FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Dr. Kumar For Congress

ADDRESS (number and street) 1556 Bartley Lane

☐ Check if different than previously reported. (ACC)

Bloomfield Hills | MI | 48304

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00846089

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: MI 11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- ☐ Primary (12P)
- ☒ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on MM 11 / DD 03 / YYYY 2026 in the State of MI

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

- ☐ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2026 through MM 10 / DD 14 / YYYY 2026

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

Type or Print Name of Treasurer: Chaudhry, Nalin, , ,

Signature of Treasurer: *Chaudhry, Nalin, , ,* ***[Electronically Filed]*** Date: MM 10 / DD 22 / YYYY 2026

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

Office Use Only							

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

Dr. Kumar For Congress

Report Covering the Period: From: 10 / 01 / 2026 To: 10 / 14 / 2026

	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))	0.00	97355.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	97355.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32097.46	381548.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	32097.46	374548.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	319467.09	
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)	595000.00	

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

Dr. Kumar For Congress

Report Covering the Period: From: 10/01/2026 To: 10/14/2026

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)	0.00	85827.29
(ii) Unitemized	0.00	6402.78
(iii) TOTAL of contributions from individuals ▶	0.00	92230.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) The Candidate	0.00	125.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	97355.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	640000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	640000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	7000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	0.00	744355.07

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	32097.46	381548.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	25000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32097.46	406548.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	351564.55
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)	351564.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	32097.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	319467.09

Image# 202610229944851991

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

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

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

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

A to Z Printing

Mailing Address Information Requested

City: West Bloomfield | State: MI | Zip Code: 48323

Purpose of Disbursement: Printing

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 685.17

Transaction ID : D-48814-B

☐ Memo Item

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

Top Tier Consulting

Mailing Address 7530 Hartwell Sr

City: West Bloomfield | State: MI | Zip Code: 48323

Purpose of Disbursement: Political Consulting

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 15000.00

Transaction ID : D-48800-B

☐ Memo Item

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

American Civil Rights League

Mailing Address 645 GRISWOLD ST

City: DETROIT | State: MI | Zip Code: 48226-4105

Purpose of Disbursement: Annual Gala Ticket

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 08 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : D-48817-B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 17185.17

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

Image# 202610229944851992

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Dr. Kumar For Congress

A. Full Name (Last, First, Middle Initial)
Top Tier Consulting
Mailing Address 7530 Hartwell Sr
City: West Bloomfield | State: MI | Zip Code: 48323
Purpose of Disbursement: Reimbursement of Campaign Expenditures
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 6575.00
Transaction ID : D-48802-B
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Carter Consulting Services
Mailing Address 270 S TELEGRAPH RD
City: PONTIAC | State: MI | Zip Code: 48341-1979
Purpose of Disbursement: Campaign Fundraising Consulting
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 3925.00
Transaction ID : D-48803-B
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Warchest
Mailing Address 481 Waltham St
City: Washington | State: DC | Zip Code: 02421
Purpose of Disbursement: Software Subscription
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1650.00
Transaction ID : D-48804-B
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6575.00

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

Image# 202610229944851993

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

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

Grassroots Analytics

Mailing Address 806 7TH ST NW STE 3

City: WASHINGTON | State: DC | Zip Code: 20001-3868

Purpose of Disbursement: Software Subscription

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D-48805-B

☒ Memo Item

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

Top Tier Consulting

Mailing Address 7530 Hartwell Sr

City: West Bloomfield | State: MI | Zip Code: 48323

Purpose of Disbursement: Reimbursement of general consulting expenditures

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 8287.29

Transaction ID : D-48806-B

☐ Memo Item

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

United Independents

Mailing Address 7572 PANORAMA DR

City: BOULDER | State: CO | Zip Code: 80303-5106

Purpose of Disbursement: Registration Fee

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1990.00

Transaction ID : D-48807-B

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8287.29

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

Image# 202610229944851994

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Dr. Kumar For Congress

A.
Full Name (Last, First, Middle Initial)
Delta Airlines
Mailing Address 1030 DELTA BLVD
City: ATLANTA | State: GA | Zip Code: 30354-1989
Purpose of Disbursement: Travel
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1857.40
Transaction ID : D-48808-B
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Jw Marriott
Mailing Address 1331 PENNSYLVANIA AVE NW
City: WASHINGTON | State: DC | Zip Code: 20004-1710
Purpose of Disbursement: Lodging
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1385.36
Transaction ID : D-48809-B
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Delta Airlines
Mailing Address 1030 DELTA BLVD
City: ATLANTA | State: GA | Zip Code: 30354-1989
Purpose of Disbursement: Travel
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 564.81
Transaction ID : D-48810-B
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202610229944851995

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Dr. Kumar For Congress

A.
Full Name (Last, First, Middle Initial)
Jw Marriott
Mailing Address 1331 PENNSYLVANIA AVE NW
City: WASHINGTON | State: DC | Zip Code: 20004-1710
Purpose of Disbursement: Lodging
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 2489.72
Transaction ID : D-48811-B
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Gusto
Mailing Address Information Requested
City: San Francisco | State: CA | Zip Code: 09410
Purpose of Disbursement: Payroll Software Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 05 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 50.00
Transaction ID : D-48812-B
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
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) ▶ 50.00

TOTAL This Period (last page this line number only) ▶ 32097.46

Image# 202610229944851996

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

Transaction ID : L-32-C

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

Kumar, Anil, , ,

[ ] Memo Item

Mailing Address
2450 BARTLEY LN

City	State	ZIP Code
BLOOMFIELD HILLS	MI	48304

Election: 2026
- [X] Primary Candidate Loan - Personal General Funds
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/02/2025	12/30/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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.

Image# 202610229944851997

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

Transaction ID : L-28-C

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

Kumar, Anil, , ,

[ ] Memo Item

Mailing Address
2450 BARTLEY LN

City	State	ZIP Code
BLOOMFIELD HILLS	MI	48304

Election: 2026
- [X] Primary Candidate Loan - Personal General Funds
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400000.00	0.00	400000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/30/2026	12/30/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 400000.00

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.

Image# 202610229944851998

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

Transaction ID : L-33-C

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

Kumar, Anil, , ,

[ ] Memo Item

Mailing Address
2450 BARTLEY LN

City	State	ZIP Code
BLOOMFIELD HILLS	MI	48304

Election: 2026
- [X] Primary Candidate Loan - Personal General Funds
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

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

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/30/2025	12/30/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

Image# 202610229944851999

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

Transaction ID : L-34-C

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

Kumar, Anil, , ,

[ ] Memo Item

Mailing Address
2450 BARTLEY LN

City	State	ZIP Code
BLOOMFIELD HILLS	MI	48304

Election: 2026
- [X] Primary Candidate Loan - Personal General Funds
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

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

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/30/2025	12/30/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 5000.00

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

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

Image# 202610229944852000

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

Transaction ID : L-30-C

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

Kumar, Anil, , ,

[ ] Memo Item

Mailing Address
2450 BARTLEY LN

City	State	ZIP Code
BLOOMFIELD HILLS	MI	48304

Election: 2026
- [X] Primary Candidate Loan - Personal General Funds
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/02/2026	12/30/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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.

Image# 202610229944852001

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

Dr. Kumar For Congress

Transaction ID : L-31-C

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

Kumar, Anil, , ,

[ ] Memo Item

Mailing Address
2450 BARTLEY LN

City	State	ZIP Code
BLOOMFIELD HILLS	MI	48304

Election: 2026
- [X] Primary Candidate Loan - Personal General Funds
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/21/2026	12/30/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	595000.00

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