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FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3  | 2                    | For An Au     | thorized Cor         | nmittee                          |                 | Office Use Only   |                                    |  |  |  |  |  |  |  |  |
|---|----------------------|---------------|----------------------|----------------------------------|-----------------|-------------------|------------------------------------|--|--|--|--|--|--|--|--|
| 1. NAME OF<br>COMMITTEE (in                   |                      | E OR PRINT    |                      | xample: If typing ver the lines. | g, type         | 12FE4M5           |                                    |  |  |  |  |  |  |  |  |
| Mark Greenbe                                  | rg for Congr         | ess           |                      |                                  |                 |                   |                                    |  |  |  |  |  |  |  |  |
|   |                      |               |                      |                                  |                 |                   |                                    |  |  |  |  |  |  |  |  |
| ADDRESS (number ar                            | I 1                  | Peck Road     |                      |                                  | 1 1 1 1         |                   |                                    |  |  |  |  |  |  |  |  |
| Check if dif<br>than previous<br>reported. (A | usly <sub> </sub> To | orrington     |                      |                                  |                 | CT C              | 06790-6106                         |  |  |  |  |  |  |  |  |
| 2. <b>FEC IDENTIFIC</b>                       | CATION NUMB          | ER ▼          | CITY ▲               |                                  |                 | STATE A           | ZIP CODE                           |  |  |  |  |  |  |  |  |
| C C0049339                                    | 95                   |               | 3. IS THIS<br>REPORT | NEW (N)                          | OR              | × AMEND (A)       | STATE ▼ DISTRICT  ED  CT  05  L  L |  |  |  |  |  |  |  |  |
| 4. TYPE OF RE                                 | ,                    |               | (b) 12-Day <b>PR</b> | <b>E</b> -Election Repo          |                 | ,                 |                                    |  |  |  |  |  |  |  |  |
| April 15                                      | 5 Quarterly Repor    | t (Q1)        | Ш                    | Primary (12P)                    | L               | General (12       | 2G) Runoff (12R)                   |  |  |  |  |  |  |  |  |
|   |                      |               | ×                    | Convention (1                    | 12C)            | Special (12       | 2S)                                |  |  |  |  |  |  |  |  |
|   | Quarterly Report     |               | Election or          | n 05 /                           | 16              | Y Y Y Y Y 2014    | in the CT State of                 |  |  |  |  |  |  |  |  |
| January                                       | / 31 Year-End Re     | port (YE)     | (c) 30-Day <b>PO</b> | ST-Election Rep                  | ort for the:    |                   |                                    |  |  |  |  |  |  |  |  |
|   |                      |               |                      | General (30G                     |                 | Runoff (30        | R) Special (30S)                   |  |  |  |  |  |  |  |  |
| Termina                                       | ation Report (TER    |               | Election or          | M M /                            | D " D /         | Y " Y " Y         | in the<br>State of                 |  |  |  |  |  |  |  |  |
| 5. Covering Period                            | M M M 04             | 01 /          | Y Y Y Y 2014         | through                          | M M M           | / D D / 26        | Y Y Y Y Y Z014                     |  |  |  |  |  |  |  |  |
| I certify that I have e                       | examined this Re     | port and to t | the best of my k     | knowledge and k                  | pelief it is tr | ue, correct and   | complete.                          |  |  |  |  |  |  |  |  |
| Type or Print Name                            | of Treasurer _J      | . Kenneth Now | vell, CPA            |                                  |                 |                   |                                    |  |  |  |  |  |  |  |  |
| Signature of Treasure                         | er J. Kenneth        | Nowell, CPA   |                      | [Electronically F                | Filed] [        | Date 07           | 10 7 2014                          |  |  |  |  |  |  |  |  |
| NOTE: Submission of                           | false, erroneous,    | or incomplete | e information may    | subject the pers                 | son signing     | this Report to th | e penalties of 2 U.S.C. §437g.     |  |  |  |  |  |  |  |  |
| Office<br>Use<br>Only                         |                      |               |                      |                                  |                 |                   | FEC FORM 3<br>(Revised 02/2003)    |  |  |  |  |  |  |  |  |

### **SUMMARY PAGE**

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

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04

26

Write or Type Committee Name

| Mark C | Greenberg | for ( | Congress |
|--------|-----------|-------|----------|
|--------|-----------|-------|----------|

2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 710 230640.86 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 6.11 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 710 230634.75 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 35953.97 458690.67 (from Line 17) ..... (b) Total Offsets to Operating 0 0 Expenditures (from Line 14)..... (c) Net Operating Expenditures 35953.97 458690.67 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 22166.63 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 745469.19 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 12/2003)

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Write or Type Committee Name

### Mark Greenberg for Congress

| I. RECEIPTS   |   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|---|-------------------------------|------------------------------------|
| 1. CONTRIBUTION   | IS (other than loans) FROM:                           |                               |                                    |
| Political Co  | Persons Other Than<br>ommittees<br>d (use Schedule A) | 600                           | 154706.11                          |
| • •   | zedof contributions                                   | 110                           | 6904.75                            |
|   | dividuals   | 710                           | 161610.86                          |
|   | rty Committees  | 0                             | 0                                  |
| ( )   | ACs)  | 0                             | 0                                  |
| ` '   | date<br>NTRIBUTIONS                                   | 0                             | 69030                              |
|   | 11(a)(iii), (b), (c), and (d))                        | 710                           | 230640.86                          |
| 2. TRANSFERS FF<br>AUTHORIZED (                                       | ROM OTHER<br>COMMITTEES                               | 0                             | , o                                |
| 3. LOANS: (a) Made or G   | uaranteed by the                                      |                               |                                    |
|   |   | 0                             | 251400                             |
| (b) All Other L<br>(c) TOTAL LOA                                      | oans  | 0                             | 0                                  |
| (add Lines  | 13(a) and (b))  | 0                             | 251400                             |
| <ol> <li>OFFSETS TO C<br/>EXPENDITURES<br/>(Refunds, Reba)</li> </ol> |   | 0                             | 0                                  |
| 5. OTHER RECEIF (Dividends, Inte                                      | rest, etc.)   | 0                             | 522.58                             |
| 6. <b>TOTAL RECEIF</b> 11(e), 12, 13(c), (Carry Total to I            | PTS (add Lines 14, and 15) Line 24, page 4)           | 710                           | 482563.44                          |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

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|     | II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |
|-----|--|-------------------------------|---------------------------------|
| 17. | OPERATING EXPENDITURES   | 35953.97                      | 458690.67                       |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES   | 0                             | 0                               |
| 19. | LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed by the Candidate                     | 0                             | 0                               |
|     | (b) Of All Other Loans   | 0                             | 0                               |
| 20. | REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees | 0                             | 6.11                            |
|     | (b) Political Party Committees   | 0                             | 0                               |
|     | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))                         | 0                             | 6.11                            |
| 21. | OTHER DISBURSEMENTS  | 0                             | 0                               |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)                           | 35953.97                      | 458696.78                       |
|     | III. CASH SU   | IMMARY                        |                                 |
| 23. | CASH ON HAND AT BEGINNING OF REPOR   | RTING PERIOD                  | 57410.6                         |
| 24  | TOTAL RECEIPTS THIS PERIOD (from Line  | 16, page 3)                   | 710                             |
| 25. | SUBTOTAL (add Line 23 and Line 24)   |                               | 58120.6                         |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro   | m Line 22)                    | 35953.97                        |
| 27. | CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)                     |                               | 22166.63                        |

## SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 43 (check only one) 11a 11b 11d 11c 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 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) Ellen Amato Date of Receipt Mailing Address 745 S Brooksvale Road 25 2014 City State Zip Code Transaction ID: A-CF2721 CT 06410-3518 Cheshire FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. Name of Employer Occupation campaign contribution self homemaker Receipt For: 2014 Election Cycle-to-Date Primary General 500 Other (specify) Convention 2014 Full Name (Last, First, Middle Initial) Seth J Richard Date of Receipt Mailing Address 5 Maxson Place 25 2014 City State Zip Code Transaction ID: A-CF2717 New London CT 06320-4405 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100 Name of Employer Occupation campaign contribution self real estate Receipt For: 2014 Election Cycle-to-Date Primary General 350 Other (specify) Convention 2014 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 Receipt For: Election Cycle-to-Date Primary General Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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

|            | lage# 14941701092   |   |                          |   |  |  |  |  |  |  |  |
|------------|---|---|--------------------------|---|--|--|--|--|--|--|--|
|            | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS   | Use separate sc<br>for each categor<br>Detailed Summa | hedule(s) (c<br>y of the | OR LINE NUMBER: PAGE 6 OF 43  check only one)    X   17                   |  |  |  |  |  |  |  |
|            | y information copied from such Reports and Statements for commercial purposes, other than using the name ar |   |                          |   |  |  |  |  |  |  |  |
| $\rangle$  | NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress  |   |                          |   |  |  |  |  |  |  |  |
| ۹.         | Full Name (Last, First, Middle Initial)  Aristotle International, Inc.                                      |   |                          | Date of Disbursement  |  |  |  |  |  |  |  |
|            | Mailing Address 205 Pennsylvania Avenue SE  |   |                          | 04 01 2014  |  |  |  |  |  |  |  |
|            | City State Washington DC  | Zip Code<br>20003-1164                                |                          | Amount of Each Disbursement this Period                                   |  |  |  |  |  |  |  |
|            | Purpose of Disbursement<br>Administrative/Salary/Overhead: software   |   | 001                      | 2400<br>Transaction ID : B-E-2644   |  |  |  |  |  |  |  |
|            | Candidate Name  |   | Category/<br>Type        |   |  |  |  |  |  |  |  |
|            | Office Sought:    House   Disbursement  |   | n 2014                   |   |  |  |  |  |  |  |  |
| 3.         | Full Name (Last, First, Middle Initial)  Cooper Communications LLC  Mailing Address 77 Ripley Hill Road     | 7. 0.4  |                          | Date of Disbursement  M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y |  |  |  |  |  |  |  |
|            | City State Coventry CT  | Zip Code<br>06238-1631                                |                          | Amount of Each Disbursement this Period                                   |  |  |  |  |  |  |  |
|            | Purpose of Disbursement public relations consulting  Candidate Name   |   | 001<br>Category/         | 2658.75<br>Transaction ID : B-E-2645                                      |  |  |  |  |  |  |  |
|            | Office Sought:    House   Disbursement  |   | Type 2014                | _   |  |  |  |  |  |  |  |
| `          | Full Name (Last, First, Middle Initial) CRD Ventures, LLC d/b/a CR Marketir                                 | na Group  |                          | Date of Disbursement  |  |  |  |  |  |  |  |
| <b>J</b> . | Mailing Address 302 Bantam Lake Road  | .9 - гочр   |                          | 04 / D D / Y Y Y Y Y O1 2014  |  |  |  |  |  |  |  |
|            | City State Morris CT Purpose of Disbursement  | Amount of Each Disbursement this Period 4000          |                          |   |  |  |  |  |  |  |  |
|            | field management consulting  Candidate Name   |   | 001<br>Category/         | Transaction ID : B-E-2652   |  |  |  |  |  |  |  |
|            | Office Sought:    House   Disbursement  |   | Type                     | _   |  |  |  |  |  |  |  |
|            | Otato. District.  |   |                          |   |  |  |  |  |  |  |  |

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

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

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

District:

President

| ln        | nage# 14941761093  |   |                   |  |
|-----------|--|---|-------------------|--|
|           | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS  | Use separate sc<br>for each categor<br>Detailed Summa | y of the          | FOR LINE NUMBER: PAGE 7 OF 43 (check only one)    X   17                 |
|           | ny information copied from such Reports and Statements m<br>for commercial purposes, other than using the name and |   |                   |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress   |   |                   |  |
| Α.        | Full Name (Last, First, Middle Initial)  Dey Smith Steele, LLC  Mailing Address 9 Depot Street Floor 2             |   |                   | Date of Disbursement  04  01  2014                                       |
|           | City State Milford CT  Purpose of Disbursement legal services  Candidate Name                                      | Zip Code<br>06460-3357                                | 001<br>Category/  | Amount of Each Disbursement this Period  1800  Transaction ID : B-E-2617 |
|           | Office Sought:  House Senate President  State:  Disbursement For Primary Other (s                                  | r: 2014 General                                       | Туре              |  |
| В.        | Full Name (Last, First, Middle Initial) PayPal  Mailing Address PayPal Corporate Attn: Legal Dept.                 |   |                   | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y      |
|           | 2211 North First Street  City State San Jose CA  Purpose of Disbursement paypal processing fee  Candidate Name     | Zip Code<br>95036                                     | 001               | Amount of Each Disbursement this Period  1.03  Transaction ID: B-E-2686  |
|           | Office Sought: House Disbursement For Senate Primary   | : 2014 General  | Category/<br>Type |  |

Full Name (Last, First, Middle Initial)

#### c. William J Evans

Mailing Address 325 Celia Drive City State Zip Code Wolcott 06705-3153 CT Purpose of Disbursement general campaign consulting 001 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House Senate Primary General

Date of Disbursement

04

01 2014

7000

Amount of Each Disbursement this Period

Transaction ID: B-E-2654

| State:   | President Other (specify) Convention 2014  District: |             |  |   |   |   |   |   |     |      |  |
|--|--|-------------|--|---|---|---|---|---|-----|------|--|
| SUBTOTAL of Disbursements This Page (optional) |  |             |  | Ξ | , | Ξ | , | Ξ | 880 | 1.03 |  |
| TOTAL This Period                              | d (last page this line nu                            | umber only) |  |   | , |   | , | Ξ |     |      |  |

Other (specify) Convention 2014

| Image# 14941761094   |   |   |
|--|---|---|
| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)    X   17                       |
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar |   |   |
| NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress   |   |   |
| Full Name (Last, First, Middle Initial)  A. Richard Foley  |   | Date of Disbursement  |
| Mailing Address 42 Lake Avenue Extension PMB 310   |   | 04 01 2014  |
| City State Danbury CT  Purpose of Disbursement   | Zip Code<br>06811-5279  | Amount of Each Disbursement this Period                           |
| general campaign consulting  Candidate Name  | 001<br>Category   | Transaction ID : B-E-2653   |
| Office Sought:  House Senate President State:  Disbursement Prima Othe   |   |   |
| Full Name (Last, First, Middle Initial)  Kathleen A Horsky  Mailing Address 25 Woodlawn Terrace                  |   | 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  Meriden CT  Purpose of Disbursement office staff wages   | Zip Code<br>06450-4444  | Amount of Each Disbursement this Period                           |
| Candidate Name   | 001<br>Category<br>Type   | Transaction ID : B-E-2650   |
| Office Sought:  House Senate President State:  Disbursement Prima Othe   |   |   |
| Full Name (Last, First, Middle Initial)  Spencer K Rubin   |   | Date of Disbursement  |
| Mailing Address 6 Warren Road  |   | 04 / D D / Y Y Y Y Y O1   |
| City State<br>Woodbridge CT  | Zip Code<br>06525-2333  | Amount of Each Disbursement this Period                           |
| Purpose of Disbursement field staff wages  Candidate Name  | 001   | 419.75<br>Transaction ID : B-E-2651                               |
|  | Category Type   | <u>//</u>   |
| Office Sought: House Disbursement  | ron 2014  |   |

State:

Senate

District:

President

Primary

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

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

General

Other (specify) Convention 2014

## SCHEDULE B (FEC Form 3)

President

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

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

District:

State:

**PAGE** 9 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mark Greenberg for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Theroux, Nowell & Stoughton, LLC 2014 Mailing Address 53 Peck Road 02 City State Zip Code Amount of Each Disbursement this Period CT **Torrington** 06790-6106 Purpose of Disbursement 3334.25 accounting services 001 Transaction ID: B-E-2657 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Convention 2014 President District: State: Full Name (Last, First, Middle Initial) PayPal Date of Disbursement Mailing Address PayPal Corporate Attn: Legal Dept. 04 80 2014 2211 North First Street City State Zip Code Amount of Each Disbursement this Period CA 95036 San Jose Purpose of Disbursement 0.3 paypal processing fee 001 Transaction ID: B-E-2688 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President Convention 2014 State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. FTIN Strategies Mailing Address 325 E Jimmie Leeds Road 04 2014 Suite 117 City Zip Code State Amount of Each Disbursement this Period 08205-4126 Galloway NJ Purpose of Disbursement 1291.15 Campaign Event: Get out our vote 007 Transaction ID : B-E-2656 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary

4625.70

Other (specify) Convention 2014

## S

| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 OF 43 (check only one)    X   17   |
|---|---|---|
| Any information copied from such Reports and Statement or for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress   |   |   |
| Full Name (Last, First, Middle Initial)  William J Evans  Mailing Address 325 Celia Drive  City State Wolcott CT  Purpose of Disbursement reimburse for meals, transportation and lodging at Amer Washington DC CPAC  Candidate Name  Office Sought: House Disbursement Senate Prim President Characteristics | 06705-3153  ican Conservative 002  Category Type  For: 2014             | Date of Disbursement  M M / D D / Y Y Y Y Y  Amount of Each Disbursement this Period  2158.54  Transaction ID: B-E-2690  Original vendors exceeding reporting threshold itemize as memo transactions. |
|   | Category<br>Type  | Date of Disbursement  M M / D D / Y Y Y Y  O3 / O5 / 2014  Amount of Each Disbursement this Period  240  Transaction ID: B-S-178  [MEMO ITEM]  Subitemization of William Evans(04/11/14)              |
| State: District:  Full Name (Last, First, Middle Initial)  Amtrak  Mailing Address 60 Massachusetts Avenue NE  City State Washington DC  Purpose of Disbursement train for CPAC event  Candidate Name  Office Sought: House Disbursement Senate Prim  | Zip Code<br>20002-4285<br>Category<br>Type                              | Date of Disbursement  M M O O O O O O O O O O O O O O O O O   |

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

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

A. Amtrak

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

District:

President

Senate

State:

Wolcott

| Image# 1494                                    | 11761097  |                                    |   |                   |   |
|--|---|------------------------------------|---|-------------------|---|
| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS |   |                                    | Use separate so<br>for each categor<br>Detailed Summa | y of the          | FOR LINE NUMBER: PAGE 11 OF 43 (check only one)    X   17   |
|  |   |                                    |   |                   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.                           |
| \  | COMMITTEE (In Full)  Greenberg for Con                      | gress                              |   |                   |   |
| A. Amtra                                       | e (Last, First, Middle Initial)  k  ddress 60 Massachusetts | Avenue NE                          |   |                   | Date of Disbursement  03 10 2014  |
|  | of Disbursement<br>AC event<br>e Name                       | State DC  Disbursement For Primary | Zip Code<br>20002-4285<br>: 2014<br>General           | Category/<br>Type | Amount of Each Disbursement this Period  164  Transaction ID: B-S-185  [MEMO ITEM]  Subitemization of William Evans(04/11/14) |
| State:   | President District:   | Other (s                           | pecify) Convention                                    | า 2014            |   |
| B. Gaylo                                       | e (Last, First, Middle Initial) rd National Resort          |                                    | Center  |                   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Oxon Hill Purpose of Lodging- Candidate        |   | State<br>MD                        | Zip Code<br>20745-1135                                | Category/         | Amount of Each Disbursement this Period  598.88  Transaction ID: B-S-186  [MEMO ITEM]   |
| Office So                                      | ught: House Senate  | Disbursement For Primary           | : 2014 General  | Туре              | Subitemization of William Evans(04/11/14)   |

| C. | William J Evans                 | , |       |      |  |     | Date of Disbursement |      |        |      |     |  |  |  |  |
|----|---------------------------------|---|-------|------|--|-----|----------------------|------|--------|------|-----|--|--|--|--|
|    | Mailing Address 325 Celia Drive |   |       |      |  | - M | 04                   | /    | D D    | /    | Υ   |  |  |  |  |
|    | City                            | State                                   | Zip C | Code |  | Am  | nount                | of F | ach Di | shur | Sel |  |  |  |  |

06705-3153

Other (specify) Convention 2014

2014 Amount of Each Disbursement this Period 14.4

Purpose of Disbursement Advertising: reimburse for facebook ad 004 Transaction ID: B-E-2691 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House

Primary

CT

| State:  | President District: | Other (specify) Convention 2014 |  |   |   |    |   |   |     |   |   |      |   |   |
|---|---------------------|---------------------------------|--|---|---|----|---|---|-----|---|---|------|---|---|
| SUBTOTAL of Disbursements This Page (optional)      |                     |                                 |  |   | Ī |    | Ι | Ī |     | Ξ | Ξ | 14.4 | 0 | Ī |
|   |                     | ,                               |  |   |   | Ť  |   |   | Ť   |   |   |      |   | ĺ |
| TOTAL This Period (last page this line number only) |                     |                                 |  | - | - | -5 | _ | - | -5- | _ | _ | _    |   |   |
|   |                     | ·                               |  |   |   |    |   |   |     |   |   |      |   | _ |

General

| SCHEDULE B (FEC Form 3)   | Use separate schedule(s)       | FOR LINE NUMBER: PAGE 12 OF 43 (check only one)       |
|---|--------------------------------|---|
| ITEMIZED DISBURSEMENTS  | for each category of the       | X   17   18   19a   19b                               |
|   | Detailed Summary Page          | 20a 20b 20c 21  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name |                                |   |
| NAME OF COMMITTEE (In Full)   |                                |   |
| Mark Greenberg for Congress   |                                |   |
| Full Name (Last, First, Middle Initial)   |                                | Data of Diahumanant                                   |
| A. William J Evans  |                                | Date of Disbursement                                  |
| Mailing Address 325 Celia Drive   |                                | 04 11 2014  |
| •   | ate Zip Code                   | Amount of Each Disbursement this Period               |
| Wolcott C   | 06705-3153                     | 200.40  |
| Purpose of Disbursement Office and Computer Supplies  | 001                            | 309.49  |
| Candidate Name  | Categor<br>Type                | Transaction ID : B-E-2692                             |
| Office Sought: House Disburseme   | ent For: 2014                  | Original vendors exceeding reporting threshold item   |
|   | rimary General                 | as memo transactions.                                 |
|   | ther (specify) Convention 2014 |   |
| State: District:   Full Name (Last, First, Middle Initial)  |                                |   |
| 3. Staples  |                                | Date of Disbursement                                  |
| J   |                                | M M / D D / Y Y Y Y                                   |
| Mailing Address 775 Main Street S   |                                | 02 18 2014  |
| ,   | ate Zip Code                   | Amount of Each Disbursement this Period               |
| Southbury C Purpose of Disbursement   | T 06488-2271                   | 40.4  |
| HP Black Ink cartridge  |                                | Transaction ID : B-S-179                              |
| Candidate Name  | Categor<br>Type                |   |
| Office Sought: House Disburseme   | ent For: 2014                  | Subitemization of William Evans(04/11/14)             |
|   | rimary General                 | ,   |
|   | ther (specify) Convention 2014 |   |
| State: District:  |                                | <del></del>   |
| Full Name (Last, First, Middle Initial)  Staples  |                                | Date of Disbursement                                  |
| υ. Οιαρισο  |                                |   |
| Mailing Address 775 Main Street S   |                                | 02 19 7 2014  |
| City State  | Zip Code                       | Amount of Each Disbursement this Period               |
| Southbury CT  | 06488-2271                     | 127.6   |
| Purpose of Disbursement<br>Toner, ink   | 121.0                          |   |
| Candidate Name  | Categor<br>Type                |   |
| Office Sought: House Disburseme   | ent For: 2014                  | [MEMO ITEM] Subitemization of William Evans(04/11/14) |
|   | rimary General                 | , ,   |
|   | ther (specify) Convention 2014 |   |
| State: District:  |                                |   |

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

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| SCHEDULE B (FEC Form 3)  | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 13 OF 43 (check only one)                            |  |
| TEMIZED DISBURSEMENTS  | Detailed Summary Page                             | X   17   18   19a   19b   20a   20b   20c   21                             |  |
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name an |   |  |  |
| NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress   |   |  |  |
| Full Name (Last, First, Middle Initial)  |   |  |  |
| A. Staples   |   | Date of Disbursement   |  |
| Mailing Address 775 Main Street S  |   | 03 04 2014   |  |
| City State Southbury CT  | Zip Code<br>06488-2271                            | Amount of Each Disbursement this Period                                    |  |
| Purpose of Disbursement  | 00400 227 1                                       | 86.2   |  |
| toner, ink, coffee  Candidate Name   | Categor   | Transaction ID : B-S-181   |  |
|  | Type  | [MEMO ITEM]  |  |
| Office Sought:  House Senate President  Disbursement F Prima  Other  |   | Subitemization of William Evans(04/11/14)                                  |  |
| State: District:   | VI 77 Convention 2014                             |  |  |
| Full Name (Last, First, Middle Initial)  Staples   |   | Date of Disbursement   |  |
| Mailing Address 775 Main Street S  |   | 04 / D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D             |  |
| City State Southbury CT  | Zip Code<br>06488-2271                            | Amount of Each Disbursement this Period                                    |  |
| Purpose of Disbursement sandisk drive  |   | 38.28  |  |
|  |   | Transaction ID : B-S-182   |  |
| Candidate Name   | Categor<br>Type                                   | [MEMO ITEM]  |  |
|  |   | Subitemization of William Evans(04/11/14)                                  |  |
| State: District:   |   |  |  |
| Full Name (Last, First, Middle Initial)  William J Evans   |   | Date of Disbursement   |  |
| Mailing Address 325 Celia Drive  |   | 04   |  |
| City State Wolcott CT  | Zip Code<br>06705-3153                            | Amount of Each Disbursement this Period                                    |  |
| Purpose of Disbursement reimburse for American Conservative CPAC event fee an                                    | 655.5  Transaction ID : B-E-2693                  |  |  |
| Candidate Name   | Category/ Type                                    |  |  |
| Office Sought:  House  Senate  Prima  President  Office Sought:  Disbursement F  Prima  Other                    |   | Original vendors exceeding reporting threshold itemi as memo transactions. |  |
| State: District:   |   |  |  |

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| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)    X   17                       |
| Any information copied from such Reports and Statement or for commercial purposes, other than using the name a   |   |   |
| NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress   |   |   |
| Full Name (Last, First, Middle Initial)  A. American Conservative Union  |   | Date of Disbursement  |
| Mailing Address 1331 H Street NW Suite 500   |   | 02 28 2014  |
| City State Washington DC  Purpose of Disbursement  | Zip Code<br>20005-4735  | Amount of Each Disbursement this Period  600                      |
| American Conservative CPAC eve  Candidate Name   | Category<br>Type  | Transaction ID : B-S-183  |
| Office Sought:  House Senate Prim President  State:  Disbursement Othe   |   | Subitemization of William Evans(04/11/14)                         |
| Full Name (Last, First, Middle Initial)  CT Department of Revenue Services  Mailing Address PO Box 2931  |   | 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 Hartford CT  Purpose of Disbursement CT 941 State Withholding Taxes March 2014  | Zip Code<br>06104-2931<br>001   | Amount of Each Disbursement this Period                           |
| Candidate Name   | Category<br>Type  | Transaction ID : B-E-2647   |
| Office Sought:  House Senate Prim President State:  Disbursement Office Office Sought:  Disbursement Office Office Sought:  Disbursement Office Office Sought: Office Sough |   |   |
| Full Name (Last, First, Middle Initial)  United States Treasury  |   | Date of Disbursement  |
| Mailing Address PO Box 804521  |   | 04 / D D / Y Y Y Y Y 15 2014                                      |
| City State Cincinnati OH   | Zip Code<br>45280-4521  | Amount of Each Disbursement this Period                           |
| Purpose of Disbursement<br>Federal 941 payroll taxes March 2014  | 001   | 1172.52   |
| Candidate Name   | Category<br>Type  | Transaction ID : B-E-2646   |
| Office Sought: House Disbursement  |   |   |

State:

Senate

District:

President

Primary

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

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General

Other (specify) Convention 2014

## S

|            | 149011 1011101101   |                               |  |                          |  |
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|            | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS   |                               | Use separate sch<br>for each category<br>Detailed Summar | of the                   | FOR LINE NUMBER: PAGE 15 OF 43 (check only one)    X   17  |
|            |   |                               |  |                          | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| <b>A</b> . | Full Name (Last, First, Middle Initial)  Brian Hamel  Mailing Address 73 Sunset Avenue          |                               |  |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
|            | City Oakville Purpose of Disbursement political staff Candidate Name                            | State<br>CT                   | Zip Code<br>06779-2111                                   | 001                      | Amount of Each Disbursement this Period 430.75  Transaction ID: B-E-2696                           |
|            |   | ursement For Primary Other (s |  | Category/<br>Type        |  |
| В.         | Full Name (Last, First, Middle Initial)  Kathleen A Horsky  Mailing Address 25 Woodlawn Terrace |                               |  |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
|            | City Meriden Purpose of Disbursement Office Staff Wages Candidate Name                          | State<br>CT                   | Zip Code<br>06450-4444                                   | 001<br>Category/<br>Type | Amount of Each Disbursement this Period  1312.67  Transaction ID : B-E-2697                        |
|            | Senate President State: District:   | ursement For Primary Other (s | General Convention                                       |                          |  |
| C.         | Full Name (Last, First, Middle Initial)  Spencer K Rubin  Mailing Address 6 Warren Road         |                               |  |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
|            | Woodbridge Purpose of Disbursement Field Staff wages  Candidate Name                            | CT 0                          | p Code<br>16525-2333                                     | 001<br>Category/<br>Type | Amount of Each Disbursement this Period  419.75  Transaction ID: B-E-2698                          |
|            | Office Sought:    House   Disb  | ursement For Primary Other (s | General  General  Convention                             | 2014                     |  |

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|                   | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS  | Use separate sch<br>for each category<br>Detailed Summar | nedule(s) (c<br>of the   | OR LINE NUMBER: PAGE 16 OF 43  check only one)    X   17                   |
|                   | y information copied from such Reports and Statements m<br>for commercial purposes, other than using the name and a<br>NAME OF COMMITTEE (In Full) |  |                          |  |
| $\overline{\ \ }$ | Mark Greenberg for Congress  |  |                          |  |
| ۹.                | Full Name (Last, First, Middle Initial)  Admin. Of Unemployment Compensation   | า  |                          | Date of Disbursement   |
|                   | Mailing Address PO Box 2940  |  |                          | 04 22 2014   |
|                   | City State<br>Hartford CT  | Zip Code<br>06104-2940                                   |                          | Amount of Each Disbursement this Period                                    |
|                   | Purpose of Disbursement<br>CT Unemployment Taxes Quarter 1 2014  |  | 001                      | Transaction ID : B-E-2648  |
|                   | Candidate Name   |  | Category/<br>Type        |  |
|                   | Office Sought:  House Senate President  Disbursement For Primary Other (s  |  | 2014                     |  |
| 3.                | Full Name (Last, First, Middle Initial)  American Copy Service Center, Inc.  Mailing Address 2095 S Main Street  City State                        | Zip Code   |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
|                   | Waterbury CT Purpose of Disbursement   | 06706-2029   |                          | Amount of Each Disbursement this Period 478.58                             |
|                   | deliver, connect, and pick up copy machine  Candidate Name   |  | 001<br>Category/<br>Type | Transaction ID : B-E-2699  |
|                   | State: District:   | : 2014 General specify) Convention                       |                          | -  |
| Э.                | Full Name (Last, First, Middle Initial)  Cablevision of Litchfield   |  |                          | Date of Disbursement   |
|                   | Mailing Address PO Box 9256  |  |                          | 04 / D D / Y Y Y Y Y 2014  |
|                   | •  | p Code<br>12150-9256                                     | 001<br>Category/<br>Type | Amount of Each Disbursement this Period  293.87  Transaction ID : B-E-2700 |
|                   |  | General Convention                                       | 2014                     |  |
|                   | State: District:   |  |                          |  |

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

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## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|                          | FOR LINE  | NUMBE   | R: |     | PAGE | 17  | OF | 43    |
|--------------------------|-----------|---------|----|-----|------|-----|----|-------|
| Use separate schedule(s) | (check on | ly one) |    |     |      |     |    |       |
| for each category of the | ×         | 17      |    | 18  |      | 19a |    | ] 19k |
| Detailed Suffillary Fage |           | 20a     |    | 20b |      | 20c |    | 21    |
| Detailed Summary Page    |           | 20a     |    |     |      |     |    | ⊣ ՝ ՝ |

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| NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress  |   |   |
| Full Name (Last, First, Middle Initial)  A. Liberty Mutual Insurance  Mailing Address DO Rey 72470400   |   | Date of Disbursement  04 22 2014        |
| Mailing Address PO Box 72470109   |   | 04 22 2014                              |
| City State Zip Code Philadelphia PA 19170-0001  |   | Amount of Each Disbursement this Period |
| Purpose of Disbursement insurance   | 001                                     | 471<br>Transaction ID : B-E-2655        |
| Candidate Name  | Category/<br>Type                       | Transaction ib . b-L-2000               |
| Office Sought:  House Senate President  Other (specify)  Convention   |   |   |
| State: District:   Full Name (Last, First, Middle Initial)  |   |   |
| Mailing Address   |   | Date of Disbursement                    |
| City State Zip Code   |   | Amount of Each Disbursement this Period |
| Purpose of Disbursement   |   |   |
| Candidate Name  | Category/<br>Type                       |   |
| Office Sought:    House   |   |   |
| Full Name (Last, First, Middle Initial)   |   |   |
| <b>)</b> .  |   | Date of Disbursement                    |
| Mailing Address   |   |   |
| City State Zip Code   | Amount of Each Disbursement this Period |   |
| Purpose of Disbursement   |   |   |
| Candidate Name  |   |   |
| Office Sought:  House Senate President State:  Disbursement For: Primary Other (specify)  |   |   |
| SUBTOTAL of Disbursements This Page (optional)  |   | 471.00                                  |
| TOTAL This Period (last page this line number only)   |   | 35953.97                                |

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L27 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2012 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500000 0 215000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup> 03<sup>M</sup> Ž012 0.00 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)..... 215000.00 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

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(check only one) Detailed Summary Page Transaction ID: SC/10-L28 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Primary 2012 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 650000 0 80000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup>06<sup>M</sup> Ž012 0.00 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)..... 00.0008 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

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Detailed Summary Page Transaction ID: SC/10-L29 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Primary 2012 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 75000 0 75000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>25 Ž012 0.00 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)..... 75000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10-L30 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Primary 2012 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 95000 0 95000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 13<sup>D</sup> <sup>M</sup>08<sup>M</sup> Ž012 0.00 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)..... 95000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L32 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 17500 0 17500 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 05<sup>M</sup> 03 2013 0.00 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 State ZIP Code City 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)..... 17500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L33 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000 0 10000 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup>06<sup>M</sup> 2013 0.00 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)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L34 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500 0 7500 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 18<sup>D</sup> <sup>M</sup>06<sup>M</sup> 2013 0.00 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)..... 7500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L35 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8000 0 8000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>08<sup>M</sup> 06 2013 0.00 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 State ZIP Code City 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)..... 8000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L36 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000 0 10000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 19<sup>D</sup> <sup>M</sup>08<sup>M</sup> 2013 0.00 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)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L37 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12500 0 12500 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 09<sup>M</sup> 2013 0.00 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)..... 12500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L38 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000 0 10000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> <sup>D</sup>16 2013 0.00 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)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L39 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15000 0 15000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> 2013 0.00 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) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L40 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500 0 7500 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> 02 2013 0.00 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)..... 7500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L41 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8000 0 8000 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup> 13<sup>D</sup> 2013 0.00 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)..... 8000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L42 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000 0 5000 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup>26 2013 0.00 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)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L44 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5500 0 5500 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 12<sup>M</sup> 2013 0.00 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)..... 5500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L46 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12000 0 12000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 11 <sup>M</sup> 12<sup>M</sup> 2013 0.00 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)..... 12000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L47 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000 0 2000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 12<sup>M</sup> <sup>D</sup> 17 2013 0.00 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)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L49 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000 0 10000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> 28 ž014 0.00 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)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L50 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500 0 7500 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> 06 ž014 0.00 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 State ZIP Code City 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)..... 7500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10-L51 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000 0 6000 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup>11 ž014 0.00 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)..... 6000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10-L52 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Avenue Convention 2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 97400 0 97400 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> 03 ž014 0.00 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)..... 97400.00 716400.00 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.

**Excluding Loans** 

NAME OF COMMITTEE (In Full)

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

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| Mark Greenberg for C   | ongress                         |   |
|--|---------------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Deb<br>Aristotle International, Inc.         |                                 | Nature of Debt (Purpose): Administrative/Salary/Overhead: software                                  |
| Mailing Address 205 Pennsylvania Avenue SE   |                                 |   |
| City State<br>Washington   | Zip Code<br>DC 20003-1164       |   |
| Outstanding Balance Beginning This Period 2400   |                                 | Transaction ID : SD10-DEBT2644  |
| Amount Incurred This Period 0  | Payment This Period             | Outstanding Balance at Close of This Period 0   |
| B. Full Name (Last, First, Middle Initial) of Debt Cooper Communications LLC               | or or Creditor                  | Nature of Debt (Purpose): Administrative/Salary/Overhead: public relations consultation April 2014  |
| Mailing Address 77 Ripley Hill Road  |                                 |   |
| City State Coventry  | Zip Code<br>CT 06238-1631       |   |
| Outstanding Balance Beginning This Period  2658.75  Amount Incurred This Period  2658.75   | Payment This Period<br>2658.75  | Transaction ID : SD10-DEBT2694  Outstanding Balance at Close of This Period 2658.75                 |
| C. Full Name (Last, First, Middle Initial) of Deb<br>United States Treasury                | otor or Creditor                | Nature of Debt (Purpose): Administrative/Salary/Overhead: 941 Federal Tax Liability for April, 2014 |
| Mailing Address PO Box 804521  |                                 |   |
| City<br>Cincinnati   | State Zip Code<br>OH 45280-4521 |   |
| Outstanding Balance Beginning This Period  1232.52  Amount Incurred This Period            | Payment This Period             | Transaction ID: SD10-DEBT2725  Outstanding Balance at Close of This Period                          |
| 1181.5   | 1172.52                         |   |
| 1) SUBTOTALS This Period This Page (optional).   |                                 | 3900.25   |
| TOTALS This Period (last page this line numbers)     TOTAL OUTSTANDING LOANS from Schedule | **                              | <b>-</b>  |
| 4) ADD 2) and 3) and carry forward to appropria  |                                 | ) <b>&gt;</b>   |
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|----|---|-----------------|------------------|-------------|--------------------------------|---|
| NA | ME OF COMMITTEE (In Full)   |                 |                  |             |                                |   |
| Λ  | Mark Greenberg for Co   | naress          | •                |             |                                |   |
|    | A. Full Name (Last, First, Middle Initial) of Debtor                                |                 |                  |             |                                | ebt (Purpose):  |
|    | CT Department of Revenue Services   |                 |                  |             | Administration liability for a | rive/Salary/Overhead: CT-WH tax<br>April, 2014                      |
|    | Mailing Address PO Box 2931   |                 |                  |             |                                |   |
|    | City State Zip Code Hartford CT 06104-2931  |                 |                  |             |                                |   |
|    | Outstanding Balance Beginning This Period   |                 |                  |             | Transactio                     | on ID : SD10-DEBT2723   |
|    | Amount Incurred This Period   | Pov             | mont This Pariod |             | Outstandi                      | ag Ralanco at Class of This Poriod                                  |
|    | Amount incurred this Period   | Fayı            | ment This Period | 135         | Outstandii                     | ng Balance at Close of This Period                                  |
|    | 7 7   |                 |                  |             |                                | 7   |
|    | B. Full Name (Last, First, Middle Initial) of Debtor Security First Insurance, Inc. | or Creditor     |                  |             |                                | ebt (Purpose):<br>ive/Salary/Overhead: insurance                    |
|    | Mailing Address PO Box 1970   |                 |                  |             |                                |   |
|    | City State<br>Waterbury   | Zip Code<br>CT  | 06722-1970       |             |                                |   |
|    | Outstanding Balance Beginning This Period 0   |                 |                  |             |                                | on ID : SD10-DEBT2705   |
|    | Amount Incurred This Period   | Payı            | ment This Period | _           | Outstandir                     | ng Balance at Close of This Period                                  |
|    | 1939  | 7               |                  | 0           |                                | 1939  |
|    | C. Full Name (Last, First, Middle Initial) of Debtor                                | or Creditor     |                  |             |                                | ebt (Purpose):  |
|    | Admin. Of Unemployment Compensation   |                 |                  |             |                                | tive/Salary/Overhead: SUTA CT<br>nent tax liability for April, 2014 |
|    | Mailing Address PO Box 2940   |                 |                  |             |                                |   |
|    | City  | State           | Zip Code         |             |                                |   |
|    | Hartford  | СТ              | 06104-2940       |             |                                |   |
|    | Outstanding Balance Beginning This Period 884                                       |                 |                  |             | Transacti                      | on ID : SD10-DEBT2724   |
|    | Amount Incurred This Period   | Payı            | ment This Period |             | Outstandir                     | ng Balance at Close of This Period                                  |
|    | 328.67  | 7               |                  | 884         |                                | 328.67  |
|    |   |                 |                  |             |                                | 2402.67   |
| 1) | SUBTOTALS This Period This Page (optional)  |                 |                  | <b>P</b>    | -                              | 7 7   |
| 2) | TOTALS This Period (last page this line number                                      | only)           |                  | <b>&gt;</b> | -                              |   |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C   | C (last page on | ıly)             | <b>&gt;</b> | -                              |   |
|    | -   |                 |                  |             |                                |   |

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

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

| Mark Greenberg for Co   | ngres          | S                         |   |
|---|----------------|---------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor Dey Smith Steele, LLC      |                |                           | Nature of Debt (Purpose): Administrative/Salary/Overhead: attorney fees                               |
| Mailing Address 9 Depot Street Floor 2  |                |                           |   |
| City State Milford  | Zip Code<br>CT | 06460-3357                |   |
| Outstanding Balance Beginning This Period                                       |                |                           | Transaction ID : SD10-DEBT2702  |
| 3150  |                |                           |   |
| Amount Incurred This Period   | Pa             | yment This Period         | Outstanding Balance at Close of This Period   |
| 4275  |                | 1800                      | 5625  |
| B. Full Name (Last, First, Middle Initial) of Debtor PayPal                     | or Creditor    |                           | Nature of Debt (Purpose): Administrative/Salary/Overhead: paypal fees pending for processing deposits |
| Mailing Address PayPal Corporate Attn: Legal Dep 2211 North First Street        |                |                           |   |
| City State San Jose   | Zip Code<br>CA | 95036                     |   |
| Outstanding Balance Beginning This Period  0  Amount Incurred This Period  6.57 | Pa             | yment This Period         | Transaction ID : SD10-DEBT2719  Outstanding Balance at Close of This Period  6.57                     |
| C. Full Name (Last, First, Middle Initial) of Debtor Salient Point, LLC         | or Creditor    |                           | Nature of Debt (Purpose): Administrative/Salary/Overhead: Consultant Public Relations                 |
| Mailing Address PO Box 960743   |                |                           |   |
| City<br>Boston  | State<br>MA    | Zip Code<br>02196-0743    |   |
| Outstanding Balance Beginning This Period 0                                     |                |                           | Transaction ID: SD10-DEBT2704   |
| Amount Incurred This Period   | Pa             | yment This Period         | Outstanding Balance at Close of This Period   |
| 3302.4  |                | 0                         | 3302.4  |
| 1) SUBTOTALS This Period This Page (optional)                                   |                |                           | 8933.97   |
| 2) TOTALS This Period (last page this line number                               | only)          | 1                         |   |
| 3) TOTAL OUTSTANDING LOANS from Schedule C                                      | C (last page o | nly)l                     |   |
| 4) ADD 2) and 3) and carry forward to appropriate                               | line of Summ   | ary Page (last page only) |   |

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 43 OF
FOR LINE NUMBER:
(check only one)

| : |   |    |
|---|---|----|
|   |   | 9  |
|   | X | 10 |

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NAME OF COMMITTEE (In Full)

| Mark Greenberg for Co   | ngress              | }                |  |
|---|---------------------|------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor                        |                     |                  | Nature of Debt (Purpose): Advertising: Post-production, internet video |
| Jamestown Associates  |                     |                  |  |
| Mailing Address 5 Mapleton Road<br>Suite 300  |                     |                  |  |
| City State  | Zip Code            |                  |  |
| Princeton   | NJ                  | 08540-9646       |  |
| Outstanding Balance Beginning This Period   |                     |                  | Transaction ID : SD10-DEBT2726   |
| 5000  |                     |                  |  |
| Amount Incurred This Period   | Payment This Period |                  | Outstanding Balance at Close of This Period                            |
| 0   | ,                   | 0                | 5000   |
| B. Full Name (Last, First, Middle Initial) of Debtor FTIN Strategies                    | or Creditor         |                  | Nature of Debt (Purpose): Campaign Event: Get Out Our Vote             |
| Mailing Address 325 E Jimmie Leeds Road Suite 117                                       |                     |                  |  |
| City State  | Zip Code            |                  |  |
| Galloway  | NJ                  | 08205-4126       |  |
| Outstanding Balance Beginning This Period   |                     |                  | Transaction ID : SD10-DEBT2898   |
| 2582.3  |                     |                  |  |
| Amount Incurred This Period   | Payr                | ment This Period | Outstanding Balance at Close of This Period                            |
| 0   | 7                   | 0                | 2582.3   |
| C. Full Name (Last, First, Middle Initial) of Debto                                     | or Creditor         |                  | Nature of Debt (Purpose):  |
| VoterTrove, Inc.  |                     |                  | Campaign Event: CT-05 Precinct Modeling                                |
| Mailing Address 921 Cavalry Ride Trail  |                     |                  |  |
| City  | State               | Zip Code         |  |
| Austin  | TX                  | 78732-2370       |  |
| Outstanding Balance Beginning This Period 0   |                     |                  | Transaction ID : SD10-DEBT2703   |
| Amount Incurred This Period   | Pavr                | ment This Period | Outstanding Balance at Close of This Period                            |
|   | ,                   |                  |  |
| 6250  | 7                   | 0                | 6250   |
| 1) SUBTOTALS This Period This Page (optional)   |                     |                  | 13832.30   |
| 2) TOTALS This Period (last page this line number                                       | 29069.19            |                  |  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                             |                     |                  | 716400.00  |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) |                     |                  |  |