

**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

Mark Greenberg for Congress

ADDRESS (number and street)

53 Peck Road



Check if different than previously reported. (ACC)

Torrington

CT

06790

2. FEC IDENTIFICATION NUMBER ▼

C

C00493395

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CT

05

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

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

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 J Kenneth Nowell CPA

Signature of Treasurer

J Kenneth Nowell CPA

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 22 / 2016

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 53

Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y
03		31		2016

	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))....	13000.00	390029.86
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	22206.11
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	13000.00	367823.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13565.25	1723941.44
(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)) .....	13565.25	1723941.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	85.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1825219.00	

## 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)

PAGE 3 / 53

Write or Type Committee Name

**Mark Greenberg for Congress**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 / 01 / 2016

To:

M M / D D / Y Y Y Y  
03 / 31 / 2016

**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

263631.11

**(ii) Unitemized.....**

0.00

25368.75

**(iii) TOTAL of contributions from individuals ▶**

0.00

288999.86

**(b) Political Party Committees.....**

0.00

5500.00

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

0.00

26500.00

**(d) The Candidate.....**

13000.00

69030.00

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

13000.00

390029.86

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

1642900.00

**(b) All Other Loans.....**

0.00

0.00

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

0.00

1642900.00

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

0.00

0.00

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

0.00

1310.58

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

13000.00

2034240.44

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13565.25	1723941.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	276400.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	276400.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	22206.11
(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	22206.11
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13565.25	2022547.55

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	650.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13000.00
25. SUBTOTAL (add Line 23 and Line 24).....	13650.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13565.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	85.02

# **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 53

☐ 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)  
**Mark Greenberg for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mark Daniel Greenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 22 / 2016	
Mailing Address 184 Fern Avenue		<b>Transaction ID : SA11D.4155</b>	
City Litchfield	State CT	Zip Code 06759	Amount of Each Receipt this Period 8000.00
FEC ID number of contributing federal political committee. C H0CT05150		<input type="checkbox"/> Memo Item	
Name of Employer Mark Greenberg Real Estate	Occupation Development		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 113350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mark Daniel Greenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2016	
Mailing Address 184 Fern Avenue		<b>Transaction ID : SA11D.4156</b>	
City Litchfield	State CT	Zip Code 06759	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C H0CT05150		<input type="checkbox"/> Memo Item	
Name of Employer Mark Greenberg Real Estate	Occupation Development		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 118350.00		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		<input type="checkbox"/> Memo Item	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		13000.00	
<b>TOTAL</b> This Period (last page this line number only).....		13000.00	

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

PAGE 6 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Cooper Communications LLC**

Mailing Address 77 Ripley Hill Road

City	State	Zip Code
Coventry	CT	06238

Purpose of Disbursement  
Public Relations Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 28 / 2016

Amount of Each Disbursement this Period

2665.25
---------

☐ Memo Item

Transaction ID : SB17.7623

**B. Theroux, Nowell & Stoughton, LLC**

Mailing Address 53 Peck Road

City	State	Zip Code
Torrington	CT	06790-6106

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Disbursement this Period

165.25
--------

☐ Memo Item

Transaction ID : SB17.7620

**c. Theroux, Nowell & Stoughton, LLC**

Mailing Address 53 Peck Road

City	State	Zip Code
Torrington	CT	06790-6106

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Disbursement this Period

8000.00
---------

☐ Memo Item

Transaction ID : SB17.7621

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

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

10830.50
----------

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Theroux, Nowell & Stoughton, LLC**

Mailing Address 53 Peck Road

City	State	Zip Code
Torrington	CT	06790-6106

Purpose of Disbursement  
Accounting Services

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

Amount of Each Disbursement this Period

2300.00

☐ Memo Item

Transaction ID : SB17.7622

Full Name (Last, First, Middle Initial)

**B. Theroux Nowell & Stoughton LLC**

Mailing Address 53 Peck Road

City	State	Zip Code
Torrington	CT	06790

Purpose of Disbursement  
Accounting Services

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2016

Amount of Each Disbursement this Period

434.75

☐ Memo Item

Transaction ID : SB17.7619

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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

2734.75

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

13565.25

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 8 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5994

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2012

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

500000.00

Cumulative Payment To Date

2600.00

Balance Outstanding at Close of This Period

212400.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 31 / 2012

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

212400.00

**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.



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.5994

(Current loan amount of 285000.00 from a balance of 287600.00 has been forgiven)(A previous settlement amount of 285000.00 has been rescinded)(Current loan amount of 285000.00 from a balance of 287600.00 has been forgiven)(Current loan amount of 285000.00 from a balance of 287600.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 10 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4128

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

650000.00

Cumulative Payment To Date

36000.00

Balance Outstanding at Close of This Period

79000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2012

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

79000.00

**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.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4128

(Current loan amount of 535000.00 from a balance of 615000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 12 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
07 / 25 / 2012

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

75000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 13 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

95000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
08 / 13 / 2012

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

95000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 14 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

17500.00

0.00

17500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
05 / 03 / 2013M M / D D / Y Y Y Y  
/ / /D D / Y Y Y Y  
/ / /

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

17500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 15 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 04 / 2013M M / D D / Y Y Y Y  
/ / /D D / Y Y Y Y  
/ / /

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 16 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4112

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 18 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

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

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 17 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4127

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8000.00

0.00

8000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
08 / 06 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 18 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4133

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 19 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 19 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4140

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

12500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 04 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 20 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4118

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 16 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 21 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

Mark Greenberg for Congress

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

☐ Memo Item

Election: 2014

Mark Daniel Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 27 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 22 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4117

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 02 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 23 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

8000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 13 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 24 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 26 / 2013

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 25 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5500.00

0.00

5500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
12 / 04 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 26 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4132

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

12000.00

0.00

12000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
12 11 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 27 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
12 17 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 28 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 28 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 29 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4126

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y  
02 / 06 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 30 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4139

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
02 / 11 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 31 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4129

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

97400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

96000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
03 / 03 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

96000.00

**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.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4129

(Current loan amount of 1400.00 from a balance of 97400.00 has been forgiven)

Form/Schedule:

Transaction ID:



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 33 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4134

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
05 / 21 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 34 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4125

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 03 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 35 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 06 / 2014M M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 36 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000.00

0.00

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 16 / 2014M M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 37 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000.00

0.00

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06

23

2014

M M / D D / Y Y Y Y

D D

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 38 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

235000.00

Cumulative Payment To Date

105000.00

Balance Outstanding at Close of This Period

130000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

130000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 39 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7191

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

175000.00

Cumulative Payment To Date

171400.00

Balance Outstanding at Close of This Period

3600.00

**TERMS**

Date Incurred

M M / D D / Y Y  
07 / 02 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3600.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 40 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 09 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

12500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12500.00

**TERMS**

Date Incurred

M M / D D / Y Y  
08 / 15 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 42 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 31 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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**

PAGE 43 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
09 30 / 2014M M / D D / Y Y  
NoneM M / D D / Y Y  
NoneM M / D D / Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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**

PAGE 44 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150000.00

0.00

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 09 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

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**

PAGE 45 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
10 / 15 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 46 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

65000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 23 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

65000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 47 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4116

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

0.00

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
10 / 28 / 2014M M / D D / Y Y  
NoneM M / D D / Y Y  
NoneM M / D D / Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 48 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4135

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

33000.00

0.00

33000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 29 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

33000.00

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

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 49 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

Mark Greenberg for Congress

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

☐ Memo Item

Mark Daniel Greenberg

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759

Original Amount of Loan

21000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
11 / 04 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

21000.00

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

1811500.00

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 50 OF 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cooper Communications LLC**

Nature of Debt (Purpose):

Public Relations Consultant

Mailing Address 77 Ripley Hill Road

City State

Zip Code

Coventry

CT

06238

Outstanding Balance Beginning This Period

2665.25

Transaction ID : SD10.7609

Amount Incurred This Period

0.00

Payment This Period

2665.25

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jamestown Associates**

Nature of Debt (Purpose):

Media advertising

Mailing Address 5 Mapleton Road  
Suite 300

City State

Zip Code

Princeton

NJ

08540

Outstanding Balance Beginning This Period

1275.00

Transaction ID : SD10.4151

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1275.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Red Maverick Media, LLC**

Nature of Debt (Purpose):

Direct Mail Design Fee

Mailing Address 403 N 2nd Street  
Suite 2

City

State

Zip Code

Harrisburg

PA

17101

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.4153

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional) ▶

1475.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 51 OF 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Theroux, Nowell & Stoughton, LLC**

Nature of Debt (Purpose):

Accounting Services

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

10730.50

Transaction ID : SD10.7610

Amount Incurred This Period

0.00

Payment This Period

10465.25

Outstanding Balance at Close of This Period

265.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Theroux, Nowell & Stoughton, LLC**

Nature of Debt (Purpose):

Accounting Services

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

4487.50

Transaction ID : SD10.7611

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4487.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Theroux, Nowell & Stoughton, LLC**

Nature of Debt (Purpose):

Accounting Services

Mailing Address 53 Peck Road

City

State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

2422.50

Transaction ID : SD10.7612

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2422.50

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

7175.25

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 52 OF 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Theroux, Nowell & Stoughton, LLC**

Nature of Debt (Purpose):

Accounting services

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

2568.75

Transaction ID : SD10.7614

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2568.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Theroux Nowell & Stoughton LLC**

Nature of Debt (Purpose):

Balance of unpaid accounting fees

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790

Outstanding Balance Beginning This Period

434.75

Transaction ID : SD10.4146

Amount Incurred This Period

0.00

Payment This Period

434.75

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Watertown Main Street LLC**

Nature of Debt (Purpose):

Office rent

Mailing Address P.O. Box 28

City

State

Zip Code

Watertown

CT

06795

Outstanding Balance Beginning This Period

1250.00

Transaction ID : SD10.4150

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

3818.75

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 53 OF 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Watertown Main Street LLC**

Nature of Debt (Purpose):

Rent Headquarters

Mailing Address P.O. Box 28

City State

Zip Code

Watertown

CT

06795

Outstanding Balance Beginning This Period

1250.00

Transaction ID : SD10.4144

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

1250.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

13719.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

1811500.00

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

1825219.00