

Full Name (Last, First, Middle Initial)

**A. Jeremy Moss**

Mailing Address 18405 Melrose Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 11  |   | 2014    |

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Southfield | MI    | 48075-4112 |

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement  
Consulting Services

003

Transaction ID : VN7ZN9RZ9G3

Candidate Name

Category/  
Type

|                |                                             |                                  |
|----------------|---------------------------------------------|----------------------------------|
| Office Sought: | House                                       | Disbursement For: 2014           |
|                | Senate                                      |                                  |
|                | President                                   |                                  |
|                | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
|                | <input type="checkbox"/> Other (specify)    |                                  |

State: District:

Full Name (Last, First, Middle Initial)

**B. New Parthenon - Detroit**

Mailing Address 547 Monroe St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 24  |   | 2014    |

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Detroit | MI    | 48226-2932 |

Amount of Each Disbursement this Period

|        |
|--------|
| 818.40 |
|--------|

Purpose of Disbursement  
Donor meeting

001

Transaction ID : VN7ZN9S15H8

Candidate Name

Category/  
Type

|                |                                             |                                  |
|----------------|---------------------------------------------|----------------------------------|
| Office Sought: | House                                       | Disbursement For: 2014           |
|                | Senate                                      |                                  |
|                | President                                   |                                  |
|                | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
|                | <input type="checkbox"/> Other (specify)    |                                  |

State: District:

Full Name (Last, First, Middle Initial)

**C. Night Owl Printing**

Mailing Address 15138 Beech Daly Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 04  |   | 2014    |

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Redford | MI    | 48239-3202 |

Amount of Each Disbursement this Period

|        |
|--------|
| 530.00 |
|--------|

Purpose of Disbursement  
Printing Services

004

Transaction ID : VN7ZN9RZ9C1

Candidate Name

Category/  
Type

|                |                                             |                                  |
|----------------|---------------------------------------------|----------------------------------|
| Office Sought: | House                                       | Disbursement For: 2014           |
|                | Senate                                      |                                  |
|                | President                                   |                                  |
|                | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
|                | <input type="checkbox"/> Other (specify)    |                                  |

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2848.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Kumar For Congress

Full Name (Last, First, Middle Initial)

**A. Night Owl Printing**

Mailing Address 15138 Beech Daly Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 20  |   | 2014    |

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Redford | MI    | 48239-3202 |

Amount of Each Disbursement this Period

|         |
|---------|
| 1882.51 |
|---------|

Purpose of Disbursement  
Printing Services

004

Transaction ID : VN7ZN9RZ8E4

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. Zia Oram**

Mailing Address 6256 Quaker Hill Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 07  |   | 2014    |

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| West Bloomfield | MI    | 48322-3113 |

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Purpose of Disbursement  
Gas and Travel

001

Transaction ID : VN7ZN9RZ6E0

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)

**C. Zia Oram**

Mailing Address 6256 Quaker Hill Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 07  |   | 2014    |

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| West Bloomfield | MI    | 48322-3113 |

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement  
Salary

001

Transaction ID : VN7ZN9RZ6F8

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:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3532.51



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

**A. Zia Oram**

Mailing Address 6256 Quaker Hill Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2014    |

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| West Bloomfield | MI    | 48322-3113 |

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

|                                                                              |           |                                          |
|------------------------------------------------------------------------------|-----------|------------------------------------------|
| Office Sought:                                                               | House     | Disbursement For: 2014                   |
|                                                                              | Senate    |                                          |
|                                                                              | President |                                          |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |           | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Other (specify)                                     |           |                                          |

State: District:

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Transaction ID : VN7ZN9RZ5T2

**B. Zia Oram**

Full Name (Last, First, Middle Initial)

Mailing Address 6256 Quaker Hill Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 06  |   | 2014    |

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| West Bloomfield | MI    | 48322-3113 |

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

|                                                                              |           |                                          |
|------------------------------------------------------------------------------|-----------|------------------------------------------|
| Office Sought:                                                               | House     | Disbursement For: 2014                   |
|                                                                              | Senate    |                                          |
|                                                                              | President |                                          |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |           | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Other (specify)                                     |           |                                          |

State: District:

Amount of Each Disbursement this Period

|         |
|---------|
| 1650.00 |
|---------|

Transaction ID : VN7ZN9RZ997

**C. Zia Oram**

Full Name (Last, First, Middle Initial)

Mailing Address 6256 Quaker Hill Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 21  |   | 2014    |

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| West Bloomfield | MI    | 48322-3113 |

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

|                                                                              |           |                                          |
|------------------------------------------------------------------------------|-----------|------------------------------------------|
| Office Sought:                                                               | House     | Disbursement For: 2014                   |
|                                                                              | Senate    |                                          |
|                                                                              | President |                                          |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |           | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Other (specify)                                     |           |                                          |

State: District:

Amount of Each Disbursement this Period

|         |
|---------|
| 1650.00 |
|---------|

Transaction ID : VN7ZN9RZ8C8

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4800.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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

Full Name (Last, First, Middle Initial)

**A. Rice & Diggs**Mailing Address 31000 Northwestern Hwy  
Ste 100

City Farmington Hills State MI Zip Code 48334-2585

Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 02  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 20000.00 |
|----------|

Transaction ID : VN7ZN9Q0N20

**B. Rice & Diggs**Mailing Address 31000 Northwestern Hwy  
Ste 100

City Farmington Hills State MI Zip Code 48334-2585

Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 02  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 20000.00 |
|----------|

Transaction ID : VN7ZN9RZ531

**c. Rice & Diggs**Mailing Address 31000 Northwestern Hwy  
Ste 100

City Farmington Hills State MI Zip Code 48334-2585

Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 19  |   | 2014    |

Amount of Each Disbursement this Period

|          |
|----------|
| 10000.00 |
|----------|

Transaction ID : VN7ZN9RZ6B7

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

50000.00

# **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 35 OF 42

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**Kumar For Congress**

Full Name (Last, First, Middle Initial)

## **A. Social Biz**

Mailing Address 1915 W Fort St

City State Zip Code  
 Detroit MI 48216-1817

Purpose of Disbursement  
 Social Media Consulting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 02 / 22 / 2014

Amount of Each Disbursement this Period

3750.00

Transaction ID : VN7ZN9RZ598

## **B. Social Biz**

Mailing Address 1915 W Fort St

City State Zip Code  
 Detroit MI 48216-1817

Purpose of Disbursement  
 Social Media Consulting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 02 / 22 / 2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : VN7ZN9RZ5B4

## **c. Social Biz**

Mailing Address 1915 W Fort St

City State Zip Code  
 Detroit MI 48216-1817

Purpose of Disbursement  
 Social Media Consulting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 03 / 17 / 2014

Amount of Each Disbursement this Period

150.00

Transaction ID : VN7ZN9RZ8H8

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

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

8400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 42

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Kumar For Congress**

Full Name (Last, First, Middle Initial)

**A. Stanley J Sullivan**

Mailing Address 564 W Woodland St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 06  |   | 2014    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Ferndale | MI    | 48220-2758 |

Amount of Each Disbursement this Period

|          |
|----------|
| 10200.00 |
|----------|

Purpose of Disbursement  
Consulting Services

001

Transaction ID : VN7ZN9RZ8T9

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.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10200.00

171756.61



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

PAGE 38 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Kumar For Congress

Transaction ID : VN8YXB3NG61L

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

Anil Kumar

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1556 Bartley Ln

City

State

ZIP Code

Bloomfield Hills

MI

48304-1002

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 29 / 2013

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

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

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

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

PAGE 39 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Kumar For Congress

Transaction ID : VN8YXBWERK9L

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

Anil Kumar

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1556 Bartley Ln

City

State

ZIP Code

Bloomfield Hills

MI

48304-1002

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 29 / 2013

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

70000.00

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

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

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

PAGE 40 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8YXC23876L

Kumar For Congress

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

Anil Kumar

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1556 Bartley Ln

City

State

ZIP Code

Bloomfield Hills

MI

48304-1002

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 29 / 2013

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

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

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 41 OF 42

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8YXC3E9A1L

Kumar For Congress

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

Anil Kumar

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1556 Bartley Ln

City

State

ZIP Code

Bloomfield Hills

MI

48304-1002

Original Amount of Loan

160000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

160000.00

**TERMS**

Date Incurred

M 12 / D 31 / Y 2013

Date Due

M / D / Y none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

160000.00

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

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

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

PAGE 42 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8YXCMMXS3L

Kumar For Congress

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

Anil Kumar

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1556 Bartley Ln

City

State

ZIP Code

Bloomfield Hills

MI

48304-1002

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M / D / Y  
03 / 31 / 2014

Date Due

M / D / Y  
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

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

610000.00

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