PAGE 1 / 11

FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An A			uthorized Con	nmittee		Office Use Only				
1. NAME OF COMMITTE	E (in full)	TYPE OR PRINT		kample: If typing ver the lines.	, type	12FE4M5				
Dr. Brad Al	llen for Con	gress					1			
ADDRESS (numb	per and street)	PO Box 88								
Chook	if different									
than pr	reviously ed. (ACC)	Summerland				CA 930	067			
2. <b>FEC IDEN</b>	TIFICATION N	UMBER ▼	CITY ▲		5	STATE A	ZIP CODE ▲			
C C005	557124		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT  CA 24			
4. TYPE OF	REPORT (Ch	2000 (200)					<u> </u>			
	rly Reports:	loose One)	(b) 12-Day <b>PRE</b>	E-Election Repor	t for the:					
(a) Quarter	ny nepons.			Primary (12P)		General (12G)	Runoff (12R)			
Ap	oril 15 Quarterly I	Report (Q1)	П	Convention (1)	00)	Crasial (100)	_			
Ju	ıly 15 Quarterly F	Report (Q2)	ш	Convention (12	20)	Special (12S)				
<b>X</b> Oc	ctober 15 Quarte	rly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of			
Ja	nuary 31 Year-Er	nd Report (YE)	(c) 30-Day <b>POS</b>	ST-Election Repo	ort for the:					
				General (30G)		Runoff (30R)	Special (30S)			
Ter	rmination Report	(TER)	Election on	M M /	D D /	Y Y Y Y	in the State of			
5. Covering Pe	eriod 0	M / D D /	Y Y Y Y Y 2016	through	M M	/ D D / Y	Y Y Y 2016			
I certify that I ha	ave examined th			nowledge and be	elief it is tru	ue, correct and co	mplete.			
Type or Print Na	ame of Treasure	Burch, Bryan, r	, ,							
Signature of Trea		ch, Bryan, , ,		[Electronically Fi	iled] D	Date 10	11 / Y Y Y Y Y Y 2016			
NOTE: Submissio	on of false, errone	eous, or incomplet	te information may	subject the person	on signing t	his Report to the p	enalties of 52 U.S.C. §30109			
Office				<u> </u>			•			
Use Only							FEC FORM 3 (Revised 05/2016)			

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Dr. Brad Allen for Congress

2016 2016 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 40521.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 2600.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 37921.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 131817.23 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 131817.23 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 103.77 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 103780.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

## Dr. Brad Allen for Congress

	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	40521.00		
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL of contributions from individuals	0.00	40521.00		
(	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	40521.00		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3.	LOANS:				
•	(a) Made or Guaranteed by the Candidate	0.00	0.00		
	(b) All Other Loans	0.00	94000.00		
(c)	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	94000.00		
	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	134521.00		

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	0.00	131817.23		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
10	LOAN REPAYMENTS:				
٠.	(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		
0	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other Than Political Committees	0.00	2600.00		
	(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	2600.00		
1.	OTHER DISBURSEMENTS	0.00	0.00		
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	134417.23		
	III. CASH SU	JMMARY			
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	103.77		
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00		
5.	SUBTOTAL (add Line 23 and Line 24)	103.77			
3.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00		
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	103.77		

Use separate schedule(s) for each category of the

**PAGE** 5 OF FOR LINE NUMBER: (check only one)

11

13a Detailed Summary Page X 13b **Transaction ID: PAYC97** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 15D M 05M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 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** OF FOR LINE NUMBER: (check only one)

11

13a Detailed Summary Page X 13b **Transaction ID: PAYC64** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>21 <sup>D</sup> M 05M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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

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

11

13a Detailed Summary Page X 13b **Transaction ID: PAYC71** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>23<sup>D</sup> M 05M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 11000.00 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 8 FOR LINE NUMBER: (check only one)

13a

11

					Detailed Summary Pa	ige <b>  x</b>   13b				
	E OF COMMITTEE (In Full)				Transa	oction ID : PAYC73				
Dr.	Brad Allen for Congress									
	DAN SOURCE Full Name (Last, I llen - Personal Funds, Br		ddle Initial)	Memo Item Election: 2014    X   Primary   General						
M P	ailing Address O Box 88				Other (specify)					
Ci	ty		State	ZIP Cod	Code Personal Funds of the Candi					
Su	ımmerland		CA 93067			Personal Funds of the Candidate				
Original Amount of Loan Cumul 28000.00				ment To I	Date Bal	ance Outstanding at Close of This Period 28000.00				
TE	ERMS Date Incurred		D	ate Due	Oue Interest Rate (If none, enter 0)  Y. YNohe Y  Out					
	M05 <sup>M</sup> / D27 <sup>D</sup> / Y 2014	Υ	M M / D D	/ Y						
Li	st All Endorsers or Guarantors (	(if any) t	o Loan Source							
1.	Full Name (Last, First, Middle Ir	nitial)			Name of Employer					
	Mailing Address			Occupation						
	0.1	710.0.1		Amount Guaranteed						
City State ZIP Code					Outstanding:					
2.	Full Name (Last, First, Middle Ini	tial)			Name of Employer					
	Mailing Address				Occupation					
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7 7				
3.	Full Name (Last, First, Middle Ini	tial)			Name of Employer					
	Mailing Address				Occupation					
					Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	9 9				
4.	Full Name (Last, First, Middle Ini	tial)			Name of Employer					
	Mailing Address				Occupation					
				Amount						
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9 9				
SUB	TOTALS This Period This Page (o	ptional).				28000.00				
тоти	ALS This Period (last page in this	line only	/)			9 9 9				
_										
Carr	y outstanding balance only to LIN	IE 3, Scl	nedule D, for this	ine. If n	o Schedule D, carry for	ward to appropriate line of Summary.				

**PAGE** OF 11

Use separate schedule(s) FOR LINE NUMBER: for each category of the (check only one) 13a Detailed Summary Page X 13b **Transaction ID: PAYC77** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Allen - Personal Funds, Brad, , , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 88 City State ZIP Code Personal Funds of the Candidate CA 93067 Summerland Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>27<sup>D</sup> M 05M ž014 Y None x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding:

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

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

3000.00

Use separate schedule(s) for each category of the

PAGE 10 FOR LINE NUMBER: 13a (check only one)

11

				Detailed Sumn	nary Page	(* 11 )	-,	<b>x</b> 13b	
NAME OF COMMITTEE (In Full)					Transactio	on ID : PAYC80			
Dr. Brad Allen for Congre									
LOAN SOURCE Full Name (L		ddle Initial)		☐ Mer	mo Item	Election: 2014  Primary			
Allen - Personal Funds	, biau, , ,					General			
Mailing Address PO Box 88						Other (specify) ▼			
City		State	ZIP Code	)			de et de e d	0 11 - 1 - 1 -	
Summerland		CA	93067			Personal Fund	is of the C	Jandidate	
Original Amount of Loan	Cumulative Payment To Date		Baland	Balance Outstanding at Close of This Period					
	7000.00		7	0.00			7000	).00	
TERMS Date Incurred		Ω	Date Due		rest Rate	)	Secured	l:	
<sup>M</sup> 06 <sup>M</sup> / <sup>D</sup> 02 <sup>D</sup> / <sup>Y</sup> Ž	014 Y	M M / D D	) / Y Y	None Y	0.00	,	Yes	x No	
List All Endorsers or Guarant	tors (if any) t	o Loan Source							
1. Full Name (Last, First, Mid-	dle Initial)		1	Name of Employe	er				
Mailing Address			(	Occupation					
			1	Amount					
City	State	ZIP Code		Guaranteed Outstanding:		, ,			
2. Full Name (Last, First, Midd	le Initial)	<u>'</u>	1	Name of Employe	er				
Mailing Address			(	Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		, ,			
3. Full Name (Last, First, Midd	le Initial)		1	Name of Employe	er				
Mailing Address			(	Occupation					
			1	Amount					
City	State	ZIP Code		Guaranteed Outstanding:		, ,			
4. Full Name (Last, First, Midd	le Initial)		1	Name of Employe	er				
Mailing Address		(	Occupation						
			1	Amount					
City	State	ZIP Code		Guaranteed Outstanding:		y	_	_	
<u> </u>	I	ı							
SUBTOTALS This Period This Pa	ge (optional).			······································			7000	).00	
TOTALS This Period (last page in	this line only	y)		·····			94000	0.00	
Carry outstanding balance only t	o LINE 3 Sol	nedule D. for thi	is line If no	Schedule D. co	arny forwo	rd to appropriate	line of S.	ımmarı	

### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER:

(check only one) 9 numbered line) **x** 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Filing Fee Allen - Personal Funds, Brad, , , Mailing Address PO Box 88 City State Zip Code CA 93067 Summerland Transaction ID: PAYD56 Outstanding Balance Beginning This Period 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1050.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Allen - Personal Funds, Brad, , , **Ballot Statement Fees** Mailing Address PO Box 88 City State Zip Code Summerland 93067 CA Outstanding Balance Beginning This Period Transaction ID: PAYD57 8730.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8730.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional) ..... 9780.00 2) TOTALS This Period (last page this line number only) ..... 9780.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----94000.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 103780.00