

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Dr Kumar for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	29336.00	29336.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	29336.00	29336.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	111112.90	115892.24
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	111112.90	115892.24
8. Cash on Hand at Close of Reporting Period (from Line 27)	10104.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	260805.55	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Dr Kumar for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28400.00	28400.00
(ii) Unitemized.....	911.00	911.00
(iii) TOTAL of contributions from individuals ▶	29311.00	29311.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	25.00	25.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29336.00	29336.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	90000.00	115000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	90000.00	115000.00
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)..... ▶	119336.00	144336.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111112.90	115892.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	111112.90	115892.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1881.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	119336.00
25. SUBTOTAL (add Line 23 and Line 24).....	121217.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111112.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10104.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Abbott, Joel, , ,

Mailing Address 4313 Coran Ln

City: Las Vegas State: NV Zip Code: 89108-2844

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

Name of Employer: Pacific West Urology Occupation: Physician Group

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2025

Transaction ID : 6079387

Amount of Each Receipt this Period
2500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

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

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025

Transaction ID : 6079387E

Amount of Each Receipt this Period
2500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
AHMED, ZULFIQAR, , ,

Mailing Address 908 S Reading Rd

City: Bloomfield Hills State: MI Zip Code: 48304-2044

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

Name of Employer: Siromed Occupation: Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2025

Transaction ID : 6079385

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 6 OF 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025

Transaction ID : 6079385E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Almadrahi, Yousef, , ,

Mailing Address 30389 Bradmore Rd

City Warren	State MI	Zip Code 48092-6314
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Administrator
-----------------------------------	-----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2025

Transaction ID : 6028035

Amount of Each Receipt this Period
3300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Almadrahi, Zaina, , ,

Mailing Address 30389 Bradmore Rd

City Warren	State MI	Zip Code 48092-6314
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FEC ID number of contributing federal political committee. **C**

Name of Employer Specialty Medical Center	Occupation Administrative Assistant
--	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2025

Transaction ID : 6028036

Amount of Each Receipt this Period
3300.00

Memo Item

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

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

6600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
DeCaria, Sheetal, , ,

Mailing Address 1616 Canterbury Ln

City Glenview	State IL	Zip Code 60025-2257
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern	Occupation Physician
----------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 22 / 2025

Transaction ID : 6028041

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : 6028041E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Dhabuwala, Chirpriya, Babubhai, , MD

Mailing Address 875 Iron Oak Way

City The Villages	State FL	Zip Code 32163-4097
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : 6028038

Amount of Each Receipt this Period
7000.00

Memo Item

* Earmarked Contribution: See Below

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

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

8000.00

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 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : 6028038E

Amount of Each Receipt this Period
7000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Dhabuwala, Chirpriya, Babubhai, , MD

Mailing Address 875 Iron Oak Way

City The Villages	State FL	Zip Code 32163-4097
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : 6080380

Amount of Each Receipt this Period
- 3500.00

Memo Item

* Resignation

C. Full Name (Last, First, Middle Initial)
Dhabuwala, Chirpriya, Babubhai, , MD

Mailing Address 875 Iron Oak Way

City The Villages	State FL	Zip Code 32163-4097
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : 6080381

Amount of Each Receipt this Period
3500.00

Memo Item

* Resignation

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
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 9 OF 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Dhabuwala, Janak, , ,
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 Shubham Llc Occupation Admin
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2025
Transaction ID : 6028039
Amount of Each Receipt this Period
500.00
 Memo Item
* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO Box 441146
City West Somerville State MA Zip Code 02144-0031
FEC ID number of contributing federal political committee. C C00401224
Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025
Transaction ID : 6028039E
Amount of Each Receipt this Period
500.00
 Memo Item
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Frazier, Arthur, J, , MD
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 Oncologic Specialists Pc Occupation Medical Doctor
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2025
Transaction ID : 6079402
Amount of Each Receipt this Period
3500.00
 Memo Item
* Earmarked Contribution: See Below

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

4000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 36	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2025

Transaction ID : 6079402E

Amount of Each Receipt this Period
3500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Govil, Akhil, , ,

Mailing Address 1025 Towlston Rd

City Mclean	State VA	Zip Code 22102-1116
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Self Employed
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : 6028046

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2025

Transaction ID : 6028046E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶	1000.00
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 11 OF 36	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Harshman, Gloria, , ,

Mailing Address 9217 Shadow Pinar Ct

City Orlando	State FL	Zip Code 32825-7506
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2025

Transaction ID : 6079391

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025

Transaction ID : 6079391E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Khan, Sayeed, , , MD

Mailing Address 27301 Schoenherr Rd
Ste 104

City Warren	State MI	Zip Code 48088-6649
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPC	Occupation Physician
-------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : 6028040

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 12 OF 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : 6028040E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Khosla, Pramod, , ,

Mailing Address 877 Kirts Blvd

City Troy	State MI	Zip Code 48084-4857
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wayne State University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2025

Transaction ID : 6079390

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025

Transaction ID : 6079390E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
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 13 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Kostecke, Rekha, , M.D

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 Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2025

Transaction ID : 6079392

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2025

Transaction ID : 6079392E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Measar, Yokoob, ,

Mailing Address 3934 Belmont St

City Hamtramck	State MI	Zip Code 48212-3366
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Administrator
-----------------------------------	-----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2025

Transaction ID : 6028037

Amount of Each Receipt this Period
3300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4300.00
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 14 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Rudolf, Kris, , ,

Mailing Address 1372 Laurel View Dr

City Ann Arbor State MI Zip Code 48105-9410

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2025

Transaction ID : 6079386

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025

Transaction ID : 6079386E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Yadlapalli, Sri, , ,

Mailing Address 1298 Lamb Dr

City Troy State MI Zip Code 48085-4957

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2025

Transaction ID : 6079389

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 15 OF 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025

Transaction ID : 6079389E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	28400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 36	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Kumar, Anil, B, , MD

Mailing Address 2450 Bartley Lane Bloomfield Hls

City Rochester	State MI	Zip Code 48309
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FEC ID number of contributing federal political committee. **C** H4MI10131

Name of Employer MUP	Occupation Physician
-------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2025

Transaction ID : 6028047

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2025

Transaction ID : 6028047E

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	25.00

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 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

A. Full Name (Last, First, Middle Initial)
Kumar, Anil, B, , MD

Mailing Address 2450 Bartley Lane Bloomfield Hls

City Rochester State MI Zip Code 48309

FEC ID number of contributing federal political committee. **C** H4MI10131

Name of Employer MUP Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
65000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : 6028049

Amount of Each Receipt this Period
40000.00

Memo Item

Candidate Loan - Personal Funds

B. Full Name (Last, First, Middle Initial)
Kumar, Anil, B, , MD

Mailing Address 2450 Bartley Lane Bloomfield Hls

City Rochester State MI Zip Code 48309

FEC ID number of contributing federal political committee. **C** H4MI10131

Name of Employer MUP Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
115000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2025

Transaction ID : 6028050

Amount of Each Receipt this Period
50000.00

Memo Item

Candidate Loan - Personal Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90000.00
TOTAL This Period (last page this line number only).....▶	90000.00

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 18 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 349.58

Transaction ID : 500729660

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 45.83

Transaction ID : 500729661

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.94

Transaction ID : 500729662

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 400.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2025
Mailing Address PO Box 382110		FEC Identification Number C
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Processing Fees		Amount of Each Disbursement this Period 175.79
Candidate Name	Category/ Type	Transaction ID : 500735455
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2025
Mailing Address PO Box 382110		FEC Identification Number C
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Processing Fees		Amount of Each Disbursement this Period 185.65
Candidate Name	Category/ Type	Transaction ID : 500735456
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Bee Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 611 Pennsylvania Ave SE # 192		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4303
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 7000.00
Candidate Name	Category/ Type	Transaction ID : 500735451
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7361.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Bergmann Zwerdling Direct		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 5425 Wisconsin Ave Ste 600		FEC Identification Number C
City Chevy Chase	State MD	Zip Code 20815-3588
Purpose of Disbursement Graphic Design Services		Amount of Each Disbursement this Period 330.50
Candidate Name		Transaction ID : 500729667
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bergmann Zwerdling Direct		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 5425 Wisconsin Ave Ste 600		FEC Identification Number C
City Chevy Chase	State MD	Zip Code 20815-3588
Purpose of Disbursement Graphic Design Services		Amount of Each Disbursement this Period 568.87
Candidate Name		Transaction ID : 500729668
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Bergmann Zwerdling Direct		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 5425 Wisconsin Ave Ste 600		FEC Identification Number C
City Chevy Chase	State MD	Zip Code 20815-3588
Purpose of Disbursement Graphic Design Services		Amount of Each Disbursement this Period 284.38
Candidate Name		Transaction ID : 500729669
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1183.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Bergmann Zwerdling Direct		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 5425 Wisconsin Ave Ste 600		FEC Identification Number C
City Chevy Chase	State MD	Zip Code 20815-3588
Purpose of Disbursement Graphic Design Services		Amount of Each Disbursement this Period 366.61
Candidate Name		Transaction ID : 500729670
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bergmann Zwerdling Direct		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2025
Mailing Address 5425 Wisconsin Ave Ste 600		FEC Identification Number C
City Chevy Chase	State MD	Zip Code 20815-3588
Purpose of Disbursement Website Hosting & Software		Amount of Each Disbursement this Period 195.78
Candidate Name		Transaction ID : 500729666
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Carter Consulting Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 1722 Rose Ave		FEC Identification Number C
City Richmond	State VA	Zip Code 23222-4927
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : 500729671
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3562.39
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Carter Consulting Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 1722 Rose Ave		FEC Identification Number C
City Richmond	State VA	Zip Code 23222-4927
Purpose of Disbursement Fundraising Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735448
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Digital Movement Media		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 250 E Harbortown Dr		FEC Identification Number C
City Detroit	State MI	Zip Code 48207-5027
Purpose of Disbursement Digital Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735477
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Gusto, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 525 20Th St		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107-4345
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 786.31	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735440
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	9036.31
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Gusto, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 525 20Th St		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107-4345
Purpose of Disbursement Payroll	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1987.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735442
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Orjada, Ben, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Payroll	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1987.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500736078
State: District:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) C. Gusto, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 525 20Th St		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107-4345
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 786.31	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735441
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2773.75
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Gusto, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 525 20Th St		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107-4345
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1987.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735443
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Orjada, Ben, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1987.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500736077
State: District:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) C. Marchione, Chris, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Campaign Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 10000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500729658
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11987.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Marchione, Chris, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Campaign Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 10000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500729659
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Orjada, Ben, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Field	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500735445
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Top Tier Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 7530 Hartwell St		FEC Identification Number C
City Dearborn	State MI	Zip Code 48126-1524
Purpose of Disbursement Strategic Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 15000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500729654
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Top Tier Consulting, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025		
Mailing Address 7530 Hartwell St			FEC Identification Number C		
City Dearborn	State MI	Zip Code 48126-1524	Amount of Each Disbursement this Period 15000.00		
Purpose of Disbursement Strategic Consulting		Category/ Type	Transaction ID : 500729655		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Top Tier Consulting, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025		
Mailing Address 7530 Hartwell St			FEC Identification Number C		
City Dearborn	State MI	Zip Code 48126-1524	Amount of Each Disbursement this Period 15000.00		
Purpose of Disbursement Strategic Consulting		Category/ Type	Transaction ID : 500735453		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Wilson, William, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025		
Mailing Address 2075 Squirrel Rd			FEC Identification Number C		
City Bloomfield Hills	State MI	Zip Code 48304-1489	Amount of Each Disbursement this Period 6500.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : 500729656		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	36500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Wilson, William, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 6500.00
Candidate Name		Transaction ID : 500729657
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Wilson, William, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 2075 Squirrel Rd		FEC Identification Number C
City Bloomfield Hills	State MI	Zip Code 48304-1489
Purpose of Disbursement Expense Reimbursement - Parking & Office Supplies		Amount of Each Disbursement this Period 282.47
Candidate Name		Transaction ID : 500735444
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 410 Terry Ave N		FEC Identification Number C
City Seattle	State WA	Zip Code 98109-5210
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 101.76
Candidate Name		Transaction ID : 500736080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6782.47
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 28512 Telegraph Rd

City Southfield State MI Zip Code 48034-7505

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 137.95

Transaction ID : 500736081

Memo Item *

Full Name (Last, First, Middle Initial)

B. ParkMobile

Mailing Address 1100 Spring St NW Ste 200

City Atlanta State GA Zip Code 30309-2824

Purpose of Disbursement Parking

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.75

Transaction ID : 500736082

Memo Item *

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 1950 S Rochester Rd

City Rochester Hills State MI Zip Code 48307-3534

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 38.01

Transaction ID : 500736079

Memo Item *

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr Kumar for Congress

Full Name (Last, First, Middle Initial) A. Workbench Strategy			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025	
Mailing Address 330 W 50Th St			FEC Identification Number C	
City Minneapolis	State MN	Zip Code 55419-1247	Amount of Each Disbursement this Period 6025.00	
Purpose of Disbursement Data Analysis Services		Category/ Type	Transaction ID : 500735479	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Young Democrats Of Michigan			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2025	
Mailing Address 3923 Monte Carlo Ct SE			FEC Identification Number C	
City Kentwood	State MI	Zip Code 49512-1830	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Event Entry		Category/ Type	Transaction ID : 500735447	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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).....▶	6025.00
TOTAL This Period (last page this line number only).....▶	111112.90

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **5520999L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 170000.00	Cumulative Payment To Date 54194.45	Balance Outstanding at Close of This Period 115805.55
--------------------------------------	--	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2024	M M / D D / Y Y Y Y None	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 115805.55
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

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **6028051L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 10 / 2024	None	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **6028052L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 08 / 2024	MM / DD / YYYY None	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **6028053L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 30 / 2024	M M / D D / Y Y Y Y None	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **6028054L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2025	M M / D D / Y Y Y Y None	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5000.00
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

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **6028049L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 30 / 2025	M M / D D / Y Y Y Y NONE	NONE % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	40000.00
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

NAME OF COMMITTEE (In Full) **Dr Kumar for Congress** Transaction ID : **6028050L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kumar, Anil, B, , MD		<input checked="" type="checkbox"/> Primary
Mailing Address 2450 Bartley Lane Bloomfield Hls		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Rochester	State MI	ZIP Code 48309
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 02 / 2025	M M / D D / Y Y Y Y NONE	NONE % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	260805.55

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