04/22/2016 06 : 57

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	•	For An A	uthoriz	ed Com	mittee			Office Use Only
NAME OF COMMITTEE (in	full)	TYPE OR PRINT	Γ ▼		ample: If typinger the lines.	g, type	12FE4M5	
Mark Greenbe	rg for Co	ongress						1
		50 D D						
ADDRESS (number ar	nd street)	53 Peck Road						
Check if dit	ferent							
than previous reported. (A	usly	Torrington					СТ	06790
2. FEC IDENTIFIC	CATION NU	JMBER ▼		CITY			STATE A	ZIP CODE
C C0049339)E	-	3 19	S THIS	✓ NEW		AMENE	STATE ▼ DISTRICT
C C0049339	93			EPORT	× NEW	OR	(A)	CT 05
4. TYPE OF RE		pose One)	(b) 12	-Day PRE	Election Repo	ort for the:		
(a) Quarterly R	eports:			П	Primary (12P)	,	General (*	12G) Runoff (12R)
× April 15	Quarterly F	Report (Q1)		П				
July 15	Quarterly R	eport (Q2)			Convention (12C)	Special (1	28)
Octobe	r 15 Quarter	ly Report (Q3)	E	lection on	M M /	D D /	YYYY	in the State of
January	/ 31 Year-En	d Report (YE)	(c) 30	-Day POS	T -Election Rep	ort for the	:	
					General (30G)	Runoff (30	DR) Special (30S)
Termina	ition Report	(TER)	E	lection on	M M /	D D /	YYYY	in the State of
5. Covering Period	M 01	M / 01 /	Y Y 20	16 Y	through	M 03	31	Y Y Y Y Y 2016
I certify that I have e	examined th	is Report and to	the bes	t of my kn	owledge and l	belief it is t	true, correct and	d complete.
Type or Print Name	of Treasurer	J Kenneth No	well CPA					
Signature of Treasure	er <u>J Ke</u>	nneth Nowell CPA			[Electronically I	Filed]	Date 04	/ D D / Y Y Y Y Y Y 2016
NOTE: Submission of	false, errone	eous, or incomple	te inform	ation may	subject the per	son_signing	this Report to t	he penalties of 2 U.S.C. §437g.
Office								EEC EODM 2
Use Only								FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Mark Greenberg for Congress

01 03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 13000.00 390029.86 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 22206.11 (from Line 20(d)) (c) Net Contributions (other than loans) 13000.00 367823.75 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 13565.25 1723941.44 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 13565.25 1723941.44 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 85.02 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1825219.00 Schedule C and/or Schedule D).....

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

PAGE 3 / 53

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Mark Greenberg for Congress

01 2016 03 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date**

1. (CONTRIBUTIONS (other than loans) FROM	:	
(;	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	263631.11
	(ii) Unitemized(iii) TOTAL of contributions from individuals	0.00	25368.75 288999.86
,	b) Political Party Committees	0.00	5500.00 26500.00
	d) The Candidatee) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13000.00	69030.00 390029.86
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00

12.	TRANSFERS FROM OTHER	-	-	-	-	-	+	+	-		-	-	-	+	-	-	+	
	AUTHORIZED COMMITTEES		7			7			0.00			7			7			0.00

AUTHORIZED COMMITTEES	0.00	0
AUTHORIZED COMMITTEES		_

13. LO	ANS:																	
(a)	Made or Guaranteed by the Candidate	П	Ī	-			-		Ţ	0.00	Γ	ī	Ī	_		Ī	_	1642900.00
				7			7							7			7	
(b)	All Other Loans		_	,	_	_	7	_	Ï	0.00		_	_	7			7	0.00
(c)	TOTAL LOANS								7	-					-			
. ,	(add Lines 13(a) and (b))									0.00								1642900.00

(c) TOTAL LOANS (add Lines 13(a) and (b))		Ξ	7	Ξ	7	Ξ	0.	00				7			7	164	2900	.00
14. OFFSETS TO OPERATING EXPENDITURES	_	_		_	_	_		_	ı	_	_	_	_	_	_	_	_	

(Refunds, Rebates, etc.)		7		7	0.0	00	ш	7		7		0.00	
45 OTHER RECEIPTS													
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)

PAGE 4 / 53

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	13565.25	1723941.44
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN 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.	REF	FUNDS 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.	ОТН	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	13565.25	2022547.55
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	650.27
24	TOT	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	13000.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		13650.27
26.	TOT	TAL DISBURSEMENTS THIS PERIOD (fror	m Line 22)	13565.25
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	85.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 5 OF 53 (check only one) X 11d 11a 11b 11c 12 13a 13b

Use separate schedule(s) for each category of the Detailed Summary Page 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 Full Name (Last, First, Middle Initial) Mark Daniel Greenberg Date of Receipt Mailing Address 184 Fern Avenue 2016 22 City State Zip Code Transaction ID: SA11D.4155 CT 06759 Litchfield FEC ID number of contributing Amount of Each Receipt this Period H0CT05150 federal political committee. 8000.00 Name of Employer Occupation Mark Greenberg Real Estate Development Memo Item Receipt For: 2014 Election Cycle-to-Date Primary X General 113350.00 Other (specify) Full Name (Last, First, Middle Initial) Mark Daniel Greenberg Date of Receipt Mailing Address 184 Fern Avenue 03 28 2016 City State Zip Code Transaction ID: SA11D.4156 Litchfield CT 06759 FEC ID number of contributing H0CT05150 Amount of Each Receipt this Period С federal political committee. 5000.00 Name of Employer Occupation Development Mark Greenberg Real Estate Memo Item Receipt For: 2014 Election Cycle-to-Date Primary ✓ General 118350.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 13000.00 SUBTOTAL of Receipts This Page (optional)..... 13000.00

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	OR LINE NUMBER: PAGE 6 OF 53 check only one) X 17						
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress	and the second s							
Full Name (Last, First, Middle Initial) Cooper Communications LLC Mailing Address 77 Ripley Hill Road City State Coventry CT Purpose of Disbursement Public Relations Consulting Candidate Name Office Sought: House Senate Primar President Other		Date of Disbursement O3 28 2016 Amount of Each Disbursement this Period 2665.25 Memo Item Transaction ID: SB17.7623						
State: District: Full Name (Last, First, Middle Initial) Theroux, Nowell & Stoughton, LLC Mailing Address 53 Peck Road City State Torrington CT Purpose of Disbursement Accounting services Candidate Name Office Sought: House Disbursement Fellowship Senate Primar	Zip Code 06790-6106 001 Category Type or: 2014	Date of Disbursement M M / D D / Y Y Y Y O1 15 2016 Amount of Each Disbursement this Period 165.25 Memo Item Transaction ID: SB17.7620						
Torrington CT Purpose of Disbursement Accounting services Candidate Name Office Sought: House Disbursement Fellowship Senate Primare		Date of Disbursement M M M / D D / Y Y Y Y Y O1 22 2016 Amount of Each Disbursement this Period 8000.00 Memo Item Transaction ID: SB17.7621						
SUBTOTAL of Disbursements This Page (optional)		10830.50						

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 53 (check only one) X 17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress		
Full Name (Last, First, Middle Initial) Theroux, Nowell & Stoughton, LLC Mailing Address 53 Peck Road City State Torrington CT Purpose of Disbursement Accounting Services Candidate Name Office Sought: House Disbursement Senate Prin	06790-6106 00 Categ	gory/ Memo Item
President Oth State: District: Full Name (Last, First, Middle Initial) Theroux Nowell & Stoughton LLC Mailing Address 53 Peck Road	er (specify)	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Torrington CT Purpose of Disbursement Accounting Services Candidate Name	06790 Categ	Amount of Each Disbursement this Period 434.75 Memo Item
	nary Seneral er (specify)	
Full Name (Last, First, Middle Initial) C. Mailing Address		Date of Disbursement
City State Purpose of Disbursement Candidate Name	Zip Code	
	Type: For: nary General er (specify)	De
SUBTOTAL of Disbursements This Page (optional)		2734.75

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

13565.25

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 8

×	13a
	13b

OF

DANS	Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full) Mark Greenberg for Congress	Transaction ID : SC/10.5994
LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Daniel Greenberg	Memo Item Election: 2012 Primary General
Mailing Address 184 Fern Avenue	Other (specify) Convention
	ZIP Code 06759
Original Amount of Loan Cumulative Paym 500000.00	Balance Outstanding at Close of This Period 2600.00 212400.00
TERMS Date Incurred Date Date Date Date	e Due Interest Rate Secured: O.00 (apr) Yes
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:
GUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	7 7 7
Carry outstanding balance only to LINE 3, Schedule D, for this li	ine. If no Schedule D, carry forward to appropriate line of Summary.

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Ž G7 < 98 I @ C F → H9 A = N 5 H = C B

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:

Use separate schedule(s)

FOR LINE NUMBER:

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X	13a
	13h

LOANS		for each category of Detailed Summary Pa	
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transa	ction ID : SC/10.4128
LOAN SOURCE Full Name (Last, First, Middle Init	tial)	Memo Item	Election: 2012
Mark Daniel Greenberg			Primary
Mailing Address 184 Fern Avenue			General Other (specify) ▼
City State	ZIP Code)	
Litchfield CT	06759		
Original Amount of Loan Cumu 650000.00	ulative Payment To D	ate Ba	ance Outstanding at Close of This Period
	7 7		9 9
Date Incurred M 06 / 30 / Y 2012 Y	Date Due	Interest Ra	te Secured: .00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan			
1. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State ZIP	Code	Amount Guaranteed Outstanding:	7
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 for	ward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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:

Use separate schedule(s)

FOR

LINE NUMBER:	
conly one)	138
	131

PAGE 12 OF

DANS				egory of the mmary Page		ne)	13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congre	SS		1	Transaction	on ID : SC/10.4108		
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg		tial)	Memo	Item	Election: 2012 Primary General		
Mailing Address 184 Fern Avenue					Other (specify)	▼	
City	State	ZIP Co	de				
Litchfield	СТ	06759					
Original Amount of Loan 75000		ulative Payment To	Date 0.00	Baland	ce Outstanding at 0	Close of TI 75000	
TERMS		9			7 7		
Date Incurred MO7 ^M / D25 ^D / Y 2012	M M	Date Due	None In	terest Rate 0.00	% (apr)	Secured	\times
List All Endorsers or Guarantors	(if any) to Loar	Source				Yes	No
1. Full Name (Last, First, Middle I	nitial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:		, , , ,		
2. Full Name (Last, First, Middle Ir	nitial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , ,		
3. Full Name (Last, First, Middle Ir	nitial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:		, , , ,		
4. Full Name (Last, First, Middle Ir	nitial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:		7		
SUBTOTALS This Period This Page (optional)			· [7 7 7	75000	0.00
FOTALS This Period (last page in this	s line only)			· [, ,		
Carry outstanding balance only to LI	NE 3, Schedule	D, for this line. If	no Schedule D.	carry forwa	rd to appropriate	line of Su	ımmarv.

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

OANS		for each category of Detailed Summary Pa	
IAME OF COMMITTEE (In Fo	,	Transa	ction ID : SC/10.4113
<u> </u>	ne (Last, First, Middle Initial)		Election: 2012
Mark Daniel Green		Memo Item	Election: 2012 Primary General
Mailing Address 184 Fern Avenue			Other (specify)
City	State Z	IP Code	
Litchfield	CT (06759	
Original Amount of Loan	Cumulative Paym	ent To Date Bal	ance Outstanding at Close of This Period
	95000.00	0.00	95000.00
Date Incur	red Date	e Due Interest Rat	see Secured:
List All Endorsers or Gu	arantors (if any) to Loan Source		Yes No
1. Full Name (Last, First,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 9 9
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0
SUBTOTALS This Period Th	is Page (optional)	·····	95000.00
FOTALS This Period (last pa	ge in this line only)	·····	, ,
Carry outstanding balance of	only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR

LINE NUMBER:		
ck only one)	X	13a
		13k

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JANS			Detailed Summ	nary Page	(check only o	ne)	13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congre	ess			Transaction	ID : SC/10.4104		
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg	First, Middle Init	ial)	Memo Ite	m Ele	ection: 2014 Primary General		
Mailing Address 184 Fern Avenue					Other (specify) onvention	▼	
City Litchfield	State CT	ZIP Coo 06759	de				
Original Amount of Loan	Cumi	ulative Payment To	Date	Balance	Outstanding at (Close of T	his Period
1750	0.00	<u> </u>	0.00		7 7	17500	0.00
Date Incurred M 05	M M	Date Due	Inter None Y	est Rate 0.00	% (apr)	Secured	\times
List All Endorsers or Guarantors	· • • • • • • • • • • • • • • • • • • •	Source					
1. Full Name (Last, First, Middle	Initial)		Name of Employe	r			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	,			
2. Full Name (Last, First, Middle In	nitial)		Name of Employe	r			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:		,		
3. Full Name (Last, First, Middle In	nitial)		Name of Employe	r			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle In	nitial)		Name of Employe	r			
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	,			
UBTOTALS This Period This Page (optional)				7	17500	0.00
OTALS This Period (last page in thi	s line only)		••••••••••••••••••••••••••••••••••••••		7		
Carry outstanding balance only to Li	NE 3, Schedule I	D, for this line. If r	no Schedule D, ca	rry forward	to appropriate	line of Su	ımmary.

Use separate schedule(s)

FOR LINE NUMBER:

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X	13a
	13b

DANS			Detailed Summary P		13a 13b
AME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4107	1 100
Mark Greenberg for Con	gress				
LOAN SOURCE Full Name (I Mark Daniel Greenber		e Initial)	Memo Item	Election: 2014 Primary General	
Mailing Address 184 Fern Avenue				Other (specify) ▼ Convention	
City	S	tate ZIP Co	de		
Litchfield		CT 06759			
Original Amount of Loan		Cumulative Payment To	Date Ba	alance Outstanding at Close of	This Period
, , ,	10000.00		0.00	1000	00.00
TERMS		Data Dua	leterest De		-1 -
Date Incurred	2013 Y	Date Due	None Interest Ra	0.00 % (apr)	\boxtimes
List All Endorsers or Guaran	tors (if anv) to	Loan Source		Ye.	s No
1. Full Name (Last, First, Mid	, ,,		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
2. Full Name (Last, First, Midd	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
SUBTOTALS This Period This Pa	age (optional)		·····	1000	0.00
FOTALS This Period (last page in	n this line only).			, ,	
Carry outstanding balance only	to LINE 3. Sched	lule D. for this line. If	no Schedule D. carry fo	rward to appropriate line of S	ummarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

X 13a

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LUANS	Detailed Summary Page (Check Only One) 13a 13b
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress	Transaction ID : SC/10.4112
LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	
City State ZIP Cool Litchfield CT 06759	de
Original Amount of Loan Cumulative Payment To 7500.00	Date Balance Outstanding at Close of This Period 0.00 7500.00
TERMS Date Incurred Date Due M 06 / P 18 / Y 2013 Y M M / P D / Y	Interest Rate Secured: 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	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 r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OANS		Detailed Summary Page		13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transaction	on ID : SC/10.4127	
LOAN SOURCE Full Name (Last, First, Mark Daniel Greenberg	Middle Initial)	Memo Item	Election: 2014 Primary General	
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention	
City Litchfield	State ZIP Cod CT 06759	de		
Original Amount of Loan	Cumulative Payment To	Date Balance	ce Outstanding at Close of T	
TERMS Date Incurred M08 / D06 / Y 2013 Y	Date Due	Interest Rate None 0.00	Secured % (apr) Yes	X
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)) to Loan Source	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation Amount		
City State	ZIP Code	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)				
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Su	ummary.

Use separate schedule(s) for each category of the

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OANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transa	action ID : SC/10.4133
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)	Memo Item	Election: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City	State	ZIP Code	
Litchfield	СТ	06759	
Original Amount of Loan	Cumulative Payr	ment To Date Ba	alance Outstanding at Close of This Period 10000.00
TERMS			
Date Incurred M 08 / D 19 / Y 2013	Da M M / D D	te Due Interest Ra	secured: 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		res inc
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7 7 7
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (optional)			
Carry outstanding balance only to LINE	3, Schedule D, for this	line. If no Schedule D, carry fo	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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DANS			Detailed Summary P	
AME OF COMMITTEE (In Full) Mark Greenberg for Cong	ress		Trans	action ID : SC/10.4140
LOAN SOURCE Full Name (La Mark Daniel Greenberg	ıst, First, Mic	ddle Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue				Other (specify) ▼ Convention
City		State ZIP C	ode	
Litchfield		CT 06759	9	
Original Amount of Loan	500.00	Cumulative Payment T	o Date Ba	alance Outstanding at Close of This Perio
Date Incurred Mo9 O4 O4 Y 20	13 Y	Date Due		ate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guaranto		o Loan Source		100 110
1. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
UBTOTALS This Period This Pag				12500.00
OTALS This Period (last page in		•		· · · · · · · · · · · · · · · · · · ·
carry outstanding balance only to	LINE 3, Sch	nedule D, for this line. I	f no Schedule D, carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Pa	age (Crieck Only Orle)
AME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4118
lark Greenberg for Congress			
LOAN SOURCE Full Name (Last, Fire Mark Daniel Greenberg	st, Middle Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City	State ZIP Co	ode	
Litchfield	CT 06759		
Original Amount of Loan	Cumulative Payment To	Date Bal	lance Outstanding at Close of This Per
10000.00		0.00	10000.00
TERMS Date Incurred	Date Due	Interest Rat	te Secured:
M ₀₉ M / D ₁₆ D / Y 2013 Y	M M / D D / Y	Ňone O	.00 % (apr) Yes
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia		Name of Employer	
Mailing Address		Occupation	
-		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (opt	onal)		10000.00
OTALS This Period (last page in this lin	e only)	·····	
Carry outstanding balance only to LINE	2 Schodule D. for this line If	no Sobodulo D. some for	award to appropriate line of Community

Use separate schedule(s) for each category of the

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LOANS	Detailed Summary Page (Sheak Shily She)
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress	Transaction ID : SC/10.4106
LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼ Convention
City State ZIP Cod Litchfield CT 06759	е
Original Amount of Loan Cumulative Payment To I 15000.00	Date Balance Outstanding at Close of This Period 0.00 15000.00
Date Incurred Date Due M 09 / D 27 D / Y 2013 Y M M / D D / Y	Interest Rate Secured: 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 Amount
City State ZIP Code	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 n	o Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transact	tion ID : SC/10.4117
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)	Memo Item	Election: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City	State ZIP C	ode	
Litchfield	CT 06759)	
Original Amount of Loan	Cumulative Payment To	o Date Balar	nce Outstanding at Close of This Period
TERMS Date Incurred	Date Due	e Interest Rate	Coourad
M 11 / 02 / Y 2013			Secured: O % (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		163 110
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line	ne only)	······ \	
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	f no Schedule D, carry forw	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

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DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full) Mark Greenberg for Cong	ress		Transa	action ID : SC/10.4111
LOAN SOURCE Full Name (La Mark Daniel Greenberg		Idle Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue				Other (specify) ▼ Convention
City		State ZIP Co	ode	
Litchfield		CT 06759		
Original Amount of Loan	000.00	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period 8000.00
Date Incurred Manage 113 Date Incurred Manage 123 Date Incurred Date Incurred	3 Y	Date Due		te Secured: 0.00 % (apr) Yes No
List All Endorsers or Guaranto	rs (if any) to	o Loan Source		165 110
1. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Middle	: Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
UBTOTALS This Period This Pag	e (optional)		······	8000.00
OTALS This Period (last page in	this line only	r)	······	
carry outstanding balance only to	LINE 3, Sch	edule D, for this line. If	no Schedule D, carry for	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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DAN5		Detailed Summary Page	e (crieck only one)
AME OF COMMITTEE (In Full) Mark Greenberg for Congres	s	Transact	ion ID : SC/10.4105
LOAN SOURCE Full Name (Last, F Mark Daniel Greenberg	irst, Middle Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City Litchfield	State ZIP 0	Code 59	
Original Amount of Loan	Cumulative Payment	To Date Balar	nce Outstanding at Close of This Period
5000.	00	0.00	5000.00
Date Incurred Man 11 Page 1 26 Page 2013	Date Do	ue Interest Rate	Secured: (apr) Secured: Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source		163 140
1. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, ,
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	99
SUBTOTALS This Period This Page (o	otional)	>	5000.00
TOTALS This Period (last page in this	line only)	-	.,,
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forw	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

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LOANS	Detailed Summary Page (Crieck Only One) 13a
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress	Transaction ID : SC/10.4130
LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	
City State ZIP Cool Litchfield CT 06759	de
Original Amount of Loan Cumulative Payment To 5500.00	Date Balance Outstanding at Close of This Period 0.00 5500.00
TERMS Date Incurred Date Due M 12 M / D 04 D / Y 2013 Y M M / D D / Y	Interest Rate Secured: None None No No No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	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 r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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BER:		
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DANS		Detailed Summary Page (check only one)	13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congi	ress	Transaction ID : SC/10.4132	
LOAN SOURCE Full Name (Las Mark Daniel Greenberg		Memo Item Election: 2014 Primary General	
Mailing Address 184 Fern Avenue		Other (specify) ▼ Convention	
City	State ZIP	Code	
Litchfield	CT 067	759	
Original Amount of Loan	Cumulative Paymen	Balance Outstanding at Close of This 0.00 12000.00	
TERMS Date Incurred M 12 Y 201	Date D	Oue Interest Rate Secured: Y None Y 0.00 % (apr)	× No
List All Endorsers or Guaranton			110
1. Full Name (Last, First, Middle	e 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:	
UBTOTALS This Period This Page			
OTALS This Period (last page in t	his line only)	······································	
arry outstanding balance only to	LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Sumn	nary.

Use separate schedule(s) for each category of the

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OF

LOANS	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress	Transaction ID : SC/10.4115
LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	
City State ZIP Coc Litchfield CT 06759	de
Original Amount of Loan Cumulative Payment To 2000.00	Date Balance Outstanding at Close of This Period 0.00 2000.00
Date Incurred Date Due	Interest Rate Secured: None O.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 r	no Schedule D, carry forward to appropriate line of Summary.

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DANS				ategory of the ummary Page	(check only or	ne) X 13a
AME OF COMMITTEE (In Full) Mark Greenberg for Congre	SS			Transactio	n ID : SC/10.4121	
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg		l)	Mem	o Item E	Election: 2014 Primary General	
Mailing Address 184 Fern Avenue					Other (specify) Convention	▼
City	State	ZIP Cod	de			
Litchfield	СТ	06759				
Original Amount of Loan	Cumula	ative Payment To	Date	Balance	e Outstanding at C	lose of This Perio
10000	0.00		0.00		, , ,	10000.00
Date Incurred M 01 / D 28 / Y 2014	M M /	Date Due	Ňoně ^Y	nterest Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors	(if any) to Loan S	Source				Yes No
1. Full Name (Last, First, Middle I	nitial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	· · · · ,	7	
2. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP C	ode	Amount Guaranteed Outstanding:	,	7	
SUBTOTALS This Period This Page (optional)			.	7	10000.00
FOTALS This Period (last page in this	s line only)			· [7 7	
Carry outstanding balance only to LI	NE 3. Schedule D.	for this line. If I	no Schedule D	. carry forwar	d to appropriate	ine of Summary.

Use separate schedule(s) for each category of the

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JAN5			Detailed Summary Pa	age (Check o	only one)	13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congr	ess		Transa	action ID : SC/10.	4126	
LOAN SOURCE Full Name (Las Mark Daniel Greenberg	t, First, Middl	e Initial)	Memo Item	Election: 20 Primary General	14	
Mailing Address 184 Fern Avenue				Other (sp	ecify) 🔻	
City Litchfield	S	ctate ZIP Co	de			
Original Amount of Loan	500.00	Cumulative Payment To	Date Ba	lance Outstanding		This Period
TERMS Date Incurred M 02		Date Due	Interest Ra None Y	te .00 % (ap	Secure r) Ye	\boxtimes
List All Endorsers or Guarantor 1. Full Name (Last, First, Middle		Loan Source	Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9		
UBTOTALS This Period This Page	e (optional)		<u> </u>		750	00.00
COTALS This Period (last page in the				nuord to account	vioto line es s	
Carry outstanding balance only to	LINE 3, SCHE	Jule D, for this line. It	וס סכוופטעופ ש, carry tol	waru to approp	nate line of S	ounninary.

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DANS		Detailed Summary Page (check only one)	13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congi	ress	Transaction ID : SC/10.4139	
LOAN SOURCE Full Name (Las Mark Daniel Greenberg		Memo Item Election: 2014 Primary General	
Mailing Address 184 Fern Avenue		Other (specify) ▼ Convention	
City	State	ZIP Code	
Litchfield	СТ	06759	
Original Amount of Loan	Cumulative Pa	ayment To Date Balance Outstanding at Close 0.00	of This Period
TERMS Date Incurred M 02		Date Due Interest Rate Second 1 None 0.00 % (apr)	cured:
List All Endorsers or Guaranto	rs (if any) to Loan Source	3	163 110
1. Full Name (Last, First, Middle	e 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:	
UBTOTALS This Period This Page	e (optional)	<u> </u>	6000.00
OTALS This Period (last page in t	his line only)	······································	
Carry outstanding balance only to	LINE 3, Schedule D, for th	is line. If no Schedule D, carry forward to appropriate line	of Summary.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transact	ion ID : SC/10.4129
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)	Memo Item	Election: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City	State ZIP C	ode	
Litchfield	CT 06759)	
Original Amount of Loan	Cumulative Payment T	o Date Balar	nce Outstanding at Close of This Period
TERMS Date Incurred	Date Due	e Interest Rate	Secured:
M 03 M / D 03 D / Y 2014 Y			
List All Endorsers or Guarantors (if	any) to Loan Source		100 110
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	g
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opt	ional)		96000.00
TOTALS This Period (last page in this line	ne only)	······ \	. , ,
Carry outstanding balance only to LINE	3, Schedule D, for this line. I	f no Schedule D, carry forw	ard to appropriate line of Summary.

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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:

Use separate schedule(s) for each category of the

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.OANS		Detailed Summary Page (Crieck Only Orle)	13b
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transaction ID : SC/10.4134	
LOAN SOURCE Full Name (Last, First, I Mark Daniel Greenberg	Middle Initial)	Memo Item Election: 2014 Primary General	
Mailing Address 184 Fern Avenue		Other (specify) ▼ Convention	
City Litchfield	State ZIP Co CT 06759	de	
Original Amount of Loan	Cumulative Payment To	Date Balance Outstanding at Close of This 0.00 10000.0	
TERMS Date Incurred M 05 M / D 21 D / Y 2014 Y	Date Due	Interest Rate Secured: None O.00 (apr)	No
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)) to Loan Source	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 (options			10
TOTALS This Period (last page in this line of Carry outstanding balance only to LINE 3, 5		no Schedule D, carry forward to appropriate line of Sum	mary.

Use separate schedule(s) for each category of the

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OANS		Detailed Summary Pa		
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transa	ction ID : SC/10.4125	
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2014 Primary	_
Mark Daniel Greenberg			General	
Mailing Address 184 Fern Avenue			Other (specify)	_
City	State ZIP Co	de		
Litchfield	CT 06759			
Original Amount of Loan 5000.00	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Per	iod
TERMS				_
Date Incurred M 06	Date Due	None Interest Rat	00 % (apr)	No
List All Endorsers or Guarantors (if an	y) to Loan Source		ies i	10
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:	9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	e ZIP Code	Guaranteed Outstanding:	y y w	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9	
SUBTOTALS This Period This Page (option	only)	······	5000.00]
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary	/-

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DANS				mmary Page	(check only or	· —	13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congre	SS		1	Transaction	n ID : SC/10.4102		
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg	First, Middle Initia)	Memo		ection: 2014 Primary General		
Mailing Address 184 Fern Avenue					Other (specify)	▼	
City	State	ZIP Cod	le				
Litchfield	СТ	06759					
Original Amount of Loan		tive Payment To	Date 0.00	Balance	Outstanding at C	Close of This F	
7 7			-		7 7	4	
Date Incurred M 06	M M /	Date Due	None Ir	nterest Rate 0.00	% (apr)	Secured:	
List All Endorsers or Guarantors	(if any) to Loan S	Source				Yes	No
1. Full Name (Last, First, Middle	Initial)		Name of Empl	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	, ,			
2. Full Name (Last, First, Middle In	nitial)		Name of Empl	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	, ,	9		
3. Full Name (Last, First, Middle In	nitial)		Name of Empl	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,			
4. Full Name (Last, First, Middle In	nitial)		Name of Empl	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	9	7	-	
SUBTOTALS This Period This Page (optional)			.		10000.00	
FOTALS This Period (last page in thi	s line only)			• .	7		
Carry outstanding balance only to Li	NE 3. Schedule D.	for this line. If r	o Schedule D.	carry forward	I to appropriate I	ine of Summ	narv.

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OANS		for each category of the Detailed Summary Pag	
IAME OF COMMITTEE (In Fo	,	Transac	tion ID : SC/10.4110
<u> </u>	ne (Last, First, Middle Initial)		Flories
Mark Daniel Green		Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼
City	State ZI	P Code	
Litchfield	CT 06	6759	
Original Amount of Loan	Cumulative Payme	nt To Date Bala	nce Outstanding at Close of This Period
2 2	15000.00	0.00	15000.00
TERMS Date Incurr M 06 / D 16 / D 1	ped Date	Due Interest Rate	
Liet All Endorsers or Cu	arantors (if any) to Loan Source		Yes No
Full Name (Last, First,		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
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:	9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
SUBTOTALS This Period Thi	s Page (optional)		15000.00
FOTALS This Period (last pa	ge in this line only)	······	7
Carry outstanding balance of	only to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forw	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4119 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Mark Daniel Greenberg General Mailing Address Other (specify) 184 Fern Avenue City State ZIP Code CT 06759 Litchfield 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: 0.00 23 ^M06^M ž014 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s)

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DANS			for each category of t Detailed Summary Pa	
AME OF COMMITTEE (In Full	,		Transa	ction ID : SC/10.4109
LOAN SOURCE Full Name Mark Daniel Greenb	•	Idle Initial)	Memo Item	Election: 2014 Primary
Mailing Address 184 Fern Avenue				☐ Ceneral Other (specify) ▼
City		State ZIP	Code	
Litchfield		CT 067	759	
Original Amount of Loan	235000.00	Cumulative Payment	105000.00 Bala	ance Outstanding at Close of This Period
TERMS Date Incurre	d Ž014 ^Y	Date D		e Secured: 00 % (apr) Yes No
List All Endorsers or Guar	` •	Loan Source		130 110
1. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, M	liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, M	liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, M	liddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This	Page (optional)		·····	130000.00
TOTALS This Period (last pag	e in this line only)		, ,
	ly to LINE 3, Sch	edule D, for this line	. If no Schedule D, carry for	ward to appropriate line of Summary.

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ck only one)	X	
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DANS		Detailed Summary Page	(check only one)	13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transactio	on ID : SC/10.7191	
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	Memo Item	Election: 2014	
Mark Daniel Greenberg			Primary General	
Mailing Address 184 Fern Avenue			Other (specify)	
City	State ZIP Coo	de		
Litchfield	CT 06759			
Original Amount of Loan	Cumulative Payment To	Date Balanc	ce Outstanding at Close of Ti	his Period
175000.00	2 2 2	171400.00	3600).00
TERMS Date Incurred	Date Due	Interest Rate	Secured	l:
M07 ^M / D02 D / Y Y 2014 Y	M M / D D / Y	None 0.00	% (apr)	X
List All Endorsers or Guarantors (if any)	to Loan Source		Yes	No_
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		$\overline{}$
	211 0000	Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		7
City State	ZIF Code	Outstanding:	9	_
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		_
City State	ZIP Code	Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional			3600	0.00
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If r	no Schedule D, carry forwa	rd to appropriate line of Su	ımmary.

Use separate schedule(s)

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IAME OF COMMITTEE (In Fi	•	Transac	tion ID : SC/10.4131
<u> </u>	<u> </u>		
Mark Daniel Green	ne (Last, First, Middle Initial) berg	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify)
City	State	ZIP Code	
Litchfield	СТ	06759	
Original Amount of Loan	Cumulative Paym	nent To Date Bala	nce Outstanding at Close of This Period
	5000.00	0.00	5000.00
Date Incur	red Dat	te Due Interest Rate	00 % (apr) X
List All Endorsers or Gu	arantors (if any) to Loan Source		Yes No
1. Full Name (Last, First,		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
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:	9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period Th	is Page (optional)	······	5000.00
TOTALS This Period (last pa	ge in this line only)		9
Carry outstanding balance of	only to LINE 3, Schedule D, for this I	ine. If no Schedule D, carry forw	vard to appropriate line of Summary.

Use separate schedule(s)

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OANS		for each category of the Detailed Summary Page (check only one)	13a 13b
IAME OF COMMITTEE (In Fi	,	Transaction ID : SC/10.4103	
<u> </u>	me (Last, First, Middle Initial)	Cleation, cond	
Mark Daniel Green	,	Memo Item Election: 2014 Primary General	
Mailing Address 184 Fern Avenue		Other (specify) ▼	
City	State	ZIP Code	
Litchfield	CT	06759	
Original Amount of Loan		Payment To Date Balance Outstanding at Close of Th	nis Period
	12500.00	0.00 12500.	.00
TERMS Date Incur M 08 / P 15 / P	red Y 2014 M M / D	Date Due Interest Rate Secured: Date Due Interest Rate Secured: 0.00 % (apr)	\boxtimes
List All Endorsers or Gu	arantors (if any) to Loan Source	Yes	No_
Full Name (Last, First,	·	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 Th	is Page (optional)		.00
FOTALS This Period (last pa	ge in this line only)	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance of	only to LINE 3, Schedule D, for t	his line. If no Schedule D, carry forward to appropriate line of Sur	mmary.

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OANS		for each category of the Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full) Wark Greenberg for Congress		Transaction	n ID : SC/10.4100
LOAN SOURCE Full Name (Last, First	et, Middle Initial)	Memo Item El	lection: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼
City	State ZIP Co	ode	
Litchfield	CT 06759)	
Original Amount of Loan 300000.00	Cumulative Payment To	Do Date Balance	Outstanding at Close of This Period 300000.00
TERMS Date Incurred MO8 / D31 / Y Z014 Y Z014	Date Due	Interest Rate 0.00	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initia	**	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial))	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option			300000.00
Carry outstanding balance only to LINE :	3, Schedule D, for this line. If	f no Schedule D, carry forward	d to appropriate line of Summary.

Use separate schedule(s)

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DANS			Detailed Sun		(check only or	ne)	13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Cong	ress		1	Transaction	ID : SC/10.4120		
LOAN SOURCE Full Name (La Mark Daniel Greenberg)	Memo		ection: 2014 Primary General		
Mailing Address 184 Fern Avenue					Other (specify)	▼	
City	State	ZIP Cod	е				
Litchfield	СТ	06759					
Original Amount of Loan	Cumula	tive Payment To I	Date	Balance	Outstanding at 0	Close of Thi	s Perioc
100	000.00		0.00		, ,	100000.0	00
Date Incurred M 09 / D 30 / Y 20	14 Y	Date Due	Int None	erest Rate	% (apr)	Secured:	X
List All Endorsers or Guaranto	ors (if any) to Loan S	Source				Yes	<u>No</u>
1. Full Name (Last, First, Midd	le Initial)		Name of Emplo	yer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	7]
2. Full Name (Last, First, Middl	e Initial)		Name of Emplo	yer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,	,]
3. Full Name (Last, First, Middl	e Initial)		Name of Emplo	yer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,]
4. Full Name (Last, First, Middl	e Initial)		Name of Emplo	yer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,]
UBTOTALS This Period This Pag	e (optional)			· [7	100000.0	00
OTALS This Period (last page in	this line only)				7		
Carry outstanding balance only to	LINE 3. Schedule D.	for this line. If n	o Schedule D.	carry forward	to appropriate	line of Sun	nmary.

Use separate schedule(s) FOR LINE NUMBER:

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IAME OF COMMITTEE (In Full) Mark Greenberg for Congre	ess		Trai	nsaction I	D : SC/10.4114		
LOAN SOURCE Full Name (Last			Memo Item	Elec	ction: 2014		
Mark Daniel Greenberg					Primary General		
Mailing Address 184 Fern Avenue					Other (specify)	,	
City	State	ZIP Code					
Litchfield	СТ	06759					
Original Amount of Loan		e Payment To Da	0.00	Balance (Outstanding at Cl	ose of This F	² eriod
TERMS		7 7	4		1 1		
Date Incurred M 10 P 09 Y 2014	M M /	Date Due	Interest one Y	Rate 0.00	% (apr)	Secured:	Z No
List All Endorsers or Guarantors	(if any) to Loan Sou	ırce				Yes	No
1. Full Name (Last, First, Middle	Initial)	1	lame of Employer				
Mailing Address		(Occupation				
City	State ZIP Code	9	amount Guaranteed Outstanding:	. ,			
2. Full Name (Last, First, Middle I	nitial)	1	lame of Employer				
Mailing Address		(Occupation				
City	State ZIP Code	9	Amount Guaranteed Outstanding:	7		-	
3. Full Name (Last, First, Middle I	nitial)	1	lame of Employer				
Mailing Address		(Occupation				
City	State ZIP Code	e	Amount Guaranteed Outstanding:	- 7			
4. Full Name (Last, First, Middle I	nitial)	1	lame of Employer				
Mailing Address		(Occupation				
City	State ZIP Code	Э (Amount Guaranteed Outstanding:	7	9		
SUBTOTALS This Period This Page	(optional)		·····		7 7	150000.00	
FOTALS This Period (last page in th	s line only)				7		┙
Carry outstanding balance only to L	INE 3, Schedule D, for	r this line. If no	Schedule D, carry	forward t	to appropriate li	ne of Summ	ary.

Use separate schedule(s) FOR LINE NUMBER:

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AME OF COMMITTEE (In Full) Mark Greenberg for Co	ngress			Transaction	ID : SC/10.4122	
LOAN SOURCE Full Name Mark Daniel Greenbe	•	dle Initial)	Memo		ction: 2014 Primary General Other (specify)	
184 Fern Avenue		01.1	2			
City Litchfield		State ZIP (CT 0675				
Original Amount of Loan	200000.00	Cumulative Payment	To Date	Balance (Outstanding at Close	of This Period
TERMS Date Incurred	2014	Date Du	ue Ir None	nterest Rate	Sec	ured: Yes No
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source	Name of Empl	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	,		
2. Full Name (Last, First, Mid	ddle Initial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Mid	ddle Initial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Mid	ddle Initial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This F	in this line only))		>	7 7	0000.00
Carry outstanding balance only	, to line 3, sch	edule D, for this line.	n no schedule D,	carry torward	to appropriate line of	ı əummary.

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AME OF COMMITTEE (In Full	•		Trans	action	ID : SC/10.4101		
LOAN SOURCE Full Name		Initial)	Memo Item	Elec	ction: 2014		
Mark Daniel Greenb	erg				Primary General		
Mailing Address 184 Fern Avenue					Other (specify) \blacktriangledown		
City	Sta	ate ZIP Cod	de				
Litchfield	(CT 06759					
Original Amount of Loan	65000.00	umulative Payment To	0.00 Ba	alance (Outstanding at Clos	e of This	
TERMS Date Incurred 10 ^M 10 ^M / 23 ^D / Y	Ž014 Y	Date Due	None Y	ate 0.00	% (apr)	ecured:	No
List All Endorsers or Guar 1. Full Name (Last, First, N	` • • •	oan Source	Name of Employer				
, , ,							
Mailing Address			Occupation				
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7]
2. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7			
3. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	,	,		
4. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7]
SUBTOTALS This Period This	Page (optional)				7 7	65000.0	10
TOTALS This Period (last page	e in this line only)		·····		7		
Carry outstanding balance on	ly to LINE 3, Schedu	ıle D, for this line. If ı	no Schedule D, carry fo	rward	to appropriate line	of Sum	ımary.

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OANS		for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) Mark Greenberg for Congress			
<u> </u>	ne (Last, First, Middle Initial)		Florian Co.
Mark Daniel Green		Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼
City	State ZI	P Code	
Litchfield	CT 06	6759	
Original Amount of Loan	Cumulative Payme	nt To Date Bala	ance Outstanding at Close of This Period
2 2	25000.00	0.00	25000.00
TERMS Date Incur	red Date	Due Interest Rate	
List All Endorsers or Gu	arantors (if any) to Loan Source		Yes No
Full Name (Last, First,	* **	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period Th	is Page (optional)	······	25000.00
FOTALS This Period (last pa	ge in this line only)		
Carry outstanding balance of	only to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forv	vard to appropriate line of Summary.

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IAME OF COMMITTEE (In Fu	•	Transac	tion ID : SC/10.4135
<u> </u>	ne (Last, First, Middle Initial)		Florier 2011
Mark Daniel Green		Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼
City	State	ZIP Code	
Litchfield	СТ	06759	
Original Amount of Loan	Cumulative Pay	ment To Date Bala	nce Outstanding at Close of This Period
	33000.00	0.00	33000.00
TERMS Date Incurr	ed Da	ate Due Interest Rate	
List All Endorsers or Gua	arantors (if any) to Loan Source		Yes No
Full Name (Last, First,	* **	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First,	Viiddle 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:	9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
SUBTOTALS This Period Thi	s Page (optional)		33000.00
FOTALS This Period (last pa	ge in this line only)	-	
Carry outstanding balance of	nly to LINE 3, Schedule D, for this	line. If no Schedule D, carry forw	vard to appropriate line of Summary.

Use separate schedule(s)

PAGE 49

×	13a
	13b

OF

OANS	-		for each categor Detailed Summar	y of the	(check only one)	14 4 1
IAME OF COMMITTEE (In Full) Mark Greenberg for Co	naress		Tr	ansaction I	D : SC/10.4123	1 100
LOAN SOURCE Full Name		Idle Initial)	Memo Item	Elec	otion: 2014	
Mark Daniel Greenbe	rg	,			Primary General	
Mailing Address 184 Fern Avenue					Other (specify) \blacktriangledown	
City		State ZIP Cod	de			
Litchfield		CT 06759				
Original Amount of Loan		Cumulative Payment To	Date	Balance (Outstanding at Clo	se of This Period
, , ,	21000.00		0.00		2	21000.00
TERMS Date Incurred		Date Due	Interes	t Rate	Ş	Secured:
M 11 M / D04 D / Y	ž014 ^Y	M M / D D / Y	Ňone	0.00	% (apr)	Yes No
List All Endorsers or Guara	ntors (if any) to	o Loan Source				103 110
1. Full Name (Last, First, M	iddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	,	
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	,	
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7	
SUBTOTALS This Period This F	Page (optional)					21000.00
TOTALS This Period (last page	in this line only	·)	·····		1	811500.00
Carry outstanding balance only	to LINE 3. Sch	edule D. for this line. If	no Schedule D. carr	v forward	to appropriate lin	e of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 50 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

53

NAME OF COMMITTEE (In Full)

Mark Greenberg for Co	ngress	3			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Public Relations Consultant				
Mailing Address 77 Ripley Hill Road					
City State Coventry	Zip Code CT	06238			
Outstanding Balance Beginning This Period			Transaction ID : SD10.7609		
2665.25					
Amount Incurred This Period 0.00	Pay	ment This Period 2665.25	Outstanding Balance at Close of This Period 0.00		
B. Full Name (Last, First, Middle Initial) of Debtor Jamestown Associates	or Creditor		Nature of Debt (Purpose): Media advertising		
Mailing Address 5 Mapleton Road Suite 300					
City State Princeton	Zip Code NJ	08540			
Outstanding Balance Beginning This Period 1275.00			Transaction ID : SD10.4151		
Amount Incurred This Period 0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 1275.00		
0.00	7	0.00	1213.00		
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): Direct Mail Design Fee		
Mailing Address 403 N 2nd Street Suite 2					
City Harrisburg	State PA	Zip Code 17101			
Outstanding Balance Beginning This Period 200.00			Transaction ID : SD10.4153		
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period		
0.00	,	0.00	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 or	ıly)			
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only)			

NAME OF COMMITTEE (In Full)

Mailing Address 53 Peck Road

Outstanding Balance Beginning This Period

Amount Incurred This Period

2422.50

City

Torrington

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 51
FOR LINE NUMBER: (check only one)

9 X 10

53

OF

A. Full Name (Last, First, Middle Initial) of Debte Theroux, Nowell & Stoughton, L	Nature of Debt (Purpose): Accounting Services					
Mailing Address 53 Peck Road						
City State Torrington	Zip Code CT	06790-6106				
Outstanding Balance Beginning This Period			Transaction ID : SD10.7610			
Amount Incurred This Period Payment This Period 0.00 10465.25			Outstanding Balance at Close of This Per 265.25			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Theroux, Nowell & Stoughton, LLC						
Theroux, Nowell & Stoughton, L			Nature of Debt (Purpose): Accounting Services			
			` ' '			
Theroux, Nowell & Stoughton, L		06790-6106	` ' '			
Theroux, Nowell & Stoughton, Li Mailing Address 53 Peck Road City State	Zip Code	06790-6106	` ' '			
Theroux, Nowell & Stoughton, Lemandre Mailing Address 53 Peck Road City State Torrington Outstanding Balance Beginning This Period	Zip Code CT	06790-6106 ent This Period	Accounting Services			

1)	SUBTOTALS This Period This Page (optional)		Ξ	_	7		Ξ	7		717	5.25	
2)	TOTALS This Period (last page this line number only)	Ē										
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	Ļ	_	<u>.</u>	7	_	_	7	-	÷	_	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		_	_	7			7	_		w	

Zip Code

Payment This Period

06790-6106

0.00

State

CT

Transaction ID: SD10.7612

Outstanding Balance at Close of This Period

2422.50

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 52 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

53

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Mark Greenberg for Co	ngress	}	
A. Full Name (Last, First, Middle Initial) of Debto Theroux, Nowell & Stoughton, LL	Nature of Debt (Purpose): Accounting services		
Mailing Address 53 Peck Road			
City State	Zip Code		
Torrington	СТ	06790-6106	
Outstanding Balance Beginning This Period			Transaction ID : SD10.7614
2568.75			
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	2568.75
B. Full Name (Last, First, Middle Initial) of Debtor Theroux Nowell & Stoughton LLC			Nature of Debt (Purpose): Balance of unpaid accounting fees
Mailing Address 53 Peck Road			
City State	Zip Code		
Torrington	СТ	06790	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4146
434.75			
Amount Incurred This Period	Payr	ment This Period	Outstanding Balance at Close of This Period
0.00		434.75	0.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):
Watertown Main Street LLC			Office rent
Mailing Address P.O. Box 28			
City Watertown	State CT	Zip Code 06795	
Outstanding Balance Beginning This Period		00733	Transaction ID : SD10.4150
1250.00			
Amount Incurred This Period	Povr	ment This Period	Outstanding Balance at Close of This Period
	Fayı		1250.00
0.00	,	0.00	1250.00
SUBTOTALS This Period This Page (optional)			3818.75
TOTALS This Period (last page this line number	only)		→
TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ly)	>
ADD 2) and 3) and carry forward to appropriate	line of Summa	ry 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 FOR LINE NUMBER: (check only one)

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		9
	X	10

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Co	ongress		
A. Full Name (Last, First, Middle Initial) of Debt Watertown Main Street LLC	Nature of Debt (Purpose): Rent Headquarters		
Mailing Address P.O. Box 28			
City State Watertown	Zip Code CT 06795		
Outstanding Balance Beginning This Period		Transaction ID : SD10.4144	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1250.00	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):	
Mailing Address			
City State	Zip Code		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debt	or 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	
) SUBTOTALS This Period This Page (optional)		1250.00	
) TOTALS This Period (last page this line number	TOTALS This Period (last page this line number only)		
) TOTAL OUTSTANDING LOANS from Schedule	1811500.00		
) ADD 2) and 3) and carry forward to appropriate	D 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		