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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

Dr. Brad Allen for Congress ADDRESS (number and street) PO Box 88 CITY, STATE, and ZIP CODE Summerland CA 93067 2. NAME OF CANDIDATE Brad Allen CA 24 C00557124	ount
Summerland CA 93067 2. NAME OF CANDIDATE 3. OFFICE SOUGHT (State and District) 4. FEC IDENTIFICATION NUMBER	ount
2. NAME OF CANDIDATE 3. OFFICE SOUGHT (State and District) 4. FEC IDENTIFICATION NUMBER	ount
D. 148	ount
Brad Allen	ount
Brad Allen House CA 24 C00557124	ount
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON / /	ount
Brad Allen - Personal Funds Self	
06/02/2014	7000.00
PO Box 88	
Transaction ID : INC.F65.79	
Summerland CA 93067 Posters	
Doctor	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)	ount
day, youry	
Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amo	ount
day, year)	June
Occupation	
Name of Employer	ount
day, year)	
Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)	ount
0	
Occupation	
SIGNATURE (optional) DATE For further information co	ontact:
Bryan Burch 06/03/2014 Federal Election Commiss	sion
[Electronically Filed] 999 E Street, NW, Washington, I Toll Free 800-424-9530, Local 20	

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