

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
VERMA FOR CONGRESS

ADDRESS (number and street) 618 N RIDGEWOOD AVE
 Check if different than previously reported. (ACC) DAYTONA BEACH FL 32114

2. **FEC IDENTIFICATION NUMBER** C C00498923 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 06

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2012 through 03 / 31 / 2012

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 VIPIN VERMA
Signature of Treasurer VIPIN VERMA [Electronically Filed] Date M M / D D / Y Y Y Y
04 / 16 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 27

Write or Type Committee Name

VERMA FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

	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))....	10868.91	11608.91
(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)).....	10868.91	11608.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9980.49	10935.30
(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)).....	9980.49	10935.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1073.61	
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).....	400.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

VERMA 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).....	10128.91	10518.91
(ii) Unitemized.....	740.00	1090.00
(iii) TOTAL of contributions from individuals ▶	10868.91	11608.91
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10868.91	11608.91
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	400.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	400.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10868.91	12008.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9980.49	10935.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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) ►	9980.49	10935.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	185.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10868.91
25. SUBTOTAL (add Line 23 and Line 24).....	11054.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9980.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1073.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<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	

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)
VERMA FOR CONGRESS

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2012

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
25.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
25.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2012

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period
50.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<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)
VERMA FOR CONGRESS

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 17 / 2012

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period
25.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
195.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2012

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
70.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
20.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<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)
VERMA FOR CONGRESS

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

Mailing Address 2240 S Atlantic Ave

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
890.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2012

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
400.00

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

Mailing Address 2240 S Atlantic Ave

City Daytona Beach	State FL	Zip Code 32118
-----------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1190.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period
300.00

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

Mailing Address 2240 S Atlantic Ave

City Daytona Beach	State FL	Zip Code 32118
-----------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Business Owner
-----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1364.08

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2012

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
174.08
In-kind - Postage

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

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

874.08

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

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

FOR LINE NUMBER: PAGE 8 OF 27
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
VERMA FOR CONGRESS

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

Mailing Address 2240 S Atlantic Ave

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
1615.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
251.48

In-kind - Postage

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

Mailing Address 2240 S Atlantic Ave

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
2015.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
400.00

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

Mailing Address 2240 S Atlantic Ave

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
2465.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period
450.00

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

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

1101.48

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

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

FOR LINE NUMBER: PAGE 9 OF 27
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
VERMA FOR CONGRESS

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

Mailing Address 141 S Peninsula Dr

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
SSA Paralegal Analyst

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
600.00

In-kind - Voter Database

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

Mailing Address 141 S Peninsula Dr

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
none Homemaker

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2012

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
300.00

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

Mailing Address 141 S Peninsula Dr

City State Zip Code
Daytona Beach FL 32118

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

Name of Employer Occupation
none Homemaker

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
200.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Neelam Verma		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2012	
Mailing Address 141 S Peninsula Dr		Transaction ID : SA11AI.4189	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer none	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) B. Neelam Verma		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2012	
Mailing Address 141 S Peninsula Dr		Transaction ID : SA11AI.4199	
City Daytona Beach	State FL	Zip Code 32118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer none	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4164	
City DAYTONA BEACH	State FL	Zip Code 32114	
FEC ID number of contributing federal political committee. C H2FL07115		Amount of Each Receipt this Period 64.00 In-kind - Postage	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 464.00		

SUBTOTAL of Receipts This Page (optional).....	564.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<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)
VERMA FOR CONGRESS

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
634.43

Date of Receipt
 M M / D D / Y Y Y Y Y
01 / 27 / 2012

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period
170.43

In-kind - Brochures

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
717.59

Date of Receipt
 M M / D D / Y Y Y Y Y
01 / 30 / 2012

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
83.16

In-kind - Postage

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
911.46

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 04 / 2012

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
193.87

In-kind - Brochures

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

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

447.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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)
VERMA FOR CONGRESS

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1124.46

Date of Receipt
 M M / D D / Y Y Y Y
02 / 08 / 2012

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
213.00

In-kind - Brochures

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1749.46

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2012

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
625.00

In-kind - Automated Calls

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1892.35

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2012

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
142.89

In-kind - Postage

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

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

980.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<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)
VERMA FOR CONGRESS

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

Mailing Address 618 N RIDGEWOOD AVE

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer Occupation
Verma & Associates, P.A. Attorney

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **2050.09**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
157.74

In-kind - Postage

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

Mailing Address 618 N RIDGEWOOD AVE

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer Occupation
Verma & Associates, P.A. Attorney

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **2675.09**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
625.00

In-kind - Automated Calls

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

Mailing Address 618 N RIDGEWOOD AVE

City State Zip Code
DAYTONA BEACH FL 32114

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer Occupation
Verma & Associates, P.A. Attorney

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) **2798.84**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
123.75

In-kind - Postage

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

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

906.49

**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 14 OF 27
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4207	
City DAYTONA BEACH	State FL	Zip Code 32114	Amount of Each Receipt this Period _____ 332.81 In-kind - Postage
FEC ID number of contributing federal political committee.		C H2FL07115	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3131.65		

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4209	
City DAYTONA BEACH	State FL	Zip Code 32114	Amount of Each Receipt this Period _____ 175.56 In-kind - Envelopes
FEC ID number of contributing federal political committee.		C H2FL07115	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3307.21		

Full Name (Last, First, Middle Initial) VIPIN VERMA		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2012	
Mailing Address 618 N RIDGEWOOD AVE		Transaction ID : SA11AI.4211	
City DAYTONA BEACH	State FL	Zip Code 32114	Amount of Each Receipt this Period _____ 1451.71 In-kind - Brochures
FEC ID number of contributing federal political committee.		C H2FL07115	
Name of Employer Verma & Associates, P.A.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4758.92		

SUBTOTAL of Receipts This Page (optional).....	_____ 1960.08
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<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)
VERMA FOR CONGRESS

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

Mailing Address **618 N RIDGEWOOD AVE**

City **DAYTONA BEACH** State **FL** Zip Code **32114**

FEC ID number of contributing federal political committee. **C H2FL07115**

Name of Employer **Verma & Associates, P.A.** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
6953.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : SA11Al.4213

Amount of Each Receipt this Period
2194.43

In-kind - Brochures

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

Amount of Each Receipt this Period

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

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

2194.43

10128.91

**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 16 OF 27			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Om Prakash		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 2240 S Atlantic Ave		Amount of Each Disbursement this Period 174.08
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Postage	Transaction ID : SB17.4201
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Om Prakash		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 2240 S Atlantic Ave		Amount of Each Disbursement this Period 251.48
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Postage	Transaction ID : SB17.4203
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 136.80
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Postage	Transaction ID : SB17.4219
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	562.36
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 17 OF 27			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 01 / 20 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage	Category/ Type	Amount of Each Disbursement this Period 128.32
Candidate Name		Transaction ID : SB17.4220
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 01 / 21 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps	Category/ Type	Amount of Each Disbursement this Period 8.80
Candidate Name		Transaction ID : SB17.4221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 01 / 25 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage	Category/ Type	Amount of Each Disbursement this Period 46.37
Candidate Name		Transaction ID : SB17.4223
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	183.49
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 18 OF 27			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 01 / 30 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps		Amount of Each Disbursement this Period 300.00
Candidate Name	Category/ Type	Transaction ID : SB17.4226
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 03 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 52.80
Candidate Name	Category/ Type	Transaction ID : SB17.4227
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 07 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 57.49
Candidate Name	Category/ Type	Transaction ID : SB17.4228
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	410.29
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 27			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 10 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 99.00
Candidate Name	Category/ Type	Transaction ID : SB17.4230
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 14 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 181.83
Candidate Name	Category/ Type	Transaction ID : SB17.4231
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 500 BILL FRANCE BLVD		M M / D D / Y Y Y Y 02 / 22 / 2012
City Daytona Beach	State FL	Zip Code 32114
Purpose of Disbursement Stamps		Amount of Each Disbursement this Period 9.00
Candidate Name	Category/ Type	Transaction ID : SB17.4233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	289.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4235
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 132.66 Transaction ID : SB17.4236
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4237
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	732.66
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 21 OF 27			
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4238
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 9.00 Transaction ID : SB17.4240
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 500 BILL FRANCE BLVD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4242
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement Stamps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	609.00
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 22 OF 27	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Arun Verma		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 141 S Peninsula Dr		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4194
City Daytona Beach	State FL	
Zip Code 32118	Purpose of Disbursement In-kind - Voter Database	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement MM / DD / YYYY 01 / 03 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 64.00 Transaction ID : SB17.4165
City DAYTONA BEACH	State FL	
Zip Code 32114	Purpose of Disbursement In-kind - Postage	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement MM / DD / YYYY 01 / 27 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 170.43 Transaction ID : SB17.4170
City DAYTONA BEACH	State FL	
Zip Code 32114	Purpose of Disbursement In-kind - Brochures	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	834.43
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 27	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 83.16 Transaction ID : SB17.4173
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 193.87 Transaction ID : SB17.4177
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Brochures	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 213.00 Transaction ID : SB17.4181
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Brochures	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	490.03
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 27	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 625.00 Transaction ID : SB17.4246
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Automated Calls	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 142.89 Transaction ID : SB17.4191
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement MM / DD / YYYY 03 / 06 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 157.74 Transaction ID : SB17.4198
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	925.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 625.00 Transaction ID : SB17.4248
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Automated Calls	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 123.75 Transaction ID : SB17.4206
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 332.81 Transaction ID : SB17.4208
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	1081.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 27	
	<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)
VERMA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 175.56 Transaction ID : SB17.4210
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Envelopes	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 1451.71 Transaction ID : SB17.4212
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Brochures	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) C. VIPIN VERMA		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012
Mailing Address 618 N RIDGEWOOD AVE		Amount of Each Disbursement this Period 2194.43 Transaction ID : SB17.4214
City DAYTONA BEACH State FL Zip Code 32114	Purpose of Disbursement In-kind - Brochures	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	3821.70
TOTAL This Period (last page this line number only).....	9940.98

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4104**
VERMA FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) VIPIN VERMA	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 618 N RIDGEWOOD AVE		

City	State	ZIP Code
DAYTONA BEACH	FL	32114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 06 / Y 2011	M M / D D / 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).....	400.00
TOTALS This Period (last page in this line only).....	400.00

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