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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		thorized Com			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, ter the lines.	ype 12FE4N	45
Dr. Brad Allen for Cong	ress				
<u> </u>					
	PO Box 88				
ADDRESS (number and street)	1 O Box 60				
Check if different					
than previously reported. (ACC)	Summerland			L CA	93067
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE	ZIP CODE A
C C00557124	-	3. IS THIS	✓ NEW	AME	STATE ▼ DISTRICT
O min p		REPORT		OR (A)	CA 24
4 TYPE OF PEPOPT (C)	- · · · · · · · · · · · · · · · · · · ·				
 TYPE OF REPORT (Cho (a) Quarterly Reports: 	ose One)	(b) 12-Day PRE	-Election Report f	or the:	
П			Primary (12P)	General	(12G) Runoff (12R)
April 15 Quarterly R	eport (Q1)		Convention (12C	Special	(12S)
X July 15 Quarterly Re	eport (Q2)				
October 15 Quarter	y Report (Q3)	Election on	M M / C	D / Y Y Y	in the State of
January 31 Year-End	d Report (YE)	(c) 30-Day POS	T -Election Report	for the:	
			General (30G)	Runoff	(30R) Special (30S)
Termination Report	TER)	Election on	M M / D	D / Y Y Y	in the State of
5. Covering Period 04	/ 01 /	2015	through	M M / D D D 06 30	/ Y Y Y Y Z015
I certify that I have examined thi		the best of my kr	owledge and beli	ef it is true, correct a	and complete.
Type or Print Name of Treasurer	Bryan Burch				
Signature of Treasurer Bryan	ı Burch		[Electronically Filed	Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	ous, or incomplete	e information may	subject the person	signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3
Only					(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Dr. Brad Allen for Congress

06 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 40521.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2600.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 37921.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 131817.23 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 131817.23 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 103.77 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 103780.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Dr. Brad Allen for Congress

06 2015 04 01 2015 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 40521.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 40521.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 40521.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 94000.00 (b) All Other Loans..... TOTAL LOANS 0.00 94000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 134521.00 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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

Use separate schedule(s)

FOR LINE NUMBER:

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Y	13h

_C	DANS		for each category of the Detailed Summary Page	
	ME OF COMMITTEE (In Full)		Transac	etion ID : PAYC97
D	r. Brad Allen for Congress			
	LOAN SOURCE Full Name (Last, First, Midd Brad Allen - Personal Funds	lle Initial)		Election: 2014 Primary General
	Mailing Address PO Box 88			Other (specify) ▼
	City	State ZIP Code	е	
	Summerland	CA 93067		
	Original Amount of Loan 20000.00	Cumulative Payment To D	Date Bala	nce Outstanding at Close of This Period 20000.00
	TERMS			, , , , , , , , , , , , , , , , , , , ,
	Date Incurred MO5 / D15 / Y Z014 Y	Date Due	Interest Rate None 0.00	
	List All Endorsers or Guarantors (if any) to			
	1. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
	2. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	7IP Code	Amount Guaranteed Outstanding:	9
	3. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
S	UBTOTALS This Period This Page (optional)		·····	20000.00
T	OTALS This Period (last page in this line only)		·····	, , , , , , , ,
	carry outstanding balance only to LINE 3, Sche	edule D, for this line. If no	o Schedule D, carry forv	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR

R LINE NUMBER:		1
ck only one)		13a
	X	13b

OF

11

PAGE 6

DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full)		Transact	tion ID : PAYC64
Dr. Brad Allen for Congress			
LOAN SOURCE Full Name (Last, First, Middl	e Initial)		Election: 2014
Brad Allen - Personal Funds			X Primary
Mailing Address			General
PO Box 88			Other (specify)
City	tate ZIP Cod	е	
Summerland	CA 93067		
Original Amount of Loan	Cumulative Payment To I	Date Balar	nce Outstanding at Close of This Period
25000.00	2 2	0.00	25000.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 05 M / 21 D / Y 2014 Y	M / D D / Y	Y None Y 0.00	% (apr)
List All Endorsers or Guarantors (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	-	Amount	
City State	ZIP Code	Guaranteed Outstanding:	, , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	, ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
SUBTOTALS This Period This Page (optional)		······································	25000.00
TOTALS This Period (last page in this line only).			, , , , , , , ,
Carry outstanding balance only to LINE 3, Scheo	dule D, for this line. If n	o Schedule D, carry forw	ard to appropriate line of Summary.
		-	-

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

DANS		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Dr. Brad Allen for Congress		Transactio	n ID : PAYC71
LOAN SOURCE Full Name (Last, First, M Brad Allen - Personal Funds	iddle Initial)	E	Election: 2014 Primary General
Mailing Address PO Box 88			Other (specify) ▼
City	State ZIP Coo	de	
Summerland	CA 93067		
Original Amount of Loan	Cumulative Payment To	Date Balance	e Outstanding at Close of This Period 11000.00
Date Incurred Mo5 / D23 / Y 2014 Y	Date Due	Interest Rate Y None O.00	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		103 140
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:	7
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) FOTALS This Period (last page in this line on			11000.00
Carry outstanding balance only to LINE 3, So	chedule D. for this line. If r	no Schedule D. carry forwar	d to appropriate line of Summary
,	,		

Use separate schedule(s)

FOR LINE NUMBER:

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X	13b

OANS			Detailed Summary Pa		/ one) 13a X 13b
AME OF COMMITTEE (In Full)			Transa	action ID : PAYC73	
Or. Brad Allen for Congress					
LOAN SOURCE Full Name (Last, F Brad Allen - Personal Fund		itial)		Election: 2014 Primary General	
Mailing Address PO Box 88				Other (speci	fy) 🔻
City	State	ZIP Co	de		
Summerland	CA	93067			
Original Amount of Loan	Cun	nulative Payment To	Date Ba	lance Outstanding a	at Close of This Period
28000	.00		0.00		28000.00
Date Incurred M 05 / D27 / Y 2014	Y	Date Due	Interest Ra		Secured:
List All Endorsers or Guarantors (if any) to Loa	n Source			Yes No
1. Full Name (Last, First, Middle In	itial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIF	² Code	Amount Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle Init	tial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIF	^o Code	Amount Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Init	tial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIF	² Code	Amount Guaranteed Outstanding:	7 7	
4. Full Name (Last, First, Middle Init	tial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIF	² Code	Amount Guaranteed Outstanding:	7 7	
SUBTOTALS This Period This Page (o	ptional)		······		28000.00
TOTALS This Period (last page in this	line only)				7
Carry outstanding balance only to LIN	IE 3, Schedule	D, for this line. If	no Schedule D. carry fo	rward to appropria	te line of Summarv.

Use separate schedule(s)

FOR LINE NUMBER:

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$\overline{\mathbf{v}}$	13h

OANS		for each category of the Detailed Summary Page (check only one)
IAME OF COMMITTEE (In Fu	,	Transaction ID : PAYC77
	ne (Last, First, Middle Initial)	Election: 2014
Brad Allen - Person		Primary General
Mailing Address PO Box 88		Other (specify) ▼
City	State Z	P Code
Summerland	CA 9	3067
Original Amount of Loan	Cumulative Payme	
	3000.00	0.00 3000.00
TERMS Date Incurr M 05 M / D 27 D / D	ed Date	Due Interest Rate Secured: Output Ou
List All Endorsers or Gua	arantors (if any) to Loan Source	Yes No
1. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First,	Viiddle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period Thi	s Page (optional)	3000.00
FOTALS This Period (last pa	ge in this line only)	
Carry outstanding balance o	nly to LINE 3, Schedule D, for this lir	ne. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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	120

DANS		Detailed Summary Pa				
AME OF COMMITTEE (In Full)		Transa	Transaction ID : PAYC80			
Or. Brad Allen for Congress						
LOAN SOURCE Full Name (Last, Brad Allen - Personal Fun	,		Election: 2014 Primary General			
Mailing Address PO Box 88			Other (specify)			
City	State	ZIP Code				
Summerland	CA	93067				
Original Amount of Loan	Cumulative Payr	ment To Date Bal	ance Outstanding at Close of This Period			
7000	0.00	0.00	7000.00			
Date Incurred M06 / D02 / Y 2014		te Due Interest Rat	0 % (apr)			
List All Endorsers or Guarantors	(if any) to Loan Source		Yes No			
1. Full Name (Last, First, Middle I	nitial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9			
2. Full Name (Last, First, Middle In	itial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9			
3. Full Name (Last, First, Middle In	itial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:	9			
4. Full Name (Last, First, Middle In	itial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9 1			
SUBTOTALS This Period This Page (optional)	>	7000.00			
FOTALS This Period (last page in this	line only)		94000.00			
Carry outstanding balance only to LII	NE 3. Schedule D. for this	line. If no Schedule D. carry for	ward to appropriate line of Summary.			

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

DEBTS AND OBLIGATION Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

11

excluding Loans		"	umbered line)	X 10
NAME OF COMMITTEE (In Full)			•	
Dr. Brad Allen for Cong	aress			
A. Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Po	urpose):
Brad Allen - Personal Funds	Filing Fee			
Blad Alleli - i elsollal i dilds				
Mailing Address PO Box 88				
City State Summerland	Zip Code	02067		
	CA	93067		DAVES
Outstanding Balance Beginning This Period			Transaction ID :	PAYD56
1050.00				
Amount Incurred This Period	Paymer	nt This Period	Outstanding Bala	ance at Close of This Period
0.00	· · · · · ·	0.00		1050.00
0.00		0.00	7	1030.00
B. Full Name (Last, First, Middle Initial) of Debto	or Creditor		Nature of Debt (Po	urpose):
Brad Allen - Personal Funds	Ballot Statement I			
Mailing Address PO Box 88				
City State	Zip Code			
Summerland	CA	93067		
Outstanding Balance Beginning This Period			Transaction ID :	PAYD57
8730.00				
Amount Incurred This Period	Paymer	nt This Period	Outstanding Bala	ance at Close of This Period
0.00		0.00		8730.00
-				,
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Po	urpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Paymer	nt This Period	Outstanding Bala	ance at Close of This Period
	· · · · · ·		_ 	
7 7 7	7	7		
1) SUBTOTALS This Period This Page (optional)			•	9780.00
			-	0700.00
2) TOTALS This Period (last page this line number only)			·	9780.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			•	94000.00
oj ioial odisianding Loans from Schedule	(last page only).			
4) ADD 2) and 3) and carry forward to appropriate	>	103780.00		