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# FORM 3

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

1 011111 0	For An Au	thorized Com	mittee	Offic	ce Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		cample: If typing, type er the lines.	12FE4M5	
Dr. Brad Allen for C	ongress				
ADDRESS (number and stree	PO Box 88				
▼ Check if different					
than previously reported. (ACC)	Summerland			CA 930	67
2. <b>FEC IDENTIFICATIO</b> I	N NIIMRED W	CITY ▲		STATE A	ZIP CODE ▲
C C00557124	NOMBER	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  CA 24
4. TYPE OF REPORT  (a) Quarterly Reports:	,	(b) 12-Day <b>PRE</b>	E-Election Report for the	ne:	
April 15 Quarte	erly Report (Q1)	Ш	Primary (12P)	General (12G)	Runoff (12R)
	erly Report (Q2)		Convention (12C)	Special (12S)	
	uarterly Report (Q3)	Election on	M M / D D	/ Y " Y " Y " Y	in the State of
January 31 Ye	ar-End Report (YE)	(c) 30-Day <b>POS</b>	T-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Re	eport (TER)	Election on	M M M / D D D	/ Y " Y " Y " Y	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2016	through	1 M / D D / Y	Y Y Y 2016
I certify that I have examine	Burch, Bryan, ,		nowledge and belief it	is true, correct and con	mplete.
Signature of Treasurer	Burch, Bryan, , ,		[Electronically Filed]	Date 01	30 / Y Y Y Y Y 2017
NOTE: Submission of false, e	rroneous, or incomplete	information may	subject the person sigr	ning this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				F	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 '12<sup>'</sup> 10 2016 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	tor	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	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	40521.00	
2.	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) TOTAL LOANS (add Lines 13(a) and (b))	0.00	94000.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
ô.	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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PAGE 4 / 11

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
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	0.00	2600.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2600.00
 21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	134417.23
	III. CASH SU	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	103.77
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		103.77
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		103.77

Use separate schedule(s) for each category of the

PAGE 5 FOR LINE NUMBER: 13a (check only one)

			Detailed Summary	y Page	<b>x</b> 13b
NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress			Tra	ınsactio	n ID : PAYC97
LOAN SOURCE Full Name (Last, First, Middle Initial)  Allen - Personal Funds, Brad, , ,  Mailing Address PO Box 88			☐ Memo		Election: 2014  x Primary General Other (specify) ▼
City Summerland	State CA	ZIP Code	)		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance	e Outstanding at Close of This Period
20000.00	7		0.00		20000.00
TERMS Date Incurred	D	ate Due	Interest (If none,	Rate enter 0)	Secured:
M05M / P15P / Y Z014 Y	M M / D D	/ Y Y	None Y	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source				
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)		1	Name of Employer		
Mailing Address		(	Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	7	,
SUBTOTALS This Period This Page (optional) 20000.00  TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 2. Sol	andula D. fav 41-1-	lino If	Sobodule D. se	former	d to appropriate line of Commercial

Use separate schedule(s) for each category of the

PAGE 6 FOR LINE NUMBER: (check only one)

13a

			Detailed Summary Pag	ge <b>  x</b>   13b
NAME OF COMMITTEE (In Full)			Transac	ction ID : PAYC64
Dr. Brad Allen for Congress				
LOAN SOURCE Full Name (Last, First, Michael Allen - Personal Funds, Brad, , ,	ldle Initial)		☐ Memo Item	Election: 2014  x Primary  General
Mailing Address PO Box 88				Other (specify)   ———————————————————————————————————
City	State	ZIP Code	)	Daniel Fredrick the Contider
Summerland	CA	93067		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate Bala	ance Outstanding at Close of This Period 25000.00
9 9 9		ata Dua	Interest Date	7 7
TERMS Date Incurred		ate Due	Interest Rat (If none, ente	r 0)
M05 <sup>M</sup> / D21 <sup>D</sup> / Y Ž014 Y	M M / D D	/ Y - Y	Nohe Y 0	.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to	Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address		(	Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address		(	Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(	Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)	•	1	Name of Employer	
Mailing Address			Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only	TOTALS This Period (last page in this line only)			
( page d olly	,			· · · · · · · · · · · · · · · · · · ·
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 Detailed Summary Page

PAGE 8
FOR LINE NUMBER: (check only one)

	13a
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			Detailed Guiriniary	l ago	<b>x</b> 13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID	: PAYC73
Dr. Brad Allen for Congress					
LOAN SOURCE Full Name (Last, First, N	Middle Initial)		☐ Memo I	tem Election	on: 2014
Allen - Personal Funds, Brad, ,	,				rimary
Mailing Address					General
Mailing Address PO Box 88					other (specify) ▼
City	State	ZIP Code			Personal Funds of the Candidate
Summerland	CA	93067			
Original Amount of Loan	Cumulative Pa	ayment To D	ate	Balance Ou	tstanding at Close of This Period
28000.00			0.00		28000.00
TERMS Date Incurred	[	Date Due	Interest		Secured:
M05M / P27P / Y Z014 Y	M M / D D	D / Y Y	(If none,	0.00	1
				1 4 1	% (apr) Yes No
List All Endorsers or Guarantors (if any	to Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
		<u> </u>	Amount		
City State	ZIP Code	<b>I</b>	Guaranteed Outstanding:	,	7
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
	211 0000		Outstanding:	7	7
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	- 9	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		9
			Jatotarianig.		
SUBTOTALS This Period This Page (optional	l)		·····•		28000.00
TOTALS This Period (last page in this line o	nly)		·····•		
Compressionalism belongs and the UNE 2.5	Sahadula B. Co. 11	ia lius 16 m	Cahadala B	fam	ammunulate line of O
Carry outstanding balance only to LINE 3, 9	cneaule D, for thi	ıs ııne. It no	Schedule D, carry	Torward to	appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 9 FOR LINE NUMBER: (check only one)

13a

		Detailed Suffirmary Pa	ige   x   13b	
NAME OF COMMITTEE (In Full)		Transa	oction ID : PAYC77	
Dr. Brad Allen for Congress				
LOAN SOURCE Full Name (Last, First, Michael Allen - Personal Funds, Brad, , ,	ddle Initial)	☐ Memo Item	Election: 2014    X   Primary   General	
Mailing Address PO Box 88			Other (specify)	
City	State	ZIP Code	Personal Funds of the Candidate	
Summerland	CA	93067	Personal Funds of the Candidate	
Original Amount of Loan 3000.00	Cumulative Pay	ment To Date Ba	lance Outstanding at Close of This Period 3000.00	
TERMS Date Incurred	,	ate Due Interest Ra	te Secured:	
	M M / D D	(If none, enter		
M05M / P27D / Y 2014 Y		/ Y. YNohe Y	% (apr) Yes No	
List All Endorsers or Guarantors (if any) to	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:	yy	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	T	Amount Guaranteed		
City State	ZIP Code	Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:	9	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:	7 7 7 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

**PAGE** 10 FOR LINE NUMBER: (check only one)

OF

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13a Detailed Summary Page X 13b **Transaction ID: PAYC80** 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 7000.00 0.00 7000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 06M 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)..... 7000.00 TOTALS This Period (last page in this line only) ..... 94000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**Excluding Loans** 

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

PAGE 11 OF FOR LINE NUMBER: (check only one)

	9
X	10

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