

**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

Shri For Congress

ADDRESS (number and street)

19460 LOWELL DRIVE

Check if different
than previously
reported. (ACC)

DETROIT

MI

48230

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00798132

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MI

13

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
11 / 29 / 2022

through

M M / D D / Y Y Y Y
12 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Thanedar, Shri, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Thanedar, Shri, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 15 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 18

Write or Type Committee Name
Shri For Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 29 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022

	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))....	3750.00	12700.00
(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))	3750.00	12700.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22991.88	27629.69
(b) Total Offsets to Operating Expenditures (from Line 14)	750.00	750.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22241.88	26879.69
8. Cash on Hand at Close of Reporting Period (from Line 27)	117196.74	
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)	6170000.00	

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 / 18

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Shri For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

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).....

3750.00

12700.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

3750.00

12700.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

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

3750.00

12700.00

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.....

0.00

0.00

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

0.00

0.00

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

750.00

750.00

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

0.49

0.49

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

4500.49

13450.49

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22991.88	27629.69
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) ►	22991.88	27629.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	135688.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4500.49
25. SUBTOTAL (add Line 23 and Line 24).....	140188.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22991.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	117196.74

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A

Transaction ID :

This amendment serves as a response to the RFAI dated May 23, 2023.

Form/Schedule:

Transaction ID:

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 18

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

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NAME OF COMMITTEE (In Full)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Foster, Byrd, , ,

Mailing Address 18640 Mack Ave
Unit 36370

City State Zip Code
Grosse Pointe Farms MI 48236-7716

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Midigitel Corp. Owner

Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 05 2022

Transaction ID : 5411898

Amount of Each Receipt this Period

850.00

☐ Memo Item

* In-Kind: Food/Beverage

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

Mailing Address 2710 Inverness Ct

City State Zip Code
La Jolla CA 92037-2041

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Businessman

Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 16 2022

Transaction ID : 5471618

Amount of Each Receipt this Period

2900.00

☐ 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)..... ▶

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

3750.00
3750.00

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)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Clearwater Properties

Mailing Address 8571 W Grand River Ave

City Brighton State MI Zip Code 48116-2372

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

Name of Employer Occupation

Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 16 2022

Transaction ID : 5471569

Amount of Each Receipt this Period

750.00

☐ Memo Item

Refund of Rent Paid

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ 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)..... ▶

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

750.00

750.00

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Shri For Congress

Full Name (Last, First, Middle Initial)

A. 13th Congressional District Democratic Party

Mailing Address 25043 Grand River Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2022

City
RedfordState
MIZip Code
48240-1402

FEC Identification Number

C

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : 500319921

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2022

City
WashingtonState
DCZip Code
20006-1202

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

69.76

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : 500320129

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 1825 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2022

City
WashingtonState
DCZip Code
20006-1202

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

413.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : 500320693

☐ Memo Item

State:

District:

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

4482.76

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Shri For Congress

Full Name (Last, First, Middle Initial)

A. Buda, Kyle, , ,

Mailing Address 420 James St

City

Bay City

State

MI

Zip Code

48706-3930

Purpose of Disbursement

General Campaign Consulting

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : 500319934

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elias, Alex, , ,

Mailing Address 4626 Berwick Dr

City

Sterling Heights

State

MI

Zip Code

48310-3117

Purpose of Disbursement

Website Design

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : 500311772

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Foster, Byrd, , ,Mailing Address 18640 Mack Ave
Unit 36370

City

Grosse Pointe Farms

State

MI

Zip Code

48236-7716

Purpose of Disbursement

Food/Beverage

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

850.00

Transaction ID : 54118981

☐ Memo Item * In-Kind Received**SUBTOTAL** of Disbursements This Page (optional).....▶

3250.00

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Shri For Congress

Full Name (Last, First, Middle Initial)

A. Movement Compliance LLCMailing Address 20836 Hall Rd
Number 194City
Clinton TwpState
MIZip Code
48038-7227Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : 500311923

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN, IncMailing Address 655 15th St NW
Ste 650City
WashingtonState
DCZip Code
20005-5701Purpose of Disbursement
Online Database Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

5400.00

Transaction ID : 500311929

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Romulus Citizens for Social Change

Mailing Address 35774 Abbey Dr

City
RomulusState
MIZip Code
48174-6356Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 500320903

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7900.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Shri For Congress

Full Name (Last, First, Middle Initial)

A. Thomas, Linto, , ,Mailing Address 1249 Griswold St
Unit 309City
DetroitState
MIZip Code
48226-1948Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2022			

FEC Identification Number

C

Amount of Each Disbursement this Period

7000.00

Transaction ID : 500320128

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

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

22632.76

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

PAGE 12 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Shri For Congress

Transaction ID : 2246436L

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Thanedar, Shri, , ,

Mailing Address
19460 Lowell Dr

City

Detroit

State

MI

ZIP Code

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

5000000.00

Cumulative Payment To Date

3000000.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 23^D

/ Y 2021 Y

M M

/ D D

/ Y None Y

None

% (apr)

☐ 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).....▶

2000000.00

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 13 OF 18

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 : 2308011L

Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

Thanedar, Shri, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
19460 Lowell Dr

City

State

ZIP Code

Detroit

MI

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

170000.00

0.00

170000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 28 D

Y 2022 Y

M M

D D

Y None Y

None

% (apr)

☐ 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).....▶

170000.00

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

PAGE 14 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Shri For Congress

Transaction ID : 3711783L

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

Thanedar, Shri, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
19460 Lowell Dr

City

Detroit

State

MI

ZIP Code

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 10 D

Y 2022 Y

M M

D D

Y None Y

None % (apr)

☐ 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).....▶

1000000.00

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

PAGE 15 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Shri For Congress

Transaction ID : 3899254L

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

Thanedar, Shri, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
19460 Lowell Dr

City

Detroit

State

MI

ZIP Code

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 22 D

Y 2022 Y

M M

D D

Y None Y

None

% (apr)

☐ 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).....▶

1000000.00

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

PAGE 16 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Shri For Congress

Transaction ID : 3899256L

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

Thanedar, Shri, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
19460 Lowell Dr

City

State

ZIP Code

Detroit

MI

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 28 D

Y 2022 Y

M M

D D

Y None Y

None

% (apr)

☐ 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).....▶

1000000.00

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 17 OF 18

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

Transaction ID : 4093052L

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

Thanedar, Shri, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
19460 Lowell Dr

City

State

ZIP Code

Detroit

MI

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000.00

0.00

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M

D 21 D

Y 2022 Y

M M

D D

Y None Y

None

% (apr)

☐ 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).....▶

500000.00

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

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Shri For Congress

Transaction ID : 4109947L

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

Thanedar, Shri, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
19460 Lowell Dr

City

Detroit

State

MI

ZIP Code

48203-1417

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M

D 26 D

Y 2022 Y

M M

D D

Y None Y

None

% (apr)

☐ 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).....▶

500000.00

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

6170000.00

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