

**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
REPORTNEW
(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

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

04

15

2015

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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 68

Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

	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))....	29250	444079.86
(b) Total Contribution Refunds (from Line 20(d))	0	22206.11
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	29250	421873.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29721.66	1784249.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	29721.66	1784249.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	232.8	
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)	1880404.65	

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 / 68

Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y
03		31		2015

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).....

0

263631.11

(ii) Unitemized.....

0

30568.75

(iii) TOTAL of contributions from individuals ▶

0

294199.86

(b) Political Party Committees.....

0

5500

(c) Other Political Committees (such as PACs).....

0

26500

(d) The Candidate.....

29250

117880

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

29250

444079.86

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0

1642900

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

1642900

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

97.78

1408.36

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

29347.78

2088388.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 68

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29721.66	1784249.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	280000
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	280000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	22206.11
(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	22206.11
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29721.66	2086455.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	606.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29347.78
25. SUBTOTAL (add Line 23 and Line 24).....	29954.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29721.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	232.8

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 68

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) Mark Greenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 09 / 2015	
Mailing Address 184 Fern Avenue		Transaction ID : A-CF3923	
City Litchfield	State CT	Zip Code 06759-2721	Amount of Each Receipt this Period 5000 campaign contribution
FEC ID number of contributing federal political committee. C H0CT05150			
Name of Employer Mark Greenberg Real Estate	Occupation Real Estate Developer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1699980		

B. Full Name (Last, First, Middle Initial) Mark Greenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015	
Mailing Address 184 Fern Avenue		Transaction ID : A-CF3927	
City Litchfield	State CT	Zip Code 06759-2721	Amount of Each Receipt this Period 6500 campaign contribution
FEC ID number of contributing federal political committee. C H0CT05150			
Name of Employer Mark Greenberg Real Estate	Occupation Real Estate Developer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1699980		

C. Full Name (Last, First, Middle Initial) Mark Greenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 09 / 2015	
Mailing Address 184 Fern Avenue		Transaction ID : A-CF3947	
City Litchfield	State CT	Zip Code 06759-2721	Amount of Each Receipt this Period 6250 campaign contribution
FEC ID number of contributing federal political committee. C H0CT05150			
Name of Employer Mark Greenberg Real Estate	Occupation Real Estate Developer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1699980		

SUBTOTAL of Receipts This Page (optional).....	17750.00
TOTAL This Period (last page this line number only).....	

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 6 OF 68

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

Mark Greenberg

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing
federal political committee.

C H0CT05150

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1699980

Date of Receipt

02 / **17** / **2015**

Transaction ID : A-CF3948

Amount of Each Receipt this Period

4000

campaign contribution

Full Name (Last, First, Middle Initial)

Mark Greenberg

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing
federal political committee.

C H0CT05150

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1699980

Date of Receipt

03 / **11** / **2015**

Transaction ID : A-CF3949

Amount of Each Receipt this Period

5000

campaign contribution

Full Name (Last, First, Middle Initial)

Mark Greenberg

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing
federal political committee.

C H0CT05150

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1699980

Date of Receipt

03 / **20** / **2015**

Transaction ID : A-CF3955

Amount of Each Receipt this Period

2500

campaign contribution

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

11500.00

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

29250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Dey Smith Steele, LLCMailing Address 9 Depot Street
Floor 2

City Milford State CT Zip Code 06460-3357

Purpose of Disbursement
legal fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
01	09	2015

Amount of Each Disbursement this Period

2000

Transaction ID : B-E-3922

B. William J Evans

Mailing Address 325 Celia Drive

City Wolcott State CT Zip Code 06705-3153

Purpose of Disbursement
postage, permanent markers, badges, cream for office

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
01	09	2015

Amount of Each Disbursement this Period

550.55

Transaction ID : B-E-3732

Original vendors exceeding reporting threshold itemized as memo transactions.

c. Staples

Mailing Address 775 Main Street S

City Southbury State CT Zip Code 06488-2271

Purpose of Disbursement
permanent markers and badges

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	11	2014

Amount of Each Disbursement this Period

9.86

Transaction ID : B-S-213

[MEMO ITEM]

Subitemization of William Evans(01/09/15)

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

2550.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Danbury Postmaster

Mailing Address 23 Backus Avenue

City	State	Zip Code
Danbury	CT	06810-9204

Purpose of Disbursement
postage

001

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 checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

539

Transaction ID : B-S-214

[MEMO ITEM]

Subitemization of William Evans(01/09/15)

B. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
Parking, fuel for truck, meals, and lodging

002

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 checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2015

Amount of Each Disbursement this Period

2147.05

Transaction ID : B-E-3733

Original vendors exceeding reporting threshold itemized as memo transactions.

c. Waverly Inn

Mailing Address 286 Maple Avenue

City	State	Zip Code
Cheshire	CT	06410-2560

Purpose of Disbursement
lodging

002

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 checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

1733.2

Transaction ID : B-S-215

[MEMO ITEM]

Subitemization of William Evans(01/09/15)

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

2147.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
fence posts and cable ties

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2015

Amount of Each Disbursement this Period

237.65

Transaction ID : B-E-3734

Original vendors exceeding reporting threshold itemized as memo transactions.

B. Home Depot

Mailing Address 575 Bank Street

City	State	Zip Code
Waterbury	CT	06708-3570

Purpose of Disbursement
Fence Posts

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2014

Amount of Each Disbursement this Period

101.83

Transaction ID : B-S-216**[MEMO ITEM]**

Subitemization of William Evans(01/09/15)

c. Home Depot

Mailing Address 575 Bank Street

City	State	Zip Code
Waterbury	CT	06708-3570

Purpose of Disbursement
fence posts

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

Amount of Each Disbursement this Period

118.81

Transaction ID : B-S-217**[MEMO ITEM]**

Subitemization of William Evans(01/09/15)

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

237.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2015

City	State	Zip Code
Hartford	CT	06104-2940

Amount of Each Disbursement this Period

70.04

Purpose of Disbursement
CT SUTA payroll tax

001

Transaction ID : B-E-3924

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Arrow Printers, Inc.

Mailing Address 311 Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2015

City	State	Zip Code
Ansonia	CT	06401-2301

Amount of Each Disbursement this Period

358.93

Purpose of Disbursement
Paraphernalia: signs

006

Transaction ID : B-E-3925

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Dey Smith Steele, LLCMailing Address 9 Depot Street
Floor 2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2015

City	State	Zip Code
Milford	CT	06460-3357

Amount of Each Disbursement this Period

1000

Purpose of Disbursement
legal fees

001

Transaction ID : B-E-3926

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1428.97

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 PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. VoterTrove, Inc.

Mailing Address 921 Cavalry Ride Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2015

City	State	Zip Code
Austin	TX	78732-2370

Amount of Each Disbursement this Period

1242.96

Purpose of Disbursement
Campaign Event: Get Out Our Vote

007

Transaction ID : B-E-3901

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Watertown Golf Club

Mailing Address 246 Guernseytown Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2015

City	State	Zip Code
Watertown	CT	06795-1819

Amount of Each Disbursement this Period

1500

Purpose of Disbursement
Campaign Event: golf tournament expenses

007

Transaction ID : B-E-3929

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. United States Treasury

Mailing Address PO Box 804521

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2015

City	State	Zip Code
Cincinnati	OH	45280-4521

Amount of Each Disbursement this Period

60

Purpose of Disbursement
Federal Unemployment Tax 940 2014

001

Transaction ID : B-E-2649

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) Convention 2014

State: District:

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

2802.96

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. United States Treasury

Mailing Address PO Box 804521

City	State	Zip Code
Cincinnati	OH	45280-4521

Purpose of Disbursement
FUTA tax liability for April, 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) Convention 2014

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2015

Amount of Each Disbursement this Period

9

Transaction ID : B-E-2722

B. United States Treasury

Mailing Address PO Box 804521

City	State	Zip Code
Cincinnati	OH	45280-4521

Purpose of Disbursement
Federal Unemployment Tax Liability May/June 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2015

Amount of Each Disbursement this Period

83.82

Transaction ID : B-E-2988

c. Admin. Of Unemployment Compensation

Mailing Address PO Box 2940

City	State	Zip Code
Hartford	CT	06104-2940

Purpose of Disbursement
SUTA payroll tax Quarter 4 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2015

Amount of Each Disbursement this Period

1175.26

Transaction ID : B-E-3938

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

1268.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. United States Treasury

Mailing Address PO Box 804521

City	State	Zip Code
Cincinnati	OH	45280-4521

Purpose of Disbursement
Federal Unemployment Tax 940 2014 Balance

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2015

Amount of Each Disbursement this Period

1116.58

Transaction ID : B-E-3918

B. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
phone system, digital camera, postage water, half & half office

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2015

Amount of Each Disbursement this Period

1050.51

Transaction ID : B-E-3934

Original vendors exceeding reporting threshold itemized as memo transactions.

C. Watertown Postmaster

Mailing Address

City	State	Zip Code
Watertown	CT	06795

Purpose of Disbursement
postal services

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

297.58

Transaction ID : B-S-228

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

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

2167.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Watertown Postmaster

Mailing Address

City	State	Zip Code
Watertown	CT	06795

Purpose of Disbursement
postal services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Amount of Each Disbursement this Period

55.7

Transaction ID : B-S-229

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

B. Watertown Postmaster

Mailing Address

City	State	Zip Code
Watertown	CT	06795

Purpose of Disbursement
postal services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

98

Transaction ID : B-S-230

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

C. Watertown Postmaster

Mailing Address

City	State	Zip Code
Watertown	CT	06795

Purpose of Disbursement
postal services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

196

Transaction ID : B-S-231

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

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

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Watertown Postmaster

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

City	State	Zip Code
Watertown	CT	06795

Purpose of Disbursement
postal services

Amount of Each Disbursement this Period

245

Transaction ID : B-S-232

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)
[MEMO ITEM]

Subitemization of William Evans(02/06/15)

State: District:

Full Name (Last, First, Middle Initial)

B. William J Evans

Mailing Address 325 Celia Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2015

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
Paraphernalia: sign materials

Amount of Each Disbursement this Period

613.17

Transaction ID : B-E-3935

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

Original vendors exceeding reporting threshold itemized as memo transactions.

State: District:

Full Name (Last, First, Middle Initial)

c. Staples

Mailing Address 775 Main Street S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

City	State	Zip Code
Southbury	CT	06488-2271

Purpose of Disbursement
sign materials

Amount of Each Disbursement this Period

160.9

Transaction ID : B-S-235

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)
[MEMO ITEM]

Subitemization of William Evans(02/06/15)

State: District:

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

613.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Home Depot

Mailing Address 575 Bank Street

City	State	Zip Code
Waterbury	CT	06708-3570

Purpose of Disbursement
sign posts

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

Amount of Each Disbursement this Period

186.7

Transaction ID : B-S-233

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

B. Home Depot

Mailing Address 575 Bank Street

City	State	Zip Code
Waterbury	CT	06708-3570

Purpose of Disbursement
sign posts

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

152.75

Transaction ID : B-S-234

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

C. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
Travel: Gas, meals and catering

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2015

Amount of Each Disbursement this Period

509.84

Transaction ID : B-E-3936

Original vendors exceeding reporting threshold itemized as memo transactions.

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

509.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. Palace Theater

Mailing Address 100 E Main Street

City	State	Zip Code
Waterbury	CT	06702-2312

Purpose of Disbursement
beverages catering for event

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

420

Transaction ID : B-S-236

[MEMO ITEM]

Subitemization of William Evans(02/06/15)

Full Name (Last, First, Middle Initial)

B. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
Advertising: direct mail advertising

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2015

Amount of Each Disbursement this Period

326.48

Transaction ID : B-E-3939

Full Name (Last, First, Middle Initial)

c. Dey Smith Steele, LLCMailing Address 9 Depot Street
Floor 2

City	State	Zip Code
Milford	CT	06460-3357

Purpose of Disbursement
legal fees

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2015

Amount of Each Disbursement this Period

1500

Transaction ID : B-E-3941

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

1826.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. VoterTrove, Inc.

Mailing Address 921 Cavalry Ride Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2015

City	State	Zip Code
Austin	TX	78732-2370

Amount of Each Disbursement this Period

1200

Purpose of Disbursement
Campaign Event: Get Out Our Vote

007

Transaction ID : B-E-3942

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Watertown Golf Club

Mailing Address 246 Guernseytown Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2015

City	State	Zip Code
Watertown	CT	06795-1819

Amount of Each Disbursement this Period

1000

Purpose of Disbursement
Campaign Event: golf tournament expenses

007

Transaction ID : B-E-3943

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Watertown Golf Club

Mailing Address 246 Guernseytown Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2015

City	State	Zip Code
Watertown	CT	06795-1819

Amount of Each Disbursement this Period

1500

Purpose of Disbursement
Campaign Event: golf tournament expenses

007

Transaction ID : B-E-3944

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

3700.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
Advertising: direct mail advertising

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
02 / 17 / 2015

Amount of Each Disbursement this Period

1697.43

Transaction ID : B-E-3937

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial)

B. Barker Advertising Specialty Co., Inc.Mailing Address 27 Realty Drive
222

City	State	Zip Code
Cheshire	CT	06410-1656

Purpose of Disbursement
direct mail advertising

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

24.61

Transaction ID : B-S-237**[MEMO ITEM]**

Subitemization of William Evans(02/17/15)

Full Name (Last, First, Middle Initial)

c. Strategy Group Company

Mailing Address 7669 Stagers Loop

City	State	Zip Code
Delaware	OH	43015-7010

Purpose of Disbursement
direct mail advertising

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

1999.3

Transaction ID : B-S-238**[MEMO ITEM]**

Subitemization of William Evans(02/17/15)

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

1697.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. William J Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705-3153

Purpose of Disbursement
Travel: lodging

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2015

Amount of Each Disbursement this Period

856.15

Transaction ID : B-E-3940

B. Aristotle Aristotle

Mailing Address 3635 Ruffin Road

City	State	Zip Code
San Diego	CA	92123-1880

Purpose of Disbursement
Administrative/Salary/Overhead: software

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2015

Amount of Each Disbursement this Period

2400

Transaction ID : B-E-3946

c. Watertown Golf Club

Mailing Address 246 Guernseytown Road

City	State	Zip Code
Watertown	CT	06795-1819

Purpose of Disbursement
Campaign Event: golf tournament expenses

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2015

Amount of Each Disbursement this Period

2400

Transaction ID : B-E-3945

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

5656.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. American Copy Service Center, Inc.

Mailing Address 2095 S Main Street

City	State	Zip Code
Waterbury	CT	06706-2029

Purpose of Disbursement
Advertising: copy service

004

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2015

Amount of Each Disbursement this Period

192.78

Transaction ID : B-E-3898

B. Liberty Mutual Insurance

Mailing Address PO Box 72470109

City	State	Zip Code
Philadelphia	PA	19170-0001

Purpose of Disbursement
insurance

001

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2015

Amount of Each Disbursement this Period

494.23

Transaction ID : B-E-3952

c. Dey Smith Steele, LLCMailing Address 9 Depot Street
Floor 2

City	State	Zip Code
Milford	CT	06460-3357

Purpose of Disbursement
legal fees

001

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2015

Amount of Each Disbursement this Period

1000

Transaction ID : B-E-3954

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

1687.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

A. VoterTrove, Inc.

Mailing Address 921 Cavalry Ride Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2015

City	State	Zip Code
Austin	TX	78732-2370

Amount of Each Disbursement this Period

1284.26

Purpose of Disbursement
Campaign Event: Get Out Our Vote

007

Transaction ID : B-E-3900

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. American Copy Service Center, Inc.

Mailing Address 2095 S Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2015

City	State	Zip Code
Waterbury	CT	06706-2029

Amount of Each Disbursement this Period

19.56

Purpose of Disbursement
Administrative/Salary/Overhead: copying

001

Transaction ID : B-E-3956

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1303.82

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

29596.25

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L27

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2012

Mark Greenberg

☐ Primary☐ General☒ 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

2600

212400

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 31 / 2012M M / D D / Y Y Y Y
/ / /D D / Y Y Y Y
/ / /

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)..... ►

212400.00

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

PAGE 24 OF 68

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

1000

79000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2012M M / D D / Y Y Y Y
/ / /D D / Y Y Y Y
/ / /

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)..... ►

79000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 M / D D / Y Y Y Y
07 / 25 / 2012M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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)..... ►

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

PAGE 26 OF 68

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

M M / D D / Y Y Y Y
08 / 13 / 2012M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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

PAGE 27 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 M / D D / Y Y Y Y
05 / 03 / 2013M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

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

PAGE 28 OF 68

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

M M / D D / Y Y Y Y
06 / 04 / 2013M M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / 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

PAGE 29 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L34

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
06 18 / 2013M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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

PAGE 30 OF 68

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

M M / D D / Y Y Y Y
08 / 06 / 2013M M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / 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

PAGE 31 OF 68

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

M M / D D / Y Y Y Y
08 19 / 2013M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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

PAGE 32 OF 68

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

M M / D D / Y Y Y Y
09 / 04 / 2013M M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / 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

PAGE 33 OF 68

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

M M / D D / Y Y Y Y
09 / 16 / 2013M M / D D / Y Y Y Y
NoneY Y Y Y
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

PAGE 34 OF 68

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

15000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

15000

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 27 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ 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

PAGE 35 OF 68

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

M M / D D / Y Y Y Y
11 / 02 / 2013M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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

PAGE 36 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 M / D D / Y Y Y Y
11 / 13 / 2013M M / D D / Y Y Y Y
NoneY Y Y Y
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

PAGE 37 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 M / D D / Y Y Y Y
11 / 26 / 2013M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

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

PAGE 38 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 M / D D / Y Y Y Y
12 / 04 / 2013M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

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

PAGE 39 OF 68

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

12000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

12000

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 11 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00

% (apr)

Secured:

☐ 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

PAGE 40 OF 68

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

M M

D D

Y None 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)..... ►

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

PAGE 41 OF 68

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

10000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

10000

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 28 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ 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

PAGE 42 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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 / 2014M M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / NoneM M / D D / Y Y Y Y
/ / 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

PAGE 43 OF 68

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

M M / D D / Y Y
02 / 11 / 2014M M / D D / Y Y
NoneY Y Y Y
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

PAGE 44 OF 68

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

97400

0

96000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 03 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

96000.00

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

PAGE 45 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L54

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

10000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

10000

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 21 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ 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

PAGE 46 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L55

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Primary 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 M / D D / Y Y Y Y
06 03 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

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

PAGE 47 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L56

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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:

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

PAGE 48 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L57

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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:

M M / D D / Y Y Y Y
06 16 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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

PAGE 49 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L58

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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:

M M / D D / Y Y Y Y
06 / 23 / 2014M M / D D / Y Y Y Y
/ / /D D / Y Y Y Y
/ / /

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

PAGE 50 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L59

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

235000

105000

130000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2014

M M / D D / Y Y Y Y

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)..... ►

130000.00

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

PAGE 51 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L60

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

175000

171400

3600

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07 / 03 / 2014M M / D D / Y Y Y Y
/ / /D D / Y Y Y Y
/ / /

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)..... ►

3600.00

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

PAGE 52 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L61

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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 M / D D / Y Y Y Y
08 09 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

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

PAGE 53 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L62

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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:

M M / D D / Y Y
08 / 15 / 2014M M / D D / Y Y
NoneY Y Y Y
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

PAGE 54 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L63

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

300000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

300000

TERMS

Date Incurred

M M / D D / Y Y
08 / 31 / 2014

Date Due

M M / D D / Y Y
None

Interest Rate

0.00

% (apr)

Secured:

☐ 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)..... ►

300000.00

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

PAGE 55 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L64

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

100000

0

100000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 30 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

100000.00

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

PAGE 56 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L65

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

150000

0

150000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 09 / 2014M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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)..... ►

150000.00

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

PAGE 57 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L66

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

200000

0

200000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 15 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

200000.00

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

PAGE 58 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L67

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

65000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

65000

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 23 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ 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)..... ►

65000.00

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

PAGE 59 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L68

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

25000

0

25000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 28 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 60 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L69

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

33000

0

33000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 29 / 2014M M / D D / Y Y Y Y
NoneY Y Y Y
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)..... ►

33000.00

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

PAGE 61 OF 68

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L70

Mark Greenberg for Congress

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

[PERSONAL FUNDS]

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 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

21000

0

21000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
11 / 04 / 2014M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
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)..... ►

21000.00

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

1811500.00

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 62 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for CongressA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T

Nature of Debt (Purpose):

Administrative/Salary/Overhead: u-verse
internet service

Mailing Address PO Box 8110

City State

Zip Code

Aurora

IL

60507-8110

Outstanding Balance Beginning This Period

25.83

Transaction ID : SD10-DEBT3902

Amount Incurred This Period

0

Payment This Period

25.83

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Theroux, Nowell & Stoughton, LLC

Nature of Debt (Purpose):

Administrative/Salary/Overhead: accounting
and software

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

29152.75

Transaction ID : SD10-DEBT3958

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

29152.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cooper Communications LLC

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Public
relations consultant

Mailing Address 77 Ripley Hill Road

City

State

Zip Code

Coventry

CT

06238-1631

Outstanding Balance Beginning This Period

11165.25

Transaction ID : SD10-DEBT3959

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

11165.25

1) **SUBTOTALS** This Period This Page (optional) ▶

40318.00

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 63 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

United States Treasury

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Federal
Unemployment Tax 940 2014 Balance

Mailing Address PO Box 804521

City State

Zip Code

Cincinnati

OH

45280-4521

Outstanding Balance Beginning This Period

1269.4

Transaction ID : SD10-DEBT3918

Amount Incurred This Period

0

Payment This Period

1269.4

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Admin. Of Unemployment Compensation

Nature of Debt (Purpose):

Administrative/Salary/Overhead: SUTA payroll
tax Quarter 4 2014

Mailing Address PO Box 2940

City State

Zip Code

Hartford

CT

06104-2940

Outstanding Balance Beginning This Period

1175.26

Transaction ID : SD10-DEBT3938

Amount Incurred This Period

0

Payment This Period

1175.26

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

William J Evans

Nature of Debt (Purpose):

Administrative/Salary/Overhead: phone
system, digital camera, postage water, half &
half office

Mailing Address 325 Celia Drive

City

State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

1601.06

Transaction ID : SD10-DEBT3934

Amount Incurred This Period

0

Payment This Period

1601.06

Outstanding Balance at Close of This Period

0

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

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)
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numbered line)

PAGE 64 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 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: legal fees

Mailing Address 9 Depot Street
Floor 2City State Zip Code
Milford CT 06460-3357

Outstanding Balance Beginning This Period

29707.6

Transaction ID : SD10-DEBT3957

Amount Incurred This Period

0

Payment This Period

5500

Outstanding Balance at Close of This Period

24207.6

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Copy Service Center, Inc.

Nature of Debt (Purpose):

Administrative/Salary/Overhead: copying

Mailing Address 2095 S Main Street

City State Zip Code
Waterbury CT 06706-2029

Outstanding Balance Beginning This Period

19.56

Transaction ID : SD10-DEBT3956

Amount Incurred This Period

0

Payment This Period

19.56

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Watertown Main Street LLC

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Office Rent

Mailing Address PO Box 28

City State Zip Code
Watertown CT 06795-0028

Outstanding Balance Beginning This Period

2500

Transaction ID : SD10-DEBT3906

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2500

1) **SUBTOTALS** This Period This Page (optional) ▶

26707.60

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)
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PAGE 65 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Frontier Communications

Nature of Debt (Purpose):

Administrative/Salary/Overhead: internet

Mailing Address PO Box 20550

City State

Zip Code

Rochester

NY

14602-0550

Outstanding Balance Beginning This Period

75

Transaction ID : SD10-DEBT3950

Amount Incurred This Period

0

Payment This Period

75

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

William J Evans

Nature of Debt (Purpose):

Advertising: direct mail advertising

Mailing Address 325 Celia Drive

City State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

2023.91

Transaction ID : SD10-DEBT3939

Amount Incurred This Period

0

Payment This Period

2023.91

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Copy Service Center, Inc.

Nature of Debt (Purpose):

Advertising: copy service

Mailing Address 2095 S Main Street

City

State

Zip Code

Waterbury

CT

06706-2029

Outstanding Balance Beginning This Period

192.78

Transaction ID : SD10-DEBT3898

Amount Incurred This Period

0

Payment This Period

192.78

Outstanding Balance at Close of This Period

0

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

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
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PAGE 66 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 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: broadcast TV Advertising

Mailing Address 5 Mapleton Road
Suite 300City State Zip Code
Princeton NJ 08540-9646

Outstanding Balance Beginning This Period

1275

Transaction ID : SD10-DEBT3897

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1275

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Red Maverick Media, LLC

Nature of Debt (Purpose):

Advertising: direct mail advertising design fee

Mailing Address 403 N 2nd Street
Suite 2City State Zip Code
Harrisburg PA 17101-1377

Outstanding Balance Beginning This Period

200

Transaction ID : SD10-DEBT3896

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

200

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Watertown Golf Club

Nature of Debt (Purpose):

Campaign Event: golf tournament expenses

Mailing Address 246 Guernseytown Road

City State Zip Code
Watertown CT 06795-1819

Outstanding Balance Beginning This Period

6804.05

Transaction ID : SD10-DEBT3945

Amount Incurred This Period

0

Payment This Period

6400

Outstanding Balance at Close of This Period

404.05

1) **SUBTOTALS** This Period This Page (optional) ▶

1879.05

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)
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PAGE 67 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VoterTrove, Inc.

Nature of Debt (Purpose):

Campaign Event: Get Out Our Vote

Mailing Address 921 Cavalry Ride Trail

City State

Zip Code

Austin

TX

78732-2370

Outstanding Balance Beginning This Period

3727.22

Transaction ID : SD10-DEBT3942

Amount Incurred This Period

0

Payment This Period

3727.22

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Arrow Printers, Inc.

Nature of Debt (Purpose):

Paraphernalia: signs

Mailing Address 311 Main Street

City State

Zip Code

Ansonia

CT

06401-2301

Outstanding Balance Beginning This Period

358.93

Transaction ID : SD10-DEBT3925

Amount Incurred This Period

0

Payment This Period

358.93

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

William J Evans

Nature of Debt (Purpose):

Paraphernalia: sign materials

Mailing Address 325 Celia Drive

City

State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

850.82

Transaction ID : SD10-DEBT3935

Amount Incurred This Period

0

Payment This Period

850.82

Outstanding Balance at Close of This Period

0

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

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
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PAGE 68 OF 68

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

William J Evans

Nature of Debt (Purpose):

Travel: Gas, meals and catering

Mailing Address 325 Celia Drive

City State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

2656.89

Transaction ID : SD10-DEBT3936

Amount Incurred This Period

0

Payment This Period

2656.89

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

0.00

2) **TOTALS** This Period (last page this line number only) ►

68904.65

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

1811500.00

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

1880404.65