PAGE 1 / 12

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	uthorized Con	nmittee		(Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	xample: If typing, ver the lines.	type	12FE4M5	
Rab for Congress Cor	mmittee					
				1 1 1		
	22736 Vanowen	n St. Campaign Se	ction	1 1 1		
ADDRESS (number and street) ▼	Suite 105					
Check if different than previously	West Hills			. 1	CA 9	1307
reported. (ACC)		CITY ▲			STATE A	ZIP CODE ▲
2. FEC IDENTIFICATION N	UMBER ▼					
C C00581058		3. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT CA 32
4. TYPE OF REPORT (Cr	nanca Ona)					
(a) Quarterly Reports:	loose Offe)	(b) 12-Day PR	E -Election Report	for the:		
April 15 Quarterly	Report (O1)		Primary (12P)		General (12	G) Runoff (12R)
			Convention (12	2C)	Special (128	S)
July 15 Quarterly F October 15 Quarter		Election or	M M /	D D /	YYYY	in the State of
January 31 Year-Ei	nd Report (YF)			ut fou the.		State of
		(c) 30-Day PO	ST-Election Repo	rt for the.	D # (00D	0.000
П			General (30G)		Runoff (30R	Special (30S)
Termination Report	t (TER)	Election or	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M / D D /	^Y 2025 ^Y	through	M M 06	/ D D /	Y
I certify that I have examined th	-	-	knowledge and be	elief it is tru	ue, correct and	complete.
Type or Print Name of Treasure	er Rab, Aejaz (Ra	ajı), , ,				
Signature of Treasurer	b, Aejaz (Raji), , ,			D	ate 07	/ 11 / 2025
NOTE: Submission of false, erron	eous, or incomplete	e information may	subject the perso	n signing th	nis 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 03/2016)

Write or Type Committee Name

Rab for Congress Committee

^M06 2025 2025 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 34150.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 34150.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 30.00 89811.30 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 30.00 89811.30 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4496.38 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 141611.25 Schedule C and/or Schedule D).....

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

Rab for Congress Committee

(Dividends, Interest, etc.)

(Carry Total to Line 24, page 4).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

04 06 30 01 2025 2025 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 34100.00 (i) Itemized (use Schedule A)...... 0.00 50.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 34150.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 34150.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 60000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 60000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00

0.00

94150.00

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	30.00	89811.30
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
0.	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
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	30.00	89811.30
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	rting period	4526.38
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		4526.38
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	30.00
	CASH ON HAND AT CLOSE OF REPORTING	C DEDICO	

SCHEDULE B (FEC Form 3)

PAGE 5 12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Rab for Congress Committee Full Name (Last, First, Middle Initial) Date of Disbursement A. Wells Fargo Bank 2025 30 Mailing Address 6460 Platt Ave City State Zip Code **FEC Identification Number** CA West Hills 91307 Purpose of Disbursement H4CA30123 Bank monthly service fee Candidate Name Amount of Each Disbursement this Period Category/ Rab, Aejaz (Raji), , , Type Disbursement For: 2022 10.00 Office Sought: House Senate Primary General Transaction ID: SB17.4675 Other (specify) President Memo Item CA State: District: Full Name (Last, First, Middle Initial) B. Wells Fargo Bank Date of Disbursement Mailing Address 6460 Platt Ave 2025 05 City State Zip Code **FEC Identification Number** West Hills CA 91307 Purpose of Disbursement H4CA30123 Bank monthly service fee Candidate Name Amount of Each Disbursement this Period Category/ Rab, Aejaz (Raji), . . Type 10.00 Disbursement For: 2022 Office Sought: House Senate Primary General Transaction ID: SB17.4676 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Wells Fargo Bank Mailing Address 6460 Platt Ave 06 30 2025 City State Zip Code **FEC Identification Number** West Hills CA 91307 Purpose of Disbursement H4CA30123 Bank monthly service fee Candidate Name Amount of Each Disbursement this Period Category/ Rab, Aejaz (Raji), , , Type Disbursement For: 2022 10.00 Office Sought: House Senate Primary General Transaction ID: SB17.4677 President Other (specify) Memo Item CA State: District: SUBTOTAL of Disbursements This Page (optional)..... 30.00 TOTAL This Period (last page this line number only)..... 30.00

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

FOR LINE NUMBER: (check only one)

PAGE 6

13a

			Detailed Summary	Page			13b
NAME OF COMMITTEE (In Full)		Trar	saction ID :	SC/10.4218	•		
Rab for Congress Committee							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	em	: 2016		
Rab, Aejaz (Raji), , ,				nary neral			
Mailing Address 22736 Vanowen St. Campaign Section Suite 105				Oth	er (specify) \blacktriangledown		
City State ZIP Co)	N -			
West Hills	91307		X Pe	ersonal Funds of	the Cai	ndidate	
Original Amount of Loan Cumulative Payment To				Balance Outs	tanding at Close		_
10000.00	7	7	0.00			10000.0	0
TERMS Date Incurred	D	ate Due	Interest (If none, e		Se	cured:	
02 / 11 / Y Y Y Y Y Y Y		1/2020	9.90	% (apr)	Yes	X No	
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address	Mailing Address			Occupation			
City	ZIP Code		Guaranteed Outstanding:	9	9		
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation				
Oth.	7ID 0I-		Amount Guaranteed				
City	ZIP Code	(Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7		
4. Full Name (Last, First, Middle Initial)	•	1	Name of Employer				
Mailing Address			Occupation				
			Amount			-	
City	ZIP Code	I	Guaranteed Outstanding:	7	y		
SUBTOTALS This Period This Page (optional).						10000.00	0
				7	7	. 5500.00	
TOTALS This Period (last page in this line only	y)		······•		7		
Carry outstanding balance only to LINE 3, Scl	nedule D, for this	s line. If no	Schedule D, carry	forward to a	ppropriate line	of Sum	mary.

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

PAGE 7 OF FOR LINE NUMBER: (check only one)

X 13a

			Detailed Summary	/ Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID :	SC/10.4219		
Rab for Congress Committee							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	Item Election	n: 2016		
Rab, Aejaz (Raji), , ,	Rab, Aejaz (Raji), , ,						
Mailing Address							
22736 Vanowen St. Campaign Section Suite 105							
City	State	ZIP Code	9		ersonal Funds of t	ho Car	ndidata
West Hills CA 91307					ersonal Funds of t	TIE Cai	luluale
Original Amount of Loan	Cumulative Pay	ment To D	ate		standing at Close	of This	Period
45000.00			0.00			5000.00	0
TERMS Date Incurred	,	ate Due	Interest		Soci	ured:	
			(If none,		360	ureu.	
03 / 24 / 2016	M M / D D	03/2	24/2020 ^Y	9.90	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
						_	
City State ZIP Code			Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
	T=		Amount Guaranteed			-	
City	ZIP Code		Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)	<u> </u>		Name of Employer				
Mailing Address			Occupation				
			Amount			-	
City	ZIP Code		Guaranteed Outstanding:	7	- y		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			_	_
City State	ZIP Code		Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page (optional).					AL.	5000.00	
<u> </u>				7	1	,555.00	4
TOTALS This Period (last page in this line only	/)		······			- w	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to a	appropriate line o	f Sumi	mary.

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

FOR LINE NUMBER: (check only one)

PAGE 8

13a

			Detailed Summary	Page	13b		
NAME OF COMMITTEE (In Full)			Trai	nsaction ID : SC/10.4430			
Rab for Congress Committee							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I				
Rab, Aejaz (Raji), , ,				Primary General			
Mailing Address				Other (specify)			
22736 Vanowen St. Campaign Section Suite 105							
City	State	ZIP Code)	N Democrat Funds of the			
West Hills CA 91307				Personal Funds of the	• Candidate		
Original Amount of Loan Cumulative Payment To			ate	Balance Outstanding at Close of	This Period		
60000.00			0.00	600	00.00		
TERMO Data la const	7	, , , , , , , , , , , , , , , , , , ,	late and	D.I.			
TERMS Date Incurred		ate Due	Interest (If none,		ea:		
02 ^M / 21 ^D / Y Y Y Y Y Y Y	M M / D D	02/2	21/2019 Y	9.90 % (apr) Y	es X No		
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City State ZIP Code			Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address	Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed				
City	ZIP Code		Outstanding:	7 7	_		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
O'h.	7ID 0		Amount Guaranteed				
City	ZIP Code		Outstanding:	y y	_		
4. Full Name (Last, First, Middle Initial)	•	1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·			
SUBTOTALS This Period This Page (optional).					00.00		
The rate of the rate (optional).				600	00.00		
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Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of	Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE

9

X	13a
	13b

			Detailed Summary	Page	13b	
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4488					
Rab for Congress Committee						
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo It			
Rab, Aejaz (Raji), , ,				Primary General		
Mailing Address	Mailing Address					
22736 Vanowen St. Campaign Section Suite 105						
City	State	ZIP Code	•	V = 15 1 1 1 2		
West Hills CA 9130				Personal Funds of the Can	didate	
Original Amount of Loan	Cumulative Pay	yment To D	ate I	Balance Outstanding at Close of This	Period	
3000.00			0.00	3000.00)	
7 7	9	9	4	9 9 9		
TERMS Date Incurred		Date Due	Interest I (If none, e			
12 27 / Y Y Y Y Y Y Y	M M / D D		/27/20 ^Y	9.90 % (apr) Yes	X No	
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
			Amount Guaranteed			
City	ZIP Code		Outstanding:			
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code	I	Guaranteed Outstanding:	y y x		
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)					
Mailing Address			Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7 7		
	·	·				
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)					
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Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Sumr	nary.	

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

FOR LINE NUMBER: (check only one)

PAGE 10 OF

×	13a
	13b

			Detailed Summary	Fage	13b	
NAME OF COMMITTEE (In Full)	IAME OF COMMITTEE (In Full) Transaction ID : SC/10.4524					
Rab for Congress Committee						
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)		☐ Memo It			
Rab, Aejaz (Raji), , ,				Primary General		
Mailing Address				Other (specify)		
22736 Vanowen St. Campaign Section Suite 105						
City	State	ZIP Code	9			
West Hills CA 9130				Personal Funds of the Ca	andidate	
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outstanding at Close of Thi	s Period	
10000.00			0.00	10000.0	00	
7 7	9	7		9 9 9		
TERMS Date Incurred		Date Due	Interest (If none, e			
10 / 31 / 2019	M M / D D	/ 10/3	31/2020 Y	9.90 % (apr) Yes	X No	
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'		Name of Employer			
Mailing Address		(Occupation			
			Amount Guaranteed			
City	ZIP Code		Outstanding:	y y y	1	
3. Full Name (Last, First, Middle Initial)	'		Name of Employer			
Mailing Address		(Occupation			
			Amount		1	
City	ZIP Code	I	Guaranteed Outstanding:	y y y w	1	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)					
Mailing Address			Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7 7		
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line on	lv)				可	
The street (act page in the line on						
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Sum	nmary.	

Use separate schedule(s) for each category of the

PAGE 11 OF FOR LINE NUMBER: (check only one)

12

X | 13a Detailed Summary Page 13b Transaction ID: SC/10.4549 NAME OF COMMITTEE (In Full) Rab for Congress Committee LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Rab, Aejaz (Raji), , , General Mailing Address Other (specify) 22736 Vanowen St. Campaign Section Suite 105 City State ZIP Code Personal Funds of the Candidate 91307 CA West Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 28 9.90 09 2020 9/28/2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) 132000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Excluding Loans

l
FOR LINI
(check or

PAGE 12 OF E NUMBER: nly one)

	9
X	10

12

_	ME OF COMMITTEE (In Full) Rab for Congress Comr	mittee)			
	A. Full Name (Last, First, Middle Initial) of De	btor or Cre	editor	Nature of Debt (Purpose):		
	Rab, Aejaz (Raji), , ,	interest accrued				
-	Mailing Address 22736 Vanowen St. Campaig Suite 105					
Ī	City					
ļ	West Hills	CA	91307			
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4438		
	1815.00					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	0.00		0.00	1815.00		
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	ditor	Nature of Debt (Purpose):		
	Rab, Aejaz (Raji), , ,			interest accrued		
	Mailing Address 22736 Vanowen St. Campaig Suite 105					
	City West Hills	State CA	Zip Code 91307			
	Outstanding Balance Beginning This Period	Transaction ID : SD10.4439				
	7796.25					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	0.00		0.00	7796.25		
-	C. Full Name (Last, First, Middle Initial) of De	full Name (Last, First, Middle Initial) of Debtor or Creditor				
	Mailing Address					
	Mailing Address					
	City	State	Zip Code			
	Outstanding Balance Beginning This Period					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	9 9 9		9 9			
1)	SUBTOTALS This Period This Page (optional)		9611.25		
2)	TOTALS This Period (last page this line num	ber only) ····		9611.25		
3)	TOTAL OUTSTANDING LOANS from Schedu	132000.00				

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

141611.25