

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Mark Greenberg for Congress

ADDRESS (number and street) 53 Peck Road

Check if different than previously reported. (ACC)

Torrington

CT

06790-6106

2. **FEC IDENTIFICATION NUMBER** ▼

C C00493395

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CT

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 05 / 16 / 2014 in the State of CT

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 04 / 26 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J. Kenneth Nowell, CPA

Signature of Treasurer J. Kenneth Nowell, CPA

[Electronically Filed]

Date

07 / 10 / 2014

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 26 / 2014

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	600	154706.11
(ii) Unitemized.....	110	6904.75
(iii) TOTAL of contributions from individuals ▶	710	161610.86
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) The Candidate.....	0	69030
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	710	230640.86
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	251400
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	251400
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	522.58
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	710	482563.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A 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
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	6.11
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	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 SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING 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 (from Line 22).....	35953.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	22166.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial)
Ellen Amato

Mailing Address 745 S Brooksvale Road

City Cheshire State CT Zip Code 06410-3518

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

Name of Employer self Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify) Convention 2014

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : A-CF2721

Amount of Each Receipt this Period
500
 campaign contribution

B. Full Name (Last, First, Middle Initial)
Seth J Richard

Mailing Address 5 Maxson Place

City New London State CT Zip Code 06320-4405

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

Name of Employer self Occupation real estate

Receipt For: 2014
 Primary General
 Other (specify) Convention 2014

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : A-CF2717

Amount of Each Receipt this Period
100
 campaign contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

600.00

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2400 Transaction ID : B-E-2644
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Administrative/Salary/Overhead: software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

Full Name (Last, First, Middle Initial) B. Cooper Communications LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 77 Ripley Hill Road		Amount of Each Disbursement this Period 2658.75 Transaction ID : B-E-2645
City Coventry State CT Zip Code 06238-1631	Purpose of Disbursement public relations consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

Full Name (Last, First, Middle Initial) C. CRD Ventures, LLC d/b/a CR Marketing Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 302 Bantam Lake Road		Amount of Each Disbursement this Period 4000 Transaction ID : B-E-2652
City Morris State CT Zip Code 06763-1109	Purpose of Disbursement field management consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9058.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Dey Smith Steele, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 9 Depot Street Floor 2		Amount of Each Disbursement this Period 1800 Transaction ID : B-E-2617
City Milford	State CT Zip Code 06460-3357	
Purpose of Disbursement legal services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PayPal Corporate Attn: Legal Dept. 2211 North First Street		Amount of Each Disbursement this Period 1.03 Transaction ID : B-E-2686
City San Jose	State CA Zip Code 95036	
Purpose of Disbursement paypal processing fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

Full Name (Last, First, Middle Initial) C. William J Evans		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 325 Celia Drive		Amount of Each Disbursement this Period 7000 Transaction ID : B-E-2654
City Wolcott	State CT Zip Code 06705-3153	
Purpose of Disbursement general campaign consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8801.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Richard Foley		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 42 Lake Avenue Extension PMB 310		Amount of Each Disbursement this Period 3000 Transaction ID : B-E-2653
City Danbury State CT Zip Code 06811-5279	Purpose of Disbursement general campaign consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

Full Name (Last, First, Middle Initial) B. Kathleen A Horsky		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 25 Woodlawn Terrace		Amount of Each Disbursement this Period 1312.67 Transaction ID : B-E-2650
City Meriden State CT Zip Code 06450-4444	Purpose of Disbursement office staff wages 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

Full Name (Last, First, Middle Initial) c. Spencer K Rubin		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 6 Warren Road		Amount of Each Disbursement this Period 419.75 Transaction ID : B-E-2651
City Woodbridge State CT Zip Code 06525-2333	Purpose of Disbursement field staff wages 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4732.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Theroux, Nowell & Stoughton, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014		
Mailing Address 53 Peck Road			Amount of Each Disbursement this Period 3334.25		
City Torrington	State CT	Zip Code 06790-6106	Transaction ID : B-E-2657		
Purpose of Disbursement accounting services		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. PayPal			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014		
Mailing Address PayPal Corporate Attn: Legal Dept. 2211 North First Street			Amount of Each Disbursement this Period 0.3		
City San Jose	State CA	Zip Code 95036	Transaction ID : B-E-2688		
Purpose of Disbursement paypal processing fee		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. FTIN Strategies			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014		
Mailing Address 325 E Jimmie Leeds Road Suite 117			Amount of Each Disbursement this Period 1291.15		
City Galloway	State NJ	Zip Code 08205-4126	Transaction ID : B-E-2656		
Purpose of Disbursement Campaign Event: Get out our vote		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	4625.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. William J Evans		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 325 Celia Drive		Amount of Each Disbursement this Period 2158.54
City Wolcott	State CT	Zip Code 06705-3153
Purpose of Disbursement reimburse for meals, transportation and lodging at American Conservative Washington DC CPAC	Candidate Name	Category/Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	Transaction ID : B-E-2690
State: District:		Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 240
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement train to DC for CPAC	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	Transaction ID : B-S-178
State: District:		[MEMO ITEM] Subitemization of William Evans(04/11/14)

Full Name (Last, First, Middle Initial) c. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 164
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement train for CPAC event	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	Transaction ID : B-S-184
State: District:		[MEMO ITEM] Subitemization of William Evans(04/11/14)

SUBTOTAL of Disbursements This Page (optional).....	2158.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 164
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement train CPAC event	Transaction ID : B-S-185
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	[MEMO ITEM] Subitemization of William Evans(04/11/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Gaylord National Resort & Convention Center		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 201 Waterfront Street		Amount of Each Disbursement this Period 598.88
City Oxon Hill	State MD	
Zip Code 20745-1135	Purpose of Disbursement Lodging-CPAC	Transaction ID : B-S-186
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	[MEMO ITEM] Subitemization of William Evans(04/11/14)
State: District:		

Full Name (Last, First, Middle Initial) C. William J Evans		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 325 Celia Drive		Amount of Each Disbursement this Period 14.4
City Wolcott	State CT	
Zip Code 06705-3153	Purpose of Disbursement Advertising: reimburse for facebook ad	Transaction ID : B-E-2691
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. William J Evans		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 325 Celia Drive		Amount of Each Disbursement this Period 309.49
City Wolcott State CT Zip Code 06705-3153	Purpose of Disbursement Office and Computer Supplies	Transaction ID : B-E-2692
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 775 Main Street S		Amount of Each Disbursement this Period 40.4
City Southbury State CT Zip Code 06488-2271	Purpose of Disbursement HP Black Ink cartridge	Transaction ID : B-S-179
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	[MEMO ITEM] Subitemization of William Evans(04/11/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 775 Main Street S		Amount of Each Disbursement this Period 127.6
City Southbury State CT Zip Code 06488-2271	Purpose of Disbursement Toner, ink	Transaction ID : B-S-180
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	[MEMO ITEM] Subitemization of William Evans(04/11/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	309.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 775 Main Street S		Amount of Each Disbursement this Period 86.2
City Southbury State CT Zip Code 06488-2271	Purpose of Disbursement toner, ink, coffee	
Candidate Name	Category/Type	Transaction ID : B-S-181 [MEMO ITEM] Subitemization of William Evans(04/11/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 775 Main Street S		Amount of Each Disbursement this Period 38.28
City Southbury State CT Zip Code 06488-2271	Purpose of Disbursement sandisk drive	
Candidate Name	Category/Type	Transaction ID : B-S-182 [MEMO ITEM] Subitemization of William Evans(04/11/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

Full Name (Last, First, Middle Initial) c. William J Evans		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 325 Celia Drive		Amount of Each Disbursement this Period 655.5
City Wolcott State CT Zip Code 06705-3153	Purpose of Disbursement reimburse for American Conservative CPAC event fee and list management	
Candidate Name	Category/Type 007	Transaction ID : B-E-2693 Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	655.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. American Conservative Union		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1331 H Street NW Suite 500		Amount of Each Disbursement this Period 600
City Washington	State DC	
Zip Code 20005-4735	Purpose of Disbursement American Conservative CPAC eve	Transaction ID : B-S-183
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	[MEMO ITEM] Subitemization of William Evans(04/11/14)
State: District:		

Full Name (Last, First, Middle Initial) B. CT Department of Revenue Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 135
City Hartford	State CT	
Zip Code 06104-2931	Purpose of Disbursement CT 941 State Withholding Taxes March 2014	Transaction ID : B-E-2647
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO Box 804521		Amount of Each Disbursement this Period 1172.52
City Cincinnati	State OH	
Zip Code 45280-4521	Purpose of Disbursement Federal 941 payroll taxes March 2014	Transaction ID : B-E-2646
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1307.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Brian Hamel		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 73 Sunset Avenue		Amount of Each Disbursement this Period 430.75 Transaction ID : B-E-2696
City Oakville	State CT	
Zip Code 06779-2111	Purpose of Disbursement political staff	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

Full Name (Last, First, Middle Initial) B. Kathleen A Horsky		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 25 Woodlawn Terrace		Amount of Each Disbursement this Period 1312.67 Transaction ID : B-E-2697
City Meriden	State CT	
Zip Code 06450-4444	Purpose of Disbursement Office Staff Wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

Full Name (Last, First, Middle Initial) c. Spencer K Rubin		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 6 Warren Road		Amount of Each Disbursement this Period 419.75 Transaction ID : B-E-2698
City Woodbridge	State CT	
Zip Code 06525-2333	Purpose of Disbursement Field Staff wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2163.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Admin. Of Unemployment Compensation

Mailing Address PO Box 2940

City Hartford State CT Zip Code 06104-2940

Purpose of Disbursement CT Unemployment Taxes Quarter 1 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) Convention 2014

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 884

Transaction ID : B-E-2648

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. American Copy Service Center, Inc.

Mailing Address 2095 S Main Street

City Waterbury State CT Zip Code 06706-2029

Purpose of Disbursement deliver, connect, and pick up copy machine

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) Convention 2014

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 478.58

Transaction ID : B-E-2699

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. Cablevision of Litchfield

Mailing Address PO Box 9256

City Chelsea State MA Zip Code 02150-9256

Purpose of Disbursement headquarters telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) Convention 2014

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 293.87

Transaction ID : B-E-2700

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1656.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

Full Name (Last, First, Middle Initial) A. Liberty Mutual Insurance		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO Box 72470109		Amount of Each Disbursement this Period 471 Transaction ID : B-E-2655
City Philadelphia	State PA Zip Code 19170-0001	
Purpose of Disbursement insurance	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	471.00
TOTAL This Period (last page this line number only).....	35953.97

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

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Mark Greenberg for Congress** Transaction ID : **SC/10-L27**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Greenberg	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2012
Mailing Address 184 Fern Avenue		

City	State	ZIP Code
Litchfield	CT	06759-2721

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000	0	215000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2012	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	215000.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L28

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2012

Mark Greenberg

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
650000 0 80000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2012

None

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 80000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L29

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2012

Mark Greenberg

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
75000 0 75000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 25 D

Y 2012 Y

M M

D D

Y None Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 75000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L30

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2012

Mark Greenberg

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
95000 0 95000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

13

2012

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 95000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L32

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
17500 0 17500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 03 /

Y 2013 Y

M /

D /

Y None Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 17500.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L33

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000 0 10000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

04

2013

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 10000.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mark Greenberg for Congress** Transaction ID : **SC/10-L34**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Greenberg	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2014
Mailing Address 184 Fern Avenue		

City	State	ZIP Code
Litchfield	CT	06759-2721

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500	0	7500

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 18 / Y 2013 Y	M / D / Y None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	7500.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L35

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
8000 0 8000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

06

2013

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 8000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L36

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000 0 10000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

19

2013

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L37

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
12500 0 12500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

04

2013

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 12500.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L38

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000 0 10000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

16

2013

None

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L39

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
15000 0 15000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

27

2013

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 15000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L40

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7500 0 7500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11

02

2013

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 7500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L41

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
8000 0 8000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 11 M

D 13 D

Y 2013 Y

M M

D D

Y None Y

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 8000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L42

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000 0 5000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 11 M

D 26 D

Y 2013 Y

M M

D D

Y None Y

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L44

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5500 0 5500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 04 D /

Y 2013 Y

M M /

D D /

Y None Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 5500.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L46

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
12000 0 12000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 11 D /

Y 2013 Y

M M /

D D /

Y None Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 12000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L47

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2000 0 2000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M

D 17 D

Y 2013 Y

M M

D D

Y None Y

0.00 % (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L49

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000 0 10000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

28

2014

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 10000.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L50

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7500 0 7500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

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

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 7500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L51

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
6000 0 6000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

11

2014

None

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 6000.00
TOTALS This Period (last page in this line only).....

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L52

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

Primary

General

Other (specify) ▼

Convention 2014

Mailing Address
184 Fern Avenue

City State ZIP Code
Litchfield CT 06759-2721

Original Amount of Loan 97400	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 97400
----------------------------------	---------------------------------	------------------------------------------------------

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 03 /

Y 2014 Y

M /

D /

Y None Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	97400.00
TOTALS This Period (last page in this line only).....	▶	716400.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc.	Nature of Debt (Purpose): Administrative/Salary/Overhead: software
Mailing Address 205 Pennsylvania Avenue SE	
City State Zip Code Washington DC 20003-1164	

Outstanding Balance Beginning This Period 2400	Transaction ID : SD10-DEBT2644	
Amount Incurred This Period 0	Payment This Period 2400	Outstanding Balance at Close of This Period 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cooper Communications LLC	Nature of Debt (Purpose): Administrative/Salary/Overhead: public relations consultation April 2014
Mailing Address 77 Ripley Hill Road	
City State Zip Code Coventry CT 06238-1631	

Outstanding Balance Beginning This Period 2658.75	Transaction ID : SD10-DEBT2694	
Amount Incurred This Period 2658.75	Payment This Period 2658.75	Outstanding Balance at Close of This Period 2658.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor United States Treasury	Nature of Debt (Purpose): Administrative/Salary/Overhead: 941 Federal Tax Liability for April, 2014
Mailing Address PO Box 804521	
City State Zip Code Cincinnati OH 45280-4521	

Outstanding Balance Beginning This Period 1232.52	Transaction ID : SD10-DEBT2725	
Amount Incurred This Period 1181.5	Payment This Period 1172.52	Outstanding Balance at Close of This Period 1241.5

1) SUBTOTALS This Period This Page (optional)	3900.25
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CT Department of Revenue Services	Nature of Debt (Purpose): Administrative/Salary/Overhead: CT-WH tax liability for April, 2014
Mailing Address PO Box 2931	
City State Zip Code Hartford CT 06104-2931	

Outstanding Balance Beginning This Period 135	Transaction ID : SD10-DEBT2723	
Amount Incurred This Period 135	Payment This Period 135	Outstanding Balance at Close of This Period 135

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Security First Insurance, Inc.	Nature of Debt (Purpose): Administrative/Salary/Overhead: insurance policy
Mailing Address PO Box 1970	
City State Zip Code Waterbury CT 06722-1970	

Outstanding Balance Beginning This Period 0	Transaction ID : SD10-DEBT2705	
Amount Incurred This Period 1939	Payment This Period 0	Outstanding Balance at Close of This Period 1939

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Admin. Of Unemployment Compensation	Nature of Debt (Purpose): Administrative/Salary/Overhead: SUTA CT unemployment tax liability for April, 2014
Mailing Address PO Box 2940	
City State Zip Code Hartford CT 06104-2940	

Outstanding Balance Beginning This Period 884	Transaction ID : SD10-DEBT2724	
Amount Incurred This Period 328.67	Payment This Period 884	Outstanding Balance at Close of This Period 328.67

1) SUBTOTALS This Period This Page (optional)	2402.67
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dey Smith Steele, LLC		Nature of Debt (Purpose): Administrative/Salary/Overhead: attorney fees
Mailing Address 9 Depot Street Floor 2		
City Milford	State CT	Zip Code 06460-3357

Outstanding Balance Beginning This Period	Transaction ID : SD10-DEBT2702	
<input type="text" value="3150"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4275"/>	<input type="text" value="1800"/>	<input type="text" value="5625"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PayPal		Nature of Debt (Purpose): Administrative/Salary/Overhead: paypal fees pending for processing deposits
Mailing Address PayPal Corporate Attn: Legal Dept. 2211 North First Street		
City San Jose	State CA	Zip Code 95036

Outstanding Balance Beginning This Period	Transaction ID : SD10-DEBT2719	
<input type="text" value="0"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="6.57"/>	<input type="text" value="0"/>	<input type="text" value="6.57"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Salient Point, LLC		Nature of Debt (Purpose): Administrative/Salary/Overhead: Consultant Public Relations
Mailing Address PO Box 960743		
City Boston	State MA	Zip Code 02196-0743

Outstanding Balance Beginning This Period	Transaction ID : SD10-DEBT2704	
<input type="text" value="0"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3302.4"/>	<input type="text" value="0"/>	<input type="text" value="3302.4"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8933.97"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates		Nature of Debt (Purpose): Advertising: Post-production, internet video
Mailing Address 5 Mapleton Road Suite 300		
City State	Zip Code	
Princeton NJ	08540-9646	

Outstanding Balance Beginning This Period	Transaction ID : SD10-DEBT2726	
<input type="text" value="5000"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5000"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FTIN Strategies		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	
<input type="text" value="2582.3"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2582.3"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VoterTrove, Inc.		Nature of Debt (Purpose): 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	Transaction ID : SD10-DEBT2703	
<input type="text" value="0"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="6250"/>	<input type="text" value="0"/>	<input type="text" value="6250"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="13832.30"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="29069.19"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="716400.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="745469.19"/>