PAGE 1 / 11

FORM 3

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

1 011111 0	For An Authorized Committee				Office Use Only			
NAME OF     COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, type er the lines.	12FE4M5				
Dr. Brad Allen for C	ongress							
		1 1 1 1						
ADDRESS (number and street)	PO Box 88							
▼ Check if different								
than previously reported. (ACC)	Summerland			CA 930	CA 93067			
2. <b>FEC IDENTIFICATION</b>	I NIIMRED 🔻	CITY ▲		STATE ▲	ZIP CODE ▲			
C C00557124	NOWBER V	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT			
4. TYPE OF REPORT  (a) Quarterly Reports:		o) 12-Day <b>PRE</b>	-Election Report for tl	ne:				
April 15 Quarte	erly Report (Q1)	Ш	Primary (12P)	General (12G	) Runoff (12R)			
July 15 Quarter			Convention (12C)	Special (12S)				
	arterly Report (Q3)	Election on	M M / D D	/ Y " Y " Y " Y	in the State of			
January 31 Yea	ar-End Report (YE) (d	30-Day <b>POS</b>	T-Election Report for	the:				
			General (30G)	Runoff (30R)	Special (30S)			
Termination Re	port (TER)	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 Y 2017	through	09 / D D / Y	2017			
I certify that I have examine Type or Print Name of Treas	Burch, Bryan, , ,	ne best of my kr	nowledge and belief it	is true, correct and co	omplete.			
Signature of Treasurer	Burch, Bryan, , ,		[Electronically Filed]	Date 10	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
NOTE: Submission of false, e	rroneous, or incomplete	information may	subject the person sigr	ning this Report to the p	penalties of 52 U.S.C. §3010			
Office Use Only					FEC FORM 3 (Revised 05/2016)			

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Dr. Brad Allen for Congress

2017 2017 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 40521.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 2600.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 37921.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 131817.23 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 131817.23 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 103.77 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 103780.00 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

FEC Form 3 (Revised 05/2016)

PAGE 3 / 11

Write or Type Committee Name

#### Dr. Brad Allen for Congress

07 2017 09 01 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 40521.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL of contributions 0.00 40521.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 40521.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 94000.00 (b) All Other Loans..... TOTAL LOANS 0.00 94000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) ..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 134521.00 (Carry Total to Line 24, page 4).....

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPI	ERATING EXPENDITURES	0.00	131817.23		
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	0.00		
	(b)	Of All Other Loans	0.00	0.00		
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00		
20.	REF	FUNDS OF CONTRIBUTIONS TO:				
	(a)	Individuals/Persons Other Than Political Committees	0.00	2600.00		
			0.00	0.00		
	(b)	Political Party Committees  Other Political Committees	0.00	0.00		
	(-)	(such as PACs)	0.00	0.00		
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2600.00		
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00		
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	134417.23		
		III. CASH SU	MMARY			
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	103.77		
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00		
25.	SUI	BTOTAL (add Line 23 and Line 24)		103.77		
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00		
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	103.77		

Use separate schedule(s) for each category of the

PAGE 5 FOR LINE NUMBER: 13a (check only one)

11

.OANO					Detailed Su	ımmary Pag	e ( )	,,	<b>x</b> 13b
NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress				Transact	tion ID : PAYC	97			
	E Full Name (Last, sonal Funds, B		ddle Initial)			Memo Item	Election: 20	14	
		orau, , ,					General		
Mailing Addres	SS						Other (sp	ecify) 🔻	
City			State	ZIP Code	9				
Summerland			CA	93067			Persona	I Funds of th	ne Candidate
Original Amo	unt of Loan		Cumulative Pa	yment To D	ate	Balar	nce Outstandin	g at Close o	of This Period
	2000	0.00	2		0.00		,	20	00.000
TERMS	Date Incurred		Ω	Date Due		nterest Rate		Secu	ıred:
M05M /	D15D / Y Ž014	Y	M M / D D	/ Y	None Y	0.0	00	or) .	Yes X No
List All Endor	sers or Guarantors	(if any) t	to Loan Source						
1. Full Name	(Last, First, Middle	Initial)			Name of Empl	oyer			
Mailing Ad	dress			-	Occupation				
				-	Amount				
City		State	ZIP Code	I .	Guaranteed Outstanding:		7		
2. Full Name (	Last, First, Middle I	nitial)			Name of Empl	oyer			
Mailing Add	dress				Occupation				
					Amount				
City		State	ZIP Code		Guaranteed Outstanding:		7 7		
3. Full Name (	Last, First, Middle I	nitial)			Name of Empl	oyer			
Mailing Add	dress				Occupation				
				,	Amount				
City		State	ZIP Code		Guaranteed Outstanding:		7 7		
4. Full Name (	Last, First, Middle I	nitial)			Name of Empl	loyer			
Mailing Add	dress			-	Occupation				
					Amount				
City		State	ZIP Code		Guaranteed Outstanding:		7		
	s Period This Page					- H	7	200	000.00
TOTALS This Per	riod (last page in thi	s line onl	y)			<u> </u>	7	7	
Carry outstandin	g balance only to I	INF 3. Sci	hedule D. for this	s line. If no	Schedule D	carry forw	ard to approp	riate line of	Summary

Use separate schedule(s)

**PAGE** OF 11

FOR LINE NUMBER: for each category of the (check only one) 13a Detailed Summary Page X 13b **Transaction ID: PAYC64** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland 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: (If none, enter 0) 0.00 <sup>D</sup>21 <sup>D</sup> M 05M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

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

11

13a X 13b **Transaction ID: PAYC71** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>23<sup>D</sup> M 05M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 11000.00 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) for each category of the Detailed Summary Page

PAGE 8
FOR LINE NUMBER: (check only one)

	13a
×	13b

11

			Detailed Summary P	age <b>x</b> 13b
NAME OF COMMITTEE (In Full)	Transaction ID : PAYC73			
Dr. Brad Allen for Congress				
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)		☐ Memo Iter	
Allen - Personal Funds, Brad, , ,				Primary General
Mailing Address PO Box 88		Other (specify)		
City	State	ZIP Code	9	December 5 and a 6 the Occations
Summerland	CA	93067		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To D	Pate Ba	alance Outstanding at Close of This Period
28000.00	9	,	0.00	28000.00
TERMS Date Incurred	D	ate Due	Interest Ra (If none, en	
M05M / D27D / Y Z014 Y	M M / D D	/ Y	Y Nohe Y	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
	T		Amount Guaranteed	
City State	ZIP Code		Outstanding:	, , , , , , , , ,
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (optional)			. г	
GODICIALS This Period This Page (optional)				28000.00
TOTALS This Period (last page in this line only	y)		······	, ,
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry fo	rward to appropriate line of Summary.

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

PAGE 9
FOR LINE NUMBER: (check only one)

E NUMBER:

11

			Detailed Guiriniary	1 age	<b>x</b> 13b	
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : F	PAYC77	
Dr. Brad Allen for Congress						
LOAN SOURCE Full Name (Last, First, N	1iddle Initial)		☐ Memo I	Item Election:	2014	
Allen - Personal Funds, Brad, , ,					nary	
					eral	
Mailing Address PO Box 88					er (specify) ▼	
City	State	ZIP Code	)	Pe	rsonal Funds of the Candidate	
Summerland	CA	93067			Tooliai i ando oi mo canadato	
Original Amount of Loan	Cumulative Pa	ayment To D	ate	Balance Outst	anding at Close of This Period	
3000.00			0.00		3000.00	
TERMS Date Incurred	]	Date Due	Interest (If none,		Secured:	
M05 <sup>M</sup> / D27 <sup>D</sup> / Y 2014 Y	M M / D D	D / Y Y	None Y	0.00	√o (apr) Yes 🗶 No	
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)			Name of Employer			
, , ,						
Mailing Address		(	Occupation			
		7	Amount			
City State ZIP Code			Guaranteed Outstanding:	7	7	
2. Full Name (Last, First, Middle Initial)	l	ı	Name of Employer			
Mailing Address		(	Occupation			
		<u> </u>	Amount			
City State	ZIP Code		Guaranteed			
City	211 0000		Outstanding:	7	7	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(	Occupation			
		,	Amount			
City	ZIP Code		Guaranteed Outstanding:		7	
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(	Occupation			
			Amount Guaranteed			
City	ZIP Code		Outstanding:	7	9	
	·	·				
SUBTOTALS This Period This Page (optional	)		······		3000.00	
TOTALS This Period (last page in this line of	ון))		······			
				7	7	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	is line. If no	Schedule D, carry	forward to an	opropriate line of Summary.	

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

**PAGE** 10 OF FOR LINE NUMBER: (check only one)

11

13a X 13b **Transaction ID: PAYC80** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 06M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 7000.00 TOTALS This Period (last page in this line only) ..... 94000.00 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**

Exc

(Use separate schedule(s) for each

PAGE 11 OF FOR (che

R LINE NUMBER:		
eck only one)		9
	X	10

Excluding Loans			numbered line)	<b>x</b>   10		
NAME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·			
Dr. Brad Allen for Co						
A. Full Name (Last, First, Middle Initial) of D	Nature of Deb	t (Purpose):				
Allen - Personal Funds, Brad,	Filing Fee					
Mailing Address PO Box 88						
City						
Summerland	CA	93067				
Outstanding Balance Beginning This Perio	d		Transaction	ID: PAYD56		
1050.00						
Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
0.00		0.	00	1050.00		
B. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	litor	Nature of Deb	ot (Purpose):		
Allen - Personal Funds, Brad,	, ,		Ballot Statem			
Mailing Address PO Box 88						
City	State	Zip Code				
Summerland	CA	93067				
Outstanding Balance Beginning This Perio	d		Transaction	ID: PAYD57		
8730.00						
Amount Incurred This Period		Payment This Period	Outstanding	Outstanding Balance at Close of This Period		
0.00		0.	00	8730.00		
C. Full Name (Last, First, Middle Initial) of D	Debtor or Cre	ditor	Nature of Deb	ot (Purpose):		
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Perio	 d					
	Ī					
			0			
Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
		y y		y y		
1) SUBTOTALS This Period This Page (option	al)		··· •	9780.00		
2) TOTALS This Period (last page this line nur	mber only) ····			9780.00		
3) TOTAL OUTSTANDING LOANS from Sched		94000.00				
4) ADD 2) and 3) and carry forward to approp	only) ►	103780.00				