

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Shri 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))	25312.50	146791.95
(b) Total Contribution Refunds (from Line 20(d))	25.00	277.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	25287.50	146514.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44762.54	241171.86
(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))	44762.54	241171.86
8. Cash on Hand at Close of Reporting Period (from Line 27)	6396751.63	
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)	11470000.00	

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

Shri 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).....	20190.00	96214.00
(ii) Unitemized.....	1622.50	14577.95
(iii) TOTAL of contributions from individuals ▶	21812.50	110791.95
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	36000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25312.50	146791.95
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.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	- 1891558.89	1177901.21
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	- 1866246.39	1324693.16

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.....	44762.54	241171.86
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	25.00	277.00
(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)).....	25.00	277.00
21. OTHER DISBURSEMENTS	200.00	583.80
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	44987.54	242032.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8307985.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	- 1866246.39
25. SUBTOTAL (add Line 23 and Line 24).....	6441739.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44987.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6396751.63

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

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

FOR LINE NUMBER: PAGE 5 OF 56
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Berlin, Max, , ,
Mailing Address 17517 Adrian Rd
City Southfield State MI Zip Code 48075-1949
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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025
Transaction ID : 9232413
Amount of Each Receipt this Period
5000.00
 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
Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
6612.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2025
Transaction ID : 9232413E
Amount of Each Receipt this Period
5000.00
 Memo Item
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Gill, Gerald, , ,
Mailing Address 5109 Eagle Rdg
City Springfield State IL Zip Code 62711-7808
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 ▼
252.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2025
Transaction ID : 9151545
Amount of Each Receipt this Period
5.00
 Memo Item
* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 5005.00
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 56	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Shri 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**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6612.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2025

Transaction ID : 9151545E

Amount of Each Receipt this Period
5.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 5109 Eagle Rdg

City Springfield	State IL	Zip Code 62711-7808
---------------------	-------------	------------------------

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 ▼
257.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2025

Transaction ID : 9211921

Amount of Each Receipt this Period
5.00

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**

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 ▼
6612.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2025

Transaction ID : 9211921E

Amount of Each Receipt this Period
5.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶	5.00
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 7 OF 56
<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)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Gill, Gerald, , ,

Mailing Address 5109 Eagle Rdg

City Springfield	State IL	Zip Code 62711-7808
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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 ▼
262.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2025

Transaction ID : 9250936

Amount of Each Receipt this Period
5.00

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**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6612.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2025

Transaction ID : 9250936E

Amount of Each Receipt this Period
5.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Kashalkar, Neeraj, Ram, ,

Mailing Address 29 Plumeria

City Irvine	State CA	Zip Code 92620-7900
----------------	-------------	------------------------

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

Name of Employer Broadcom	Occupation Engineer
------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2025

Transaction ID : 9138355

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

30.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 56
(check only one)
 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)
ActBlue

Mailing Address PO Box 441146

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

FEC ID number of contributing federal political committee: C

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6612.50

Date of Receipt: 10 / 26 / 2025

Transaction ID : 9138355E

Amount of Each Receipt this Period: 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Kashalkar, Neeraj, Ram, ,

Mailing Address 29 Plumeria

City: Irvine State: CA Zip Code: 92620-7900

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: Engineer

Broadcom

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt: 11 / 21 / 2025

Transaction ID : 9201383

Amount of Each Receipt this Period: 25.00

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

FEC ID number of contributing federal political committee: C

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6612.50

Date of Receipt: 11 / 23 / 2025

Transaction ID : 9201383E

Amount of Each Receipt this Period: 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

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 9 OF 56	
	<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)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Kashalkar, Neeraj, Ram, ,

Mailing Address 29 Plumeria

City Irvine State CA Zip Code 92620-7900

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

Name of Employer Broadcom Occupation Engineer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID : 9244899

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

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6612.50

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

Transaction ID : 9244899E

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 25940 Stratford PI

City Oak Park State MI Zip Code 48237-1028

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

Name of Employer Occupation
STERLING GROUP
MANAGER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID : 9232421

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3525.00
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 10 OF 56	
<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)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Loketch, Dov, , ,

Mailing Address 25940 Stratford Pl

City Oak Park	State MI	Zip Code 48237-1028
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FEC ID number of contributing federal political committee.

Name of Employer STERLING GROUP	Occupation MANAGER
------------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : 9232422

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 2019 Hendrie

City Canton	State MI	Zip Code 48187-4659
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : 9189663

Amount of Each Receipt this Period

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.

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

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : 9189663E

Amount of Each Receipt this Period

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

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

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

FOR LINE NUMBER: PAGE 11 OF 56
(check only one)
 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)
Torgow, Eliezer, I, ,
Mailing Address 25311 Curtis Ct
City Oak Park State MI Zip Code 48237-1392
FEC ID number of contributing federal political committee. C
Name of Employer Sterling Group Occupation Chief Executive Officer
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 / 14 / 2025
Transaction ID : 9232420
Amount of Each Receipt this Period
2500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Torgow, Jacob, , ,
Mailing Address 14661 Ludlow St
City Oak Park State MI Zip Code 48237-4112
FEC ID number of contributing federal political committee. C
Name of Employer Sterling Group Occupation Vice President
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 / 14 / 2025
Transaction ID : 9232415
Amount of Each Receipt this Period
2500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Torgow, Manny, , ,
Mailing Address 25541 Gardner St
City Oak Park State MI Zip Code 48237-1344
FEC ID number of contributing federal political committee. C
Name of Employer Sterling Group Occupation President
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 / 14 / 2025
Transaction ID : 9232426
Amount of Each Receipt this Period
2500.00
 Memo Item

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

7500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 56
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Shri For Congress

A. Full Name (Last, First, Middle Initial)
Torgow, Yonah, B, ,

Mailing Address 333 W Fort St
Ste 1350

City Detroit State MI Zip Code 48226-3149

FEC ID number of contributing federal political committee. C

Name of Employer Sterling Group Occupation Executive Chariman

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 / 14 / 2025

Transaction ID : 9232416

Amount of Each Receipt this Period
2500.00

Memo Item

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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	20190.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 56
(check only one)
 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)
DMFI PAC

Mailing Address PO Box 3617

City Washington State DC Zip Code 20027-0117

FEC ID number of contributing federal political committee. **C** C00710848

Name of Employer Occupation

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 / 24 / 2025

Transaction ID : 9274497

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F St NW
Ste 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

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
11 / 26 / 2025

Transaction ID : 9222204

Amount of Each Receipt this Period
2500.00

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).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	3500.00

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 14 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee		Amount of Each Disbursement this Period 5.29
Candidate Name		Transaction ID : 500467812
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 10 / 12 / 2025
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee		Amount of Each Disbursement this Period 8.61
Candidate Name		Transaction ID : 500469864
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2025
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee		Amount of Each Disbursement this Period 0.76
Candidate Name		Transaction ID : 500470689
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).....▶	14.66
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 15 OF 56			
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ActBlue Technical Services		M M / D D / Y Y Y Y 10 / 26 / 2025
Mailing Address 366 Summer St		FEC Identification Number
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="3.21"/>
State: District:		Transaction ID : 500471534
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. ActBlue Technical Services		M M / D D / Y Y Y Y 11 / 02 / 2025
Mailing Address 366 Summer St		FEC Identification Number
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="5.44"/>
State: District:		Transaction ID : 500471922
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. ActBlue Technical Services		M M / D D / Y Y Y Y 11 / 09 / 2025
Mailing Address 366 Summer St		FEC Identification Number
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="2.44"/>
State: District:		Transaction ID : 500473058
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="11.09"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 17 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Service Fee

Candidate Name Category/Type

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

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

FEC Identification Number **C**

Amount of Each Disbursement this Period

Transaction ID : 500476184

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Service Fee

Candidate Name Category/Type

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

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

FEC Identification Number **C**

Amount of Each Disbursement this Period

Transaction ID : 500477550

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Service Fee

Candidate Name Category/Type

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

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

FEC Identification Number **C**

Amount of Each Disbursement this Period

Transaction ID : 500477551

Memo Item

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

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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2025
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4.15	
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 : 500477577
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 366 Summer St		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Service Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 6.05	
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 : 500477579
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amalgamated Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 1825 K St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20006-1202
Purpose of Disbursement Bank Fees	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 152.92	
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 : 500471928
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	163.12
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 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Amalgamated Bank		M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 1825 K St NW		FEC Identification Number
City Washington	State DC	Zip Code 20006-1202
Purpose of Disbursement Bank Fees		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="116.50"/>
State: District:		Transaction ID : 500475350
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Amalgamated Bank		M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 1825 K St NW		FEC Identification Number
City Washington	State DC	Zip Code 20006-1202
Purpose of Disbursement Bank Fees		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="118.75"/>
State: District:		Transaction ID : 500477611
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Amazon.com		M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 81226		FEC Identification Number
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="52.96"/>
State: District:		Transaction ID : 500471014
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="288.21"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 27.16	
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 : 500471015 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 46.10	
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 : 500471016 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 176.11	
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 : 500471017 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	249.37
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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 82.22	
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 : 500471018 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.46	
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 : 500471023 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 58.50	
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 : 500475342 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	153.18
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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 917.37	
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 : 500475343
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 176.62	
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 : 500475344
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 106.90	
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 : 500475370
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1200.89
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 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 34.22
Candidate Name		Transaction ID : 500477594
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. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 58.29
Candidate Name		Transaction ID : 500477596
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. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address 3031 E Grand Blvd		FEC Identification Number C
City Detroit	State MI	Zip Code 48202-3133
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 29.95
Candidate Name		Transaction ID : 500487581
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).....▶	122.46
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 56			
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Bank of America		M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 3031 E Grand Blvd		FEC Identification Number
City Detroit	State MI	Zip Code 48202-3133
Purpose of Disbursement Bank Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="30.00"/>
State: District:		Transaction ID : 500487584
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Bank of America		M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 3031 E Grand Blvd		FEC Identification Number
City Detroit	State MI	Zip Code 48202-3133
Purpose of Disbursement Bank Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="29.95"/>
State: District:		Transaction ID : 500487582
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Bank of America		M M / D D / Y Y Y Y 11 / 05 / 2025
Mailing Address 3031 E Grand Blvd		FEC Identification Number
City Detroit	State MI	Zip Code 48202-3133
Purpose of Disbursement Bank Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
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="text" value="30.00"/>
State: District:		Transaction ID : 500487585
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="89.95"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 3031 E Grand Blvd		FEC Identification Number C
City Detroit	State MI	Zip Code 48202-3133
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 29.95
Candidate Name		Transaction ID : 500487583
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. Broom, Jordan, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2025
Mailing Address 15734 Gully St		FEC Identification Number C
City Taylor	State MI	Zip Code 48180-5024
Purpose of Disbursement Signature Collecting Wages		Amount of Each Disbursement this Period 220.00
Candidate Name		Transaction ID : 500473449
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. Call Time AI		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2025
Mailing Address 2627 E College Ave		FEC Identification Number C
City Visalia	State CA	Zip Code 93292-3205
Purpose of Disbursement Political Fundraising Software		Amount of Each Disbursement this Period 1050.00
Candidate Name		Transaction ID : 500471536
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).....▶	1299.95
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)
Shri For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Call Time AI		M M / D D / Y Y Y Y 11 / 24 / 2025	
Mailing Address 2627 E College Ave		FEC Identification Number	
City Visalia	State CA	Zip Code 93292-3205	C
Purpose of Disbursement Political Fundraising Software		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1050.00
Office Sought:	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 : 500475345
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Call Time AI		M M / D D / Y Y Y Y 12 / 24 / 2025	
Mailing Address 2627 E College Ave		FEC Identification Number	
City Visalia	State CA	Zip Code 93292-3205	C
Purpose of Disbursement Political Fundraising Software		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1050.00
Office Sought:	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 : 500477602
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Canva		M M / D D / Y Y Y Y 10 / 08 / 2025	
Mailing Address 600 California St		FEC Identification Number	
City San Francisco	State CA	Zip Code 94108-2704	C
Purpose of Disbursement Graphic Design Software		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			35.97
Office Sought:	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 : 500469866
State:	District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2135.97
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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Canva			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address 600 California St			FEC Identification Number C
City San Francisco	State CA	Zip Code 94108-2704	Amount of Each Disbursement this Period 35.97
Purpose of Disbursement Graphic Design Software		Category/ Type	Transaction ID : 500473061
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. Canva			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 600 California St			FEC Identification Number C
City San Francisco	State CA	Zip Code 94108-2704	Amount of Each Disbursement this Period 35.97
Purpose of Disbursement Graphic Design Software		Category/ Type	Transaction ID : 500476187
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. Coffey, Michale, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address 3790 Glendale St			FEC Identification Number C
City Detroit	State MI	Zip Code 48238-3208	Amount of Each Disbursement this Period 340.00
Purpose of Disbursement Office Assistant Wages		Category/ Type	Transaction ID : 500471022
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).....▶	411.94
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 28 OF 56			
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Coffey, Michale, , ,		Date of Disbursement MM / DD / YYYY 11 / 05 / 2025
Mailing Address 3790 Glendale St		FEC Identification Number C
City Detroit	State MI	Zip Code 48238-3208
Purpose of Disbursement Office Assistant Wages		Amount of Each Disbursement this Period 680.00
Candidate Name		Transaction ID : 500473059
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. Coffey, Michale, , ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2025
Mailing Address 3790 Glendale St		FEC Identification Number C
City Detroit	State MI	Zip Code 48238-3208
Purpose of Disbursement Office Assistant Wages		Amount of Each Disbursement this Period 680.00
Candidate Name		Transaction ID : 500473448
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. Coffey, Michale, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2025
Mailing Address 3790 Glendale St		FEC Identification Number C
City Detroit	State MI	Zip Code 48238-3208
Purpose of Disbursement Office Assistant Wages		Amount of Each Disbursement this Period 680.00
Candidate Name		Transaction ID : 500475365
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).....▶	2040.00
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 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Coffey, Michale, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2025
Mailing Address 3790 Glendale St		FEC Identification Number C
City Detroit	State MI	Zip Code 48238-3208
Purpose of Disbursement Office Assistant Wages		Amount of Each Disbursement this Period 680.00
Candidate Name		Transaction ID : 500477589
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. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 8.40
Candidate Name		Transaction ID : 500463353
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. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 5.29
Candidate Name		Transaction ID : 500487573
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).....▶	693.69
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 30 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Google, Inc.		Date of Disbursement MM / DD / YYYY 10 / 02 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 217.73	
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 : 500487578
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Google, Inc.		Date of Disbursement MM / DD / YYYY 10 / 02 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.82	
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 : 500487580
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Google, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 8.40	
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 : 500471925
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	238.95
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 31 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Google, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 5.29
Candidate Name	Category/ Type	Transaction ID : 500487574
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. Google, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 12.89
Candidate Name	Category/ Type	Transaction ID : 500487576
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. Google, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 217.73
Candidate Name	Category/ Type	Transaction ID : 500487579
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).....▶	235.91
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 32 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 217.73
Candidate Name	Category/ Type	Transaction ID : 500487572
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. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 5.29
Candidate Name	Category/ Type	Transaction ID : 500487575
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. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period 8.40
Candidate Name	Category/ Type	Transaction ID : 500475368
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).....▶	231.42
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 33 OF 56			
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Website Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 12.89	
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 : 500487577
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Grosse Pointe Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address PO Box 36881		FEC Identification Number C
City Grosse Pointe Farms	State MI	Zip Code 48236-0881
Purpose of Disbursement Event Ticket	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 250.00	
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 : 500473287
State: District:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) C. Hexagon Creative LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 1001 Woodward Ave		FEC Identification Number C
City Detroit	State MI	Zip Code 48226-1904
Purpose of Disbursement Website Design	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 : 500464163
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	512.89
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 34 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Inland Press		M M / D D / Y Y Y Y 11 / 13 / 2025	
Mailing Address 2001 W Lafayette Blvd		FEC Identification Number	
City Detroit	State MI	Zip Code 48216-1852	C
Purpose of Disbursement Printing		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			514.10
Office Sought:	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 : 500473286
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Kinetic Strategies LLC		M M / D D / Y Y Y Y 10 / 06 / 2025	
Mailing Address 17 Diamond St # 2E		FEC Identification Number	
City Brooklyn	State NY	Zip Code 11222-7653	C
Purpose of Disbursement Fundraising Consulting		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1488.00
Office Sought:	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 : 500464164
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Kinetic Strategies LLC		M M / D D / Y Y Y Y 11 / 11 / 2025	
Mailing Address 17 Diamond St # 2E		FEC Identification Number	
City Brooklyn	State NY	Zip Code 11222-7653	C
Purpose of Disbursement Fundraising Consulting		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1965.79
Office Sought:	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 : 500473062
State:	District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3967.89
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)
Shri For Congress

Full Name (Last, First, Middle Initial)
A. Kinetic Strategies LLC

Mailing Address 17 Diamond St
2E

City Brooklyn State NY Zip Code 11222-7653

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 12 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
6402.00

Transaction ID : 500476185

Memo Item

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

Mailing Address 1 Microsoft Way

City Redmond State WA Zip Code 98052-8300

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 09 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
31.80

Transaction ID : 500469865

Memo Item

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

Mailing Address 1 Microsoft Way

City Redmond State WA Zip Code 98052-8300

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 10 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
31.80

Transaction ID : 500473060

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6465.60
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 36 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Microsoft		M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 1 Microsoft Way		FEC Identification Number
City Redmond	State WA	Zip Code 98052-8300
Purpose of Disbursement Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	31.80
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500476186
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Movement Compliance LLC		M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 20836 Hall Rd Number 194		FEC Identification Number
City Clinton Twp	State MI	Zip Code 48038-7227
Purpose of Disbursement Compliance Consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	2500.00
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500471929
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Movement Compliance LLC		M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 20836 Hall Rd Number 194		FEC Identification Number
City Clinton Twp	State MI	Zip Code 48038-7227
Purpose of Disbursement Compliance Consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	2500.00
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500475347
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5031.80
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 37 OF 56	
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Movement Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 20836 Hall Rd Number 194		FEC Identification Number C
City Clinton Twp	State MI	Zip Code 48038-7227
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : 500477605
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. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 655 15th St NW Ste 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005-5701
Purpose of Disbursement Online Database Fee		Amount of Each Disbursement this Period 4042.49
Candidate Name		Transaction ID : 500471923
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. Ross, Eldridge, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 18405 Livernois Ave		FEC Identification Number C
City Detroit	State MI	Zip Code 48221-2254
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : 500471926
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).....▶	7542.49
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 38 OF 56			
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Ross, Eldridge, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025		
Mailing Address 18405 Livernois Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48221-2254	Amount of Each Disbursement this Period 955.61		
Purpose of Disbursement Third Quarter Fundraising Commission		Category/ Type	Transaction ID : 500471927		
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. Ross, Eldridge, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2025		
Mailing Address 18405 Livernois Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48221-2254	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : 500473447		
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. Ross, Eldridge, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025		
Mailing Address 18405 Livernois Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48221-2254	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : 500475356		
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).....▶	4955.61
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 39 OF 56			
	<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)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Ross, Eldridge, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025		
Mailing Address 18405 Livernois Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48221-2254	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : 500477583		
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. Ross, Eldridge, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2025		
Mailing Address 18405 Livernois Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48221-2254	Amount of Each Disbursement this Period 99.24		
Purpose of Disbursement Reimbursement		Category/ Type	Transaction ID : 500477588		
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. Ross, Eldridge, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025		
Mailing Address 18405 Livernois Ave			FEC Identification Number C		
City Detroit	State MI	Zip Code 48221-2254	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : 500477584		
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).....▶	4099.24
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 40 OF 56			
	<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	

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NAME OF COMMITTEE (In Full)
Shri For Congress

Full Name (Last, First, Middle Initial) A. Thomas, Linto, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025		
Mailing Address 1001 New Jersey Ave SE Apt 831			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-6407	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : 500463351		
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. Thomas, Linto, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025		
Mailing Address 1001 New Jersey Ave SE Apt 831			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-6407	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : 500471924		
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. Thomas, Linto, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025		
Mailing Address 1001 New Jersey Ave SE Apt 831			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-6407	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Campaign Consulting		Category/ Type	Transaction ID : 500475367		
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).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	44630.81

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)
Shri For Congress

Full Name (Last, First, Middle Initial)

A. Western Wayne County NAACP

Mailing Address 27500 Marquette St

City Garden City State MI Zip Code 48135-3041

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 17 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
200.00

Transaction ID : 500470690
 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).....▶	200.00
TOTAL This Period (last page this line number only).....▶	200.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Shri For Congress** Transaction ID : **2246436L**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
THANEDAR, SHRI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
19460 Lowell Dr			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Detroit	MI	48203-1417	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000000.00	3000000.00	2000000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 23 / 2021	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).....▶	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

NAME OF COMMITTEE (In Full) **Shri For Congress** Transaction ID : **2308011L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item THANEDAR, SHRI, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 19460 Lowell Dr		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City Detroit	State MI	

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 M / D D / Y Y Y Y 03 / 28 / 2022	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	170000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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) **Transaction ID : 3711783L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
THANEDAR, SHRI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
19460 Lowell Dr			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Detroit	MI	48203-1417	

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 M / D D / Y Y Y Y	M M / D D / Y Y Y Y	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 10 / 2022	None		

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

NAME OF COMMITTEE (In Full) **Transaction ID : 3899254L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 19460 Lowell Dr		<input type="checkbox"/> General
City Detroit		<input type="checkbox"/> Other (specify) ▼
State MI	ZIP Code 48203-1417	<input checked="" type="checkbox"/> 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:
	06 / 22 / 2022	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).....▶	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

NAME OF COMMITTEE (In Full) **Shri For Congress** Transaction ID : **3899256L**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item THANEDAR, SHRI, , ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 19460 Lowell Dr		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City Detroit	State MI	

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:
	06 / 28 / 2022	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).....▶	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

NAME OF COMMITTEE (In Full) **Shri For Congress** Transaction ID : **4093052L**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
THANEDAR, SHRI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
19460 Lowell Dr			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Detroit	MI	48203-1417	

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:
	07 / 21 / 2022	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).....▶	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) LOANS

NAME OF COMMITTEE (In Full) **Shri For Congress** Transaction ID : **4109947L**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
THANEDAR, SHRI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
19460 Lowell Dr			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Detroit	MI	48203-1417	

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 M / D D / Y Y Y Y	M M / D D / Y Y Y Y	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	07 / 26 / 2022	None		

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) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : 6461136L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 19460 Lowell Dr		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Detroit	State MI	ZIP Code 48203-1417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2150000.00
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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 / 28 / 2023	M M / D D / Y Y Y Y None	0.00 % (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).....▶	2150000.00
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) **Transaction ID : 6609834L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 19460 Lowell Dr		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Detroit	State MI	ZIP Code 48203-1417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200000.00	0.00	1200000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 18 / 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).....▶	1200000.00
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) **Transaction ID : 8093393L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 19460 Lowell Dr		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Detroit	State MI	ZIP Code 48203-1417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 06 / 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).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : 6878028L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 19460 Lowell Dr		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Detroit	State MI	ZIP Code 48203-1417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 03 / 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).....▶	150000.00
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) **Transaction ID : 6878029L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 19460 Lowell Dr		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Detroit	State MI	ZIP Code 48203-1417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 13 / 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).....▶	[] 300000.00
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) **Transaction ID : 6878030L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
THANEDAR, SHRI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
19460 Lowell Dr			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Detroit	MI	48203-1417	

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 M / D D / Y Y Y Y	M M / D D / Y Y Y Y	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 20 / 2024	None		

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) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : 6977394L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
THANEDAR, SHRI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
19460 Lowell Dr			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Detroit	MI	48203-1417	

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 M / D D / Y Y Y Y	M M / D D / Y Y Y Y	None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 29 / 2024	None		

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) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : 7229862L**
 Shri For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
THANEDAR, SHRI, , ,		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 19460 Lowell Dr		
City Detroit	State MI	ZIP Code 48203-1417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 400000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 400000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 01 / 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).....▶	400000.00
TOTALS This Period (last page in this line only).....▶	11470000.00

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