PAGE 1 / 59

Image# 201507109000076362

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	_	horized Com	_			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typin r the lines.	g, type	12FE4M5	
Mark Greenberg	for Congress					1
	. 52 Dook Dd					
ADDRESS (number and st	reet) 53 Peck Rd					
Check if differe	nt					
than previously reported. (ACC)					CT	06790-6106
2. <b>FEC IDENTIFICAT</b>	ION NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00493395		3. IS THIS REPORT	X NEW (N)	OR	AMENE (A)	
4. TYPE OF REPO	RT (Choose One)					
(a) Quarterly Repo	(t	o) 12-Day <b>PRE</b> -	Election Repo	rt for the:		
April 15 Qu	arterly Report (Q1)	Ш	Primary (12P)	L	General (1	12G) Runoff (12R)
			Convention (	12C)	Special (1	2S)
	arterly Report (Q2)  Quarterly Report (Q3)	Election on	M M /	D D /	Y Y Y Y	in the State of
January 31	Year-End Report (YE) (d	c) 30-Day <b>POS</b>	Г-Election Rep	ort for the:		
			General (30G	)	Runoff (30	DR) Special (30S)
Termination	Report (TER)	Election on	M M /	D D /	Y	in the State of
5. Covering Period	M M / D D / 01	Y 2015	through	M M 06	/ D D /	Y Y Y Y 2015
I certify that I have exam	nined this Report and to th	ne best of my kno	owledge and i	belief it is tru	ie, correct and	d complete.
Type or Print Name of T	reasurer J. Kenneth Nowe	ell				
Signature of Treasurer	J. Kenneth Nowell		[Electronically 1	Filed] D	ate 07	/ D D / Y Y Y Y Y 10 2015
NOTE: Submission of fals	e, erroneous, or incomplete	information may s	ubject the per	son signing t	nis Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 59

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

### Mark Greenberg for Congress

R	deport Covering the Period: From:	M / D D / Y Y Y Y TY TO:	M 06 30 / Y 2015
		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))	24000.00	367049.86
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	24000.00	367049.86
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	23790.05	84097.89
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	23790.05	84097.89
8.	Cash on Hand at Close of Reporting Period (from Line 27)	316.83	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	1868644.64	

#### 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 PAGE 3 / 59 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

### Mark Greenberg for Congress

04 01 2015 06 30 2015 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11.	CONTRIBUTIONS (other than loans) FROM:				
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	263631.11		
	(ii) Unitemized	0.00	30568.75		
	(iii) TOTAL of contributions from individuals	0.00	294199.86		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) The Candidate	24000.00	72850.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	24000.00	367049.86		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
	LOANS:				
	(a) Made or Guaranteed by the Candidate	0.00	0.00		
	(b) All Other Loans	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00		
	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	97.78		
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	24000.00	367147.64		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 59

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	23790.05	84097.89
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	23790.05	84097.89
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	106.88
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	24000.00
5.	SUBTOTAL (add Line 23 and Line 24)		24106.88
6.	TOTAL DISBURSEMENTS THIS PERIOD (froi	om Line 22)	23790.05
_	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	316.83

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

	F	OR	LINE	NU	MBER	:	PAGE	=	5	OF	59
Use separate schedule(s)	(c	he	ck only	or	ne)						
for each category of the Detailed Summary Page			11a		11b		11c	X	11	d	
Detailed Suffilliary Fage			12		13a		13b		14		15
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

		Detailed Sumr	nary Page		12		13a	13b	14	15
Any information copied from such Reports and or for commercial purposes, other than using t	Statements m	nay not be sold of address of any po	r used by any political committed	ersor	n for the	e pu	ırpose	of solicit	ing contril	butions
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress										
Full Name (Last, First, Middle Initial)  Mark Greenberg					Date of	f Re	ceint			
Mailing Address 184 Fern Ave					05		12		2015	Y
City Litchfield	State CT	Zip Code 06759-2721		Tı	ransact	ion	ID : A2	2E5A5C7	8168346B	E969
FEC ID number of contributing federal political committee.	С но	CT05150			Amoun	t of	Each F	Receipt t	his Period	
Name of Employer Mark Greenberg Real Estate	Occupation Real Estate	n e Developer			campaig	ın cc	ontribut	ion	5000	.00
Receipt For: 2014 Primary Seneral Other (specify)	Election C	ycle-to-Date	62850.00							
B. Full Name (Last, First, Middle Initial) Mark Greenberg					Date of	f Re	ceipt			
Mailing Address 184 Fern Ave	01.1	7: 0 1			06 06	/	30		2015	Y
City Litchfield	State CT	Zip Code 06759-2721		Tr	ansact	ion	ID : AA	129B30F	5EA7C47F	F9ACE
FEC ID number of contributing federal political committee.	С	CT05150			Amoun	t of	Each I	Receipt t	his Period	
Name of Employer	Occupation				<u> </u>		,		5000	0.00
Mark Greenberg Real Estate Receipt For: 2014	Real Estate	·		-	ampaig	n co	ntributi	ion		
Primary General Other (specify)	Election C	ycle-to-Date	72850.00							
Full Name (Last, First, Middle Initial)  C. Mark Greenberg					Date of	f Re	ceipt			
Mailing Address 184 Fern Ave					M M M	/	29		2015	Υ
City Litchfield	State CT	Zip Code 06759-2721			ransact	ion	ID : AE	BBEA78I	C7DFB4I	B1E8FE
FEC ID number of contributing federal political committee.	С но	CT05150			Amoun	t of	Each I	Receipt t	his Period	
Name of Employer  Mark Greenberg Real Estate	Occupation Real Estate	n e Developer			campaig	ın co	ontribut	ion	4000	0.00
Receipt For: 2014  Primary General  Other (specify)	Election C	ycle-to-Date	57850.00							
SUBTOTAL of Receipts This Page (optional)	1				Ľ.	-	,		14000	.00
TOTAL This Period (last page this line number	only)						,	,		

### S IT

ım	age# 20150/1090000/636/								
	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		DR LINE neck onl 11a 12	NUMBER: y one) 11b 13a	PAGE	6 OF	59
	ny information copied from such Reports and for commercial purposes, other than using								
	NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		7.						
<u> </u>	Full Name (Last, First, Middle Initial) Mark Greenberg				Date of	f Receipt			
	Mailing Address 184 Fern Ave				м в м 04			2015	7
	City Litchfield	State CT	Zip Code 06759-2721					0A744555A	\91
	FEC ID number of contributing federal political committee.	С но	CT05150		Amoun	t of Each I	Receipt th	is Period	_
	Name of Employer Mark Greenberg Real Estate	Occupation Real Estate	n e Developer		campaig	ın contribut	ion	5000.00	D
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 53850.00						
В.	Full Name (Last, First, Middle Initial)  Mark Greenberg  Mailing Address 184 Fern Ave				Date of	f Receipt		2015	1
	City Litchfield	State CT	Zip Code 06759-2721	т		-		314F444CA	E3
	FEC ID number of contributing federal political committee.	С но	CT05150		Amoun	t of Each	Receipt th		_
	Name of Employer Mark Greenberg Real Estate	Occupation Real Estate	n e Developer		campaig	n contributi	ion	5000.0	0
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 67850.00						
<u> </u>	Full Name (Last, First, Middle Initial)	'			Date of	f Receipt			
Ο.	Mailing Address	Olata	7. 0.4		M = M	/ D	D / Y	YYY	]
	City	State	Zip Code						
	FEC ID number of contributing federal political committee.	С			Amoun	t of Each	Receipt th	is Period	-
	Name of Employer	Occupation	٦						
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date						

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

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

10000.00

### S

g0.000000				
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS				OR LINE NUMBER: PAGE 7 OF 59  Check only one)    X   17
	than using the name and			erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle I  A. Dey Smith Steele, LL  Mailing Address 9 Depot Street	C			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Floor 2 City Milford Purpose of Disbursement Debt Repayment: legal fees Candidate Name	State CT	Zip Code 06460-3357	001	Amount of Each Disbursement this Period  1675.00  Transaction ID: BF36F0DAEAC744F1C95A
Office Sought: House Senate Presider State: District:	Disbursement Fo Primary Other (s		Category/ Type	_
B. Full Name (Last, First, Middle I Cooper Communicati  Mailing Address 77 Ripley Hill	ons LLC			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Coventry Purpose of Disbursement Debt Repayment: Public relatio Candidate Name	State CT ns consultant	Zip Code 06238-1631	001 Category/ Type	Amount of Each Disbursement this Period  1500.00  Transaction ID: B2D2809588D074BA88CF
Office Sought: House Senate Presider State: District:			турс	
Full Name (Last, First, Middle I  C. Cooper Communicati  Mailing Address 77 Ripley Hill I	ons LLC			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Coventry Purpose of Disbursement Debt Repayment: Public relatio  Candidate Name  Office Sought: House Senate	CT (		001 Category/ Type	Amount of Each Disbursement this Period  1000.00  Transaction ID: BDE61D181FA54438C8BD
State: District:		specify)		

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

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

go// 20100710000010000			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sc for each categor	` '	FOR LINE NUMBER: PAGE 8 OF 59 (check only one)
TEMIZED DIODOTIOEMENTO	Detailed Summa	ry Page	X   17   18   19a   19b   20c   21
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name			
Mark Greenberg for Congress			
Full Name (Last, First, Middle Initial)  A. Cooper Communications LLC			Date of Disbursement
Mailing Address 77 Ripley Hill Road			05 13 2015
City Sta Coventry CT	te Zip Code 06238-1631		Amount of Each Disbursement this Period
Purpose of Disbursement Debt Repayment: Public relations consultant  Candidate Name		001	Transaction ID : BACE22BCB34B8427EAF4
	nt For: 2014	Category/ Type	
Senate Pr	imary General her (specify)		
State: District: Full Name (Last, First, Middle Initial)			
3. Cooper Communications LLC			Date of Disbursement
Mailing Address 77 Ripley Hill Road			06 30 2015
City Sta Coventry C1 Purpose of Disbursement		Ι	Amount of Each Disbursement this Period  221.75
Debt Repayment: Public relations consultant  Candidate Name		001	Transaction ID : B91ADEF7DD7614C09A13
		Category/ Type	
Senate Pr	nt For: 2014 imary		
Full Name (Last, First, Middle Initial)			
Cooper Communications LLC			Date of Disbursement
Mailing Address 77 Ripley Hill Road			06 / D D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z
City State Coventry CT	Zip Code 06238-1631		Amount of Each Disbursement this Period
Purpose of Disbursement Debt Repayment: Public relations consultant	00230 1031		778.25
Candidate Name		001 Category/ Type	Transaction ID : B91C02E7783154E60BAF
Senate Pr	nt For: 2014 imary General	1,750	
State: District: Ot	her (specify)		

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

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

### S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) ( of the	FOR LINE NUMBER: PAGE 9 OF 59 check only one)    X   17
	ly information copied from such Reports and Statements r for commercial purposes, other than using the name and			
$\rangle$	NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress			
۱.	Full Name (Last, First, Middle Initial) Theroux, Nowell & Stoughton, LLC			Date of Disbursement
	Mailing Address 53 Peck Road			04 10 2015
	City State Torrington CT	Zip Code 06790-6106		Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Repayment: accounting and software		001	1000.00 Transaction ID : B1E89CC6BCB1D492B859
	Candidate Name		Category/ Type	
	Office Sought:  House Senate Primary President  Other (s	General		
3.	Full Name (Last, First, Middle Initial) Theroux, Nowell & Stoughton, LLC			Date of Disbursement
	Mailing Address 53 Peck Road			04 29 2015
	City State Torrington CT	Zip Code 06790-6106		Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Repayment: accounting and software		001	1500.00 Transaction ID : BF53081452ADE4F2391A
	Candidate Name		Category/ Type	
		r: 2014 / \times General specify)		
	State: District: Full Name (Last, First, Middle Initial)			
).	Theroux, Nowell & Stoughton, LLC			Date of Disbursement
	Mailing Address 53 Peck Road			05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		ip Code 06790-6106		Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Repayment: accounting and software		001	1000.00
	Candidate Name		Category/ Type	Transaction ID : BCA951DD1C568499C903
	Office Sought:  House Senate President  Disbursement Fo Primary Other (s			
	State: District:			
				3500.00

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

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

### SCHEDULE B (FEC Form 3)

**PAGE** 10 59 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mark Greenberg for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Theroux, Nowell & Stoughton, LLC 2015 Mailing Address 53 Peck Road 06 30 City State Zip Code Amount of Each Disbursement this Period CT **Torrington** 06790-6106 Purpose of Disbursement 1000.00 Debt Repayment: accounting and software 001 Transaction ID: BEA4E36B692B24D6FAD6 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House X General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) William J Evans Date of Disbursement Mailing Address 325 Celia Drive 06 12 2015 City State Zip Code Amount of Each Disbursement this Period CT 06705-3153 Wolcott 3000.00 Purpose of Disbursement Debt Repayment: lodging 002 Transaction ID: B7BC8759358CE44DE819 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. William J Evans Date of Disbursement Mailing Address 325 Celia Drive 06 30 2015 City State Zip Code Amount of Each Disbursement this Period 06705-3153 Wolcott CT Purpose of Disbursement 1000.00 Debt Repayment: lodging 002 Transaction ID : B8DA53040F9684415816 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 X General Senate Primary President Other (specify) State: District: 5000.00 SUBTOTAL of Disbursements This Page (optional).....

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

Image# 201507109000076372			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate scl for each category Detailed Summar	nedule(s) (a of the	FOR LINE NUMBER: PAGE 11 OF 59 check only one)    X   17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a			
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress			
Full Name (Last, First, Middle Initial)  A. Dey Smith Steele, LLC			Date of Disbursement
Mailing Address 9 Depot Street Floor 2			04 10 2015
City State Milford CT	Zip Code 06460-3357		Amount of Each Disbursement this Period
Purpose of Disbursement Debt Repayment: legal fees		001	2000.00 Transaction ID : B9F25E8864A264B6094C
Candidate Name		Category/ Type	
State: District:			
Full Name (Last, First, Middle Initial)  Dey Smith Steele, LLC  Mailing Address 9 Depot Street			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Floor 2 City State	Zip Code		Amount of Each Disbursement this Period
Milford CT	06460-3357		1500.00
Purpose of Disbursement Debt Repayment: legal fees		001	Transaction ID : B595357C413624E5C8CD
Candidate Name		Category/ Type	Transaction is . 50000070410024200005
Office Sought:  House  Senate  President  State:  Disbursement  Othe			
Full Name (Last, First, Middle Initial)			5. (5.)
Dey Smith Steele, LLC			Date of Disbursement
Mailing Address 9 Depot Street Floor 2			05 13 2015
City State Milford CT	Zip Code 06460-3357		Amount of Each Disbursement this Period
Purpose of Disbursement Debt Repayment: legal fees		004	2000.00
Candidate Name		001 Category/ Type	Transaction ID : B04FE877EC99C4DA7989
Office Sought: House Disbursement Senate Prim			

Other (specify)

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

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

President

District:

State:

	lage# 201307109000070373			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	hedule(s) ( ry of the	FOR LINE NUMBER: PAGE 12 OF 59 check only one)    X   17
	y information copied from such Reports and Statements for commercial purposes, other than using the name ar			
$\Big\rangle$	Mark Greenberg for Congress			
۹.	Full Name (Last, First, Middle Initial)  Dey Smith Steele, LLC			Date of Disbursement
	Mailing Address 9 Depot Street Floor 2			06 12 2015
	City State Milford CT	Zip Code 06460-3357		Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Repayment: legal fees		001	2000.00 Transaction ID : BCB2DE8F3294443AB90F
	Candidate Name		Category/ Type	
	Office Sought:    House   Disbursement			
3.	Full Name (Last, First, Middle Initial)  Dey Smith Steele, LLC  Mailing Address 9 Depot Street Floor 2			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	CityStateMilfordCT	Zip Code 06460-3357		Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Repayment: legal fees		001	325.00 Transaction ID : B53254EC7BF4447FA85F
	Candidate Name		Category/ Type	
	Office Sought:    House   Disbursement     Senate   Prima     President   Othe     State: District:			
•	Full Name (Last, First, Middle Initial)  Ian Marshall's Golf Shop			Date of Disbursement
	Mailing Address 246 Guernseytown Road			05 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Watertown CT	Zip Code 06795-1819		Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Repayment: Outing Prize Vouchers DT sleeves and		007	886.00
	Candidate Name		Category/ Type	Transaction ID : B54E482DC2A164C2AAD3
	Office Sought:  House Senate President Disbursement Prima Othe			
	State: District:			

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

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

lm	nage# 2015071090000	076374											
	CHEDULE B EMIZED DISB	-	Use separate so for each categor Detailed Summa	y of the	FOR LI (check	only X 1	one)	R: 18		19	13 O 9a 0c	F 59	
	ny information copied for commercial purpe												
$\rangle$	NAME OF COMMITT  Mark Greenbe	, ,	ess										
۹.	Full Name (Last, First Watertown Go	•					ate of	f Disbu	ırseme			TY T	v
	Mailing Address 246	6 Guernseytown Ro	ad				04	J'L	10			015	
	City Watertown		State CT	Zip Code 06795-1819		Ar	moun	t of Ea	ch Dis	bursem	ent	this P	eriod
	Purpose of Disburse Debt Repayment: go	ment olf tournament expe	nses		007	Tran	sact	ion ID	· BB8/	A2627BI	D82	404.0	
	Candidate Name				Category Type		Journ		. 220,	12021 2	-0-		
	Office Sought:  State: Di	House Senate President istrict:	Disbursement For Primary Other (s	X General									
В.	Full Name (Last, First	st, Middle Initial)					ate of	f Disbu	rseme		Υ	Y	Υ
	City		State	Zip Code		Ar	noun	t of Ea	ch Dis	bursem	ent	this P	Period
	Purpose of Disburse  Candidate Name	ment				] L	-				_		
					Category Type	/							
	Office Sought:  State: Di	House Senate President istrict:	Disbursement For Primary Other (s	General									
	Full Name (Last, Firs	st, Middle Initial)				D	ate of	f Disbu	ırseme	nt			
C.	Mailing Address						м м		D D		Υ	Υ	Y
	City State Zip Code				Ar	noun	t of Ea	ch Dis	bursem	ent	this P	eriod	
	Purpose of Disburse	ment				╗┖		-			_		
	Candidate Name				Category Type	/							

General

Office Sought:

State:

House

Senate

District:

President

Disbursement For: Primary

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

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

Other (specify)

404.05

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

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

14 OF

X	13a
	13b

59

Transaction ID: CFEBC2E2425BC4BC5823 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 300000.00 0.00 300000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup>08<sup>M</sup> ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE 15

_	i
×	13a
	13b

PANS		Detailed Summary Pag	ge (chook chily cho)
AME OF COMMITTEE (In Full)		Transac	tion ID : C55D484FE54D34017B00
Mark Greenberg for Congress			
LOAN SOURCE Full Name (Last, First, Mic Mark Greenberg	ddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary
Mailing Address 184 Fern Ave			
City	State ZIP Code		
Litchfield	CT 06759-27	721 	
Original Amount of Loan	Cumulative Payment To D	Date Bala	nce Outstanding at Close of This Period
65000.00	2 2	0.00	65000.00
TERMS  Date Incurred	Date Due	Interest Rate	e Secured:
M <sub>10</sub> M / D <sub>23</sub> D / Y Ž01Ă Y		None Y 0.00	
List All Endorsers or Guarantors (if any) to	o Loan Source		165 140
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only	ZIP Code	Guaranteed Outstanding:	65000.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

16 OF

	i
×	13a
	13b

59

Detailed Summary Page Transaction ID: CC474E6A9D9E145438A5 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> 06 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 17

13a 13b

OF

		Detailed Suffiffiary P	age	13b	
NAME OF COMMITTEE (In Full)		Trans	action ID : C9CC59E63697E486EB69	1	
Mark Greenberg for Congress					
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	[PERSONAL FUNDS]			
Mark Greenberg			Primary		
Mailing Address			General     Other (specify) ▼		
184 Fern Ave			Other (specify)		
City	State ZIP Coo				
Litchfield	CT 06759-2				
Elicinicia					
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This F	eriod	
12500.00		0.00	12500.00		
	7		, , , , , ,	_	
TERMS  Date Incurred	Date Due	Interest Ra	ate Secured:		
M 08 / D 15 D / Y Y 2014 Y	M M / D D / Y	Ňone Y	00 % (apr)	<u> </u>	
List All Endorsers or Guarantors (if any)	to Loan Source		Yes	No	
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
(2003, 11103, 11104)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:	9		
				$\overline{}$	
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line on	nly)	·····	· · · · · · · · · · · · · · · · · · ·		
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If I	no Schedule D, carry fo	prward to appropriate line of Summ	ary.	

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

FOR LINE NUMBER: (check only one)

PAGE 18

13a 13b

OF

		Detailed Garrinary 1	13b	
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Trans	action ID : CCB5478271BD04BCA941	
LOAN SOURCE Full Name (Last, First, Middl Mark Greenberg	e Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 184 Fern Ave			Other (specify) ▼ Convention2014	
City	tate ZIP Cod	е		
Litchfield	CT 06759-27	721		
Original Amount of Loan 17500.00	Cumulative Payment To [	Oate Ba	alance Outstanding at Close of This Period	
Date Incurred  M 05 M / D 03 D / Y 2013 Y M		None Interest R	sate Secured:  00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZII 0000	Amount Guaranteed Outstanding:	.,.,,	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	0000	Amount Guaranteed Outstanding:	7 7 7	
SUBTOTALS This Period This Page (optional)				
Carry outstanding balance only to LINE 3, Scheo	dule D. for this line. If n	o Schedule D. carrv fo	prward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

**PAGE** 

19 OF

	40
X	13a
	13b

59

Transaction ID: CD07EFD888A3B4648AE3 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup>26 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

X 13a

PAGE 20

59

OF

		Detailed Summary Pag	ge   13b	
AME OF COMMITTEE (In Full)		Transac	ction ID : CB60CC071A86C4A02B17	
lark Greenberg for Congress				
LOAN SOURCE Full Name (Last, First, Mind Mark Greenberg	iddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 184 Fern Ave			Other (specify) ▼     Convention2014	
City	State ZIP Co	de		
Litchfield	CT 06759-	2721		
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period	
, , , , ,	9		2 2	
Date Incurred  Mo9 / P27 / Y 2013 Y	Date Due	None Interest Rate		
List All Endorsers or Guarantors (if any)	to Loan Source		100 140	
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
UBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, So			yand to appropriate first (Committee	

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

PAGE FOR LINE NUMBER: (check only one)

21 OF

$\overline{\mathbf{v}}$	122
_	ısa
	13b

59

Transaction ID: CD4093CB301954FA8B73 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup>06<sup>M</sup> 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

22 OF

X	13a
	13b

59

Transaction ID: CF8A2925E3D2E4806B3C NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify)  $\blacktriangledown$ 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 75000.00 0.00 75000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 75000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

23 OF

	_
X	13a
	13b

59

Transaction ID: CECBA7AF2579C4725B29 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 235000.00 105000.00 130000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>30 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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

FOR LINE NUMBER: (check only one)

PAGE 24

13a 13b

	Transa	ction ID : CA2C1E440008A41FDB5E
ldle Initial)	[PERSONAL FUNDS]	Election: 2014
		Primary  General
		Other (specify) ▼
State Z	IP Code	
CT (	06759-2721	
Cumulative Payme	ent To Date Bal	ance Outstanding at Close of This Period
	0.00	15000.00
2	9	9 9
Date	e Due Interest Rat	te Secured:
M M / D D	/ Y Y Y Y O.0	0
	None	% (apr) Yes No
Loan Source		
	Name of Employer	
	Occupation	
	Amount	
ZIP Code	Guaranteed Outstanding:	7
	Name of Employer	
	Occupation	
	Amount	
ZIP Code	Guaranteed	
	Outstanding:	, ,
	Name of Employer	
	Occupation	
	Amount	
ZIP Code		7
	Name of Employer	
	0-2-11-1	
	Occupation	
	Amount	
ZIP Code	Guaranteed Outstanding:	9 9
	ı	
	<u> </u>	15000.00
·)	·····	
		,
	CT Cumulative Paym  Date  Date	State ZIP Code CT 06759-2721  Cumulative Payment To Date Bal 0.00  Date Due Interest Rat 0.00  Date Due Cocupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:

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

FOR LINE NUMBER: (check only one)

PAGE 25

X 13a

OF

							<u> </u>		130
l .	AME OF COMMITTEE (In Full)  Mark Greenberg for Congress				Trans	saction	n ID : C0528A	351754D3	RR6C
	LOAN SOURCE Full Name (Last, First, Mic Mark Greenberg	ddle Initial)		[PERSON.	AL FUNDS	7 EI	ection: 2014	1	
	Mailing Address 184 Fern Ave					7	General Other (spec		
	City	State	ZIP Cod	е					
	Litchfield	СТ	06759-2	721					
	Original Amount of Loan	Cumulative Pay	ment To I	Oate 0.0		Balance	Outstanding		This Period
	7 7 7	9	- 7			_	7	7	4
	Date Incurred  Manage 11 Date Incurred  Date Incurred  Date Incurred	D D D	ate Due	Ňone Y	Interest R 0	Rate	% (apr)	Secure	X
	List All Endorsers or Guarantors (if any) to	o Loan Source						Yes	s No
	Full Name (Last, First, Middle Initial)			Name of En	nployer				
	Mailing Address			Occupation					
	City State	ZIP Code		Amount Guaranteed Outstanding		. ,	,		
	2. Full Name (Last, First, Middle Initial)			Name of En					
	Mailing Address			Occupation					
	City State	ZIP Code		Amount Guaranteed Outstanding					
	3. Full Name (Last, First, Middle Initial)			Name of En					
	Mailing Address			Occupation					
	City State	ZIP Code		Amount Guaranteed Outstanding		-,	,		
	4. Full Name (Last, First, Middle Initial)			Name of En	nployer				
	Mailing Address			Occupation					
	City State	ZIP Code		Amount Guaranteed Outstanding		7	7		
s	UBTOTALS This Period This Page (optional)				, [	_		800	00.00
	OTALS This Period (last page in this line only				<u> </u>	İ	,	7	
-	Carry outstanding balance only to LINE 3, Sch	nedule D. for this	line. If n	o Schedule	D. carry fo	orward	to appropri	ate line of S	ummarv.
_ `	,	,			,				

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

FOR LINE NUMBER: (check only one)

PAGE 26

13a 13b

			13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Trans	saction ID : C71137021C269419383D
LOAN SOURCE Full Name (Last, First, Middle Mark Greenberg	e Initial)	[PERSONAL FUNDS]	Primary General
Mailing Address 184 Fern Ave			Other (specify) ▼ Convention2014
City	tate ZIP Cod	е	
Litchfield	CT 06759-2	721 	
Original Amount of Loan 7500.00	Cumulative Payment To [	Date B	alance Outstanding at Close of This Period
TERMS			2 2
Date Incurred  M 06 M / D 18 D / Y 2013 Y	Date Due	None Interest R	ate Secured:  .00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to L			
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:	9 9 9
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. Sched	ule D for this line. If n	o Schedule D. carry fe	prward to appropriate line of Summary

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

FOR LINE NUMBER: (check only one)

PAGE 27

X 13a

		Detailed Summary Pa	13b
AME OF COMMITTEE (In Full)		Transa	action ID : CBA924F3BC0384AB1B4A
Mark Greenberg for Congress			
LOAN SOURCE Full Name (Last, Fire	st, Middle Initial)	[PERSONAL FUNDS]	Election: 2012
Mark Greenberg			Primary  General
Mailing Address			Other (specify)
184 Fern Ave			
City	State	ZIP Code	
Litchfield	СТ	06759-2721	
Original Amount of Loan	Cumulative Payr	ment To Date Ba	lance Outstanding at Close of This Period
95000.00	)	0.00	95000.00
2 2			
TERMS  Date Incurred	Da	ite Due Interest Ra	te Secured:
M <sub>08</sub> / P <sub>13</sub> / Y Y 2012 Y	M M / D D	/ Y None Y 0.0	00
08 13 2012		None	% (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		103 140
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ate ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed	
		Outstanding:	7
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ate ZIP Code	Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Si	ate ZIP Code	Guaranteed Outstanding:	9 9
		·	
UBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this lin	ne only)	······	, ,
Cover outotonding belongs only to LINE	2 Cohodula D. far dita	line If no Cohodule D. serre for	arroad to appropriate line of Commercial
Carry outstanding balance only to LINE	o, ochequie D, for this	inie. ii no ochequie D, carry foi	waru to appropriate line of Summary.

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

PAGE FOR LINE NUMBER: (check only one)

28 OF

×	13a
	13b

59

Transaction ID: CFABA2000D23841ACB3D NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> 09 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE FOR LINE NUMBER: (check only one)

29 OF

X	13a
	13b

59

Transaction ID: CAD835A72DC2043B4B84 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>м</sup> 12<sup>м</sup> <sup>D</sup> 17 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE FOR LINE NUMBER: (check only one)

30 OF

×	13a
	13b

59

Detailed Summary Page Transaction ID: C5433DBD61BFC46F3B52 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>28<sup>D</sup> ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) ......

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

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

FOR LINE NUMBER: (check only one)

PAGE 31

X 13a

OF

			13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Transa	ction ID : C608ACCA87AF942D485C
LOAN SOURCE Full Name (Last, First, Mic Mark Greenberg  Mailing Address	ddle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General  X Other (specify) ▼
184 Fern Ave			Convention2014
City Litchfield	State ZIP Co		
Original Amount of Loan	Cumulative Payment To		ance Outstanding at Close of This Period
7500.00	and a spinoric to	0.00	7500.00
TERMS  Date Incurred	Date Due	Interest Rat	te Secured:
M <sub>11</sub> M / D <sub>02</sub> D / Y Ž01Š Y	M M / D D / Y	Ňone Y 0.0	% (apr) Yes No
List All Endorsers or Guarantors (if any) t	o Loan Source	Name of Employer	
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIF Code	Outstanding:	y 1 y 1 w 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	9 1 9 1 1 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
01	710.0	Amount Guaranteed	
City State	ZIP Code	Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (optional).			7500.00
TOTALS This Period (last page in this line only	/)		
Carry outstanding balance only to LINE 3. Sch	nedule D. for this line If	no Schedule D. carry for	ward to appropriate line of Summary

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

FOR LINE NUMBER: (check only one)

PAGE

32 OF

×	13a
	13b

59

Transaction ID: C8120BECF32A9412997B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> <sup>D</sup>16 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE FOR LINE NUMBER: (check only one)

33 OF

X	13a
	13b

59

Transaction ID: C538F7BD086F14626BF2 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 <sup>M</sup> 06<sup>M</sup> ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) FOR LINE NUMBER: for each category of the **X** 13a (check only one) Detailed Summary Page 13b Transaction ID: CEF6B472032C5458B8F5 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup> 09<sup>M</sup> ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

PAGE

34 OF

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

FOR LINE NUMBER: (check only one)

PAGE

35 OF

X	13a
	13b

59

Transaction ID: C2530A505B6DB44D089F NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> 28 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

36 OF 59

**X** 13a Detailed Summary Page 13b Transaction ID: C9BDE8AB0A22C4E7092B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 200000.00 0.00 200000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 10<sup>M</sup> ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

Use separate schedule(s) for each category of the

PAGE FOR LINE NUMBER: (check only one)

37 OF

×	13a
	13b

59

Detailed Summary Page Transaction ID: CC107E489D0E64C9083D NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 21000.00 0.00 21000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> 04 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 21000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

38 OF

13a 13b

59

Transaction ID: CFD73008F64174859A74 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2012 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500000.00 2600.00 212400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup> 03<sup>M</sup> Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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

PAGE FOR LINE NUMBER: (check only one)

39 OF

×	13a
	13b

59

Transaction ID: CD1D81F253F794C4188B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify)  $\blacktriangledown$ 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> 03 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

FOR LINE NUMBER: (check only one)

PAGE 40

13a 13b

OF

59

		1	130
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Trans	action ID : CF9D2816C62954C8CB87
LOAN SOURCE Full Name (Last, First, Middle	Initial\		Floation: 0044
Mark Greenberg	e milial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 184 Fern Ave			Other (specify) ▼     Convention2014
	ate ZIP Cod		
	CT 06759-2		
Original Amount of Loan 7500.00	Cumulative Payment To I	Date Ba	alance Outstanding at Close of This Period 7500.00
TERMS	7 7		9 9 9
Date Incurred	Date Due	Interest Ra	
M <sub>02</sub> M / D <sub>06</sub> D / Y Ž014 Y	<u> </u>	None 0.	00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to L	oan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	_	Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

PAGE 41

**X** 13a

59

OF

AME OF COMMITTEE (In Full)	Transaction ID: CA255D27209C6400EB5A
lark (-reenherd for Condress	
Mark Greenberg for Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election: 2014   Primary
Mark Greenberg	General
Mailing Address	X Other (specify) ▼
184 Fern Ave	Convention2014
City State ZIP C	ode
Litchfield CT 06759	D-2721
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period
8000.00	0.00 8000.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M <sub>08</sub> M / D <sub>06</sub> D / Y 2013 Y M M / D D / Y	Ňoně O.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
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	7 7 7
carry outstanding halance only to LINE 3. Schedule D. for this line. It	, , , ,

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

PAGE FOR LINE NUMBER: (check only one)

42 OF

×	13a
	13b

59

Transaction ID: CB3C30926CC3D4713ACF NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify)  $\blacktriangledown$ 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 650000.00 1000.00 79000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 06<sup>M</sup> <sup>D</sup>30 Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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

PAGE FOR LINE NUMBER: (check only one)

43 OF

X	13a
	13b

59

Transaction ID: C762400101B594EFB9BE NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 97400.00 0.00 96000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> 03 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

FOR LINE NUMBER: (check only one)

PAGE

44 OF

×	13a
	13b

59

Transaction ID: CC4F9D300B97E418CB4B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5500.00 0.00 5500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 12<sup>M</sup> 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 45 OF

_	i
×	13a
	13b

59

		Detailed Summary Pag	ge   13b
AME OF COMMITTEE (In Full)		Transac	tion ID : CE33093641F8544E79B7
Mark Greenberg for Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary
Mark Greenberg			X General
Mailing Address 184 Fern Ave			Other (specify)
City	State ZIF	P Code	
Litchfield	CT 06	759-2721	
Original Amount of Loan	Cumulative Paymer	nt To Date Bala	nce Outstanding at Close of This Period
5000.00		0.00	5000.00
TERMS  Date Incurred	Date	Due Interest Rate	e Secured:
M08 <sup>M</sup> / D09 <sup>D</sup> / Y 2014 Y	M M / D D /	Y Ňoně Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if an	y) to Loan Source		100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	9 1 9 1 1 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City State	e ZIP Code	Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City State	e ZIP Code	Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line	only)	······	7
Carry outstanding balance only to LINE 3,	Schedule D, for this line	e. If no Schedule D, carry forv	vard to appropriate line of Summary.

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

PAGE FOR LINE NUMBER: (check only one)

46 OF

×	13a
	13b

59

Transaction ID: C71BF6E42B9164E6D9B3 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>м</sup> 12<sup>м</sup> <sup>D</sup> 11 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

47

X 13a

59

OF

Transaction ID: C4C5EFE472C5D4BD6A5D NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 19<sup>D</sup> <sup>M</sup>08<sup>M</sup> 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 48

13a 13b

OF

59

	Detailed Summary Page 13b	
AME OF COMMITTEE (In Full)	Transaction ID : CA5403816357B4746BD4	
Mark Greenberg for Congress		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014	
Mark Greenberg	Primary General	
Mailing Address 184 Fern Ave	Other (specify) ▼ Convention2014	
City State	ZIP Code	
Litchfield CT	06759-2721	
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period	
10000.00	0.00 10000.00	
TERMS  Date Incurred  D	vate Due Interest Rate Secured:	
M 05 / 21 / Y 2014 Y	/ None one one of the None of	
List All Endorsers or Guarantors (if any) to Loan Source	Too	
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	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Oit.	Amount Guaranteed	
City State ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)	······· <b>&gt;</b>	
Carry outstanding balance only to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

PAGE FOR LINE NUMBER: (check only one)

49 OF

X	13a
	13b

59

Transaction ID: C80BBC0D174A54CF79D4 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 33000.00 0.00 33000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 <sup>M</sup> 10<sup>M</sup> ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

PAGE

50 OF 59

for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: CD4115B528CF14546B50 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup> 11 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) .....

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

PAGE 51 OF 59 Use separate schedule(s) FOR LINE NUMBER: for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b Transaction ID: C5567BFAB217D40639A2 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12500.00 0.00 12500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 09<sup>M</sup> 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation

State

ZIP Code

Amount

Guaranteed

Outstanding:

City

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

FOR LINE NUMBER: (check only one)

PAGE

52 OF

×	13a
	13b

59

Transaction ID: C1EF3F3C5664D40EF8FF NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 171400.00 175000.00 3600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> 03 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3600.00 1811500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 53 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

59

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Mark Greenberg for Cor	ngress	
A. Full Name (Last, First, Middle Initial) of Debtor Dey Smith Steele, LLC	or Creditor	Nature of Debt (Purpose): legal fees
Mailing Address 9 Depot Street Floor 2		-
City State Milford	Zip Code CT 06460-3357	
Outstanding Balance Beginning This Period 7825.00		Transaction ID : DD5AB8843219C4795900
Amount Incurred This Period 0.00	Payment This Period 7825.00	Outstanding Balance at Close of This Period 0.00
B. Full Name (Last, First, Middle Initial) of Debtor of Theroux, Nowell & Stoughton, LLC  Mailing Address 53 Peck Road		Nature of Debt (Purpose): accounting and software
Mailing Address 53 Peck Road  City State  Torrington	Zip Code CT 06790-6106	
Outstanding Balance Beginning This Period 6654.25  Amount Incurred This Period 0.00	Payment This Period 4500.00	Transaction ID: DF899CA4A61054B5598E  Outstanding Balance at Close of This Period  2154.25
C. Full Name (Last, First, Middle Initial) of Debtor Cooper Communications LLC  Mailing Address 77 Ripley Hill Road	or Creditor	Nature of Debt (Purpose): Public relations consultant
City	State Zip Code CT 06238-1631	_
Coventry  Outstanding Balance Beginning This Period  3721.75	Payment This Period	Transaction ID : D56D8FA16F7C34264A41
Amount Incurred This Period  0.00	3721.75	Outstanding Balance at Close of This Period  0.00
1) SUBTOTALS This Period This Page (optional)		2154.25
2) TOTALS This Period (last page this line number o	nly)	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	9 9 9 9

(Use separate schedule(s) for each

PAGE 54 OF **FOR** (ched

LINE NUMBER:			
ck only one)		9	
	X	10	

59

numbered line) **Excluding Loans** NAME OF COMMITTEE (In Full) Mark Greenberg for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Outing Prize Vouchers DT sleeves and tee Ian Marshall's Golf Shop packs Mailing Address 246 Guernseytown Road Zip Code City Watertown CT 06795-1819 Transaction ID: D2D7416C09F2C4DC1992 Outstanding Balance Beginning This Period 886.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 886.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): golf tournament expenses Watertown Golf Club Mailing Address 246 Guernseytown Road City Zip Code State Watertown CT 06795-1819 Outstanding Balance Beginning This Period Transaction ID: DB8C11DA6942C472A944 404.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 404.05 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): legal fees Dev Smith Steele, LLC Mailing Address 9 Depot Street Floor 2 City State Zip Code CT Milford 06460-3357 Transaction ID: DB6430B895C0F48A7A1D Outstanding Balance Beginning This Period 14543.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1675.00 12868.75 12868.75 1) SUBTOTALS This Period This Page (optional).....

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

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

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 55 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

59

NAME OF COMMITTEE (In Full)

Mark Groophorg for Congress

Mark Greenberg for Co	nigiess	,		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Watertown Main Street LLC			Nature of Debt (Purpose): rent headquarters	
Mailing Address PO Box 28				
City State	Zip Code			
Watertown	СТ	06795-0028		
Outstanding Balance Beginning This Period			Transaction ID: D366E903FA4464DD7A4D	
1250.00				
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period	
0.00	,	0.00	1250.00	
B. Full Name (Last, First, Middle Initial) of Debtor Theroux, Nowell & Stoughton, LL			Nature of Debt (Purpose): accounting and software	
Mailing Address 53 Peck Road				
City State	Zip Code	00700 0400		
Torrington	СТ	06790-6106		
Outstanding Balance Beginning This Period			Transaction ID : D6507C36E07BA4CDB916	
7280.50				
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period	
0.00	,	0.00	7280.50	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):	
Cooper Communications LLC			Public relations consultant	
Mailing Address 77 Ripley Hill Road				
City	State	Zip Code		
Coventry	СТ	06238-1631		
Outstanding Balance Beginning This Period			Transaction ID : D5851A390930444CA900	
3721.75				
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period	
0.00		778.25	2943.50	
9 9 9			9 9 9	
SUBTOTALS This Period This Page (optional)			11474.00	
TOTALS This Period (last page this line number	only)	<b>&gt;</b>		
TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ıly)		
ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only)		

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 56 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

59

NAME OF COMMITTEE (In Full)	
Mark Greenberg for (	Congress

Mark Greenberg for Co.	ngress	
A. Full Name (Last, First, Middle Initial) of Debtor Dey Smith Steele, LLC	or Creditor	Nature of Debt (Purpose): legal fees
Mailing Address 9 Depot Street Floor 2		
City State Milford	Zip Code CT 06460-3357	
Outstanding Balance Beginning This Period 1625.00		Transaction ID: D2039E0041DC549E5B4F
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1625.00
B. Full Name (Last, First, Middle Initial) of Debtor of Cooper Communications LLC	or Creditor	Nature of Debt (Purpose): Public Relations Consultant
Mailing Address 77 Ripley Hill Road		
City State Coventry	Zip Code CT 06238-1631	
Outstanding Balance Beginning This Period 3721.75  Amount Incurred This Period 0.00	Payment This Period 0.00	Transaction ID: DF28B3AD16148440BBDB  Outstanding Balance at Close of This Period  3721.75
C. Full Name (Last, First, Middle Initial) of Debtor Watertown Main Street LLC	or Creditor	Nature of Debt (Purpose): Office Rent
Mailing Address PO Box 28		
City Watertown	State         Zip Code           CT         06795-0028	
Outstanding Balance Beginning This Period  1250.00	Daywood This David	Transaction ID : DF2520AB50E9F4DBAB7E
Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	6596.75
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	

**Excluding Loans** 

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

PAGE 57 OF FOR LINE NU (check only o

JMBER:	_	_	
ne)			9
	$\overline{}$	₹	10

59

NAME OF COMMITTEE (In Full)

Mark Greenberg for Co	ngress	8		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Jamestown Associates			Nature of Debt (Purpose): broadcast TV Advertising	
Mailing Address 5 Mapleton Road Suite 300				
City State	Zip Code			
Princeton	NJ	08540-9646		
Outstanding Balance Beginning This Period			Transaction ID : D5108054CCF8F43D189A	
1275.00				
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period	
	1 dy		_ <del> </del>	
0.00		0.00	1275.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):	
Red Maverick Media, LLC			direct mail advertising design fee	
Mailing Address 403 N 2nd Street				
403 N 2nd Street Suite 2				
City State	Zip Code			
Harrisburg	PA	17101-1377		
Outstanding Balance Beginning This Period			Transaction ID : D91D6AEC9EBF945589B0	
200.00				
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period	
	ı uy		200.00	
0.00		0.00	200.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):	
Theroux, Nowell & Stoughton, Ll	_C		accounting services	
Mailing Address 53 Peck Road				
City	State	Zip Code		
Torrington	СТ	06790-6106		
Outstanding Balance Beginning This Period			Transaction ID : D5C60BE2B34E644C09E8	
10730.50				
Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period	
	1 ay			
0.00	-	0.00	10730.50	
CURTOTAL C This Posical This Poss (antique)			12205.50	
SUBTOTALS This Period This Page (optional)			7 7 7	
TOTALS This Period (last page this line number	only)			
TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	·	
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)	·	

**Excluding Loans** 

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

PAGE 58 OF FOR LINE NUMBER (check only one)

:		
		9
	X	10

59

NA Λ

Mark Greenberg for Co	nares	S			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): legal fees				
Mailing Address 9 Depot Street Floor 2					
City State	Zip Code				
Milford	СТ	06460-3357			
Outstanding Balance Beginning This Period			Transaction ID : DE213B92F513F4A848DC		
213.85					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00	,	0.00	213.85		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):		
Theroux, Nowell & Stoughton, LL	accounting services				
Mailing Address 53 Peck Road					
City State Torrington	Zip Code CT	06790-6106			
Outstanding Balance Beginning This Period			Transaction ID : DB2977F1C21BB4D45991		
4487.50					
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00	,	0.00	4487.50		
C. Full Name (Last, First, Middle Initial) of Debto	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
Theroux, Nowell & Stoughton, LLC			Nature of Debt (Purpose): accounting services		
Mailing Address 53 Peck Road					
City	State	Zip Code			
Torrington	СТ	06790-6106			
Outstanding Balance Beginning This Period 0.00			Transaction ID : DE61E39151183463985A		
7	_				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
2568.75		0.00	2568.75		
SUBTOTALS This Period This Page (optional)			7270.10		
TOTALS This Period (last page this line number	only)		<b>&gt;</b>		
TOTAL OUTSTANDING LOANS from Schedule	C (last page c	only)	<b>&gt;</b>		
ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page only)	<b>&gt;</b>		

Excludin

PAGE 59 OF FOR LINE NUMBER: (check only one)

:		
		9
	X	10

59

:XC	cluding Loans		numbered line)	<b>X</b>  10
NA	ME OF COMMITTEE (In Full)			
Λ	Mark Greenberg for Cor	ngress		
	A. Full Name (Last, First, Middle Initial) of Debtor	I	Nature of Debt (Purpose):	
	William J Evans	lodging		
	Mailing Address 325 Celia Drive			
ı	City State	Zip Code		
	Wolcott	CT 06705-3153		
	Outstanding Balance Beginning This Period		Transaction ID	: DBC33491941414C19B07
	0.00			
	Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
	8575.29	4000	0.00	4575.29
l	B. Full Name (Last, First, Middle Initial) of Debtor of	Nature of Debt (F	Purpose):	
	Mailing Address			
İ	City State	Zip Code		
l	Outstanding Balance Beginning This Period		I	
	Cuistanding Balance Beginning This Fenod			
	Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (F	Jurnosa).	
		Nature of Best (i	urposej.	
	Mailing Address			
	City	State Zip Code		
		· 		
	Outstanding Balance Beginning This Period			
	Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
	9 9 9	9 9		9
1)	SUBTOTALS This Period This Page (optional)			4575.29
				57144.64
	TOTALS This Period (last page this line number o			1811500.00
3)	TOTAL OUTSTANDING LOANS from Schedule C			
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page of	only)	1868644.64