

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Dr. Brad Allen for Congress

Report Covering the Period: From: / / To: / /

	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))....	11200.00	40121.00
(b) Total Contribution Refunds (from Line 20(d))	2600.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8600.00	37521.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	117569.03	131519.18
(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)).....	117569.03	131519.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	103780.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Dr. Brad Allen for Congress

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).....	11000.00	38530.00
(ii) Unitemized.....	200.00	1591.00
(iii) TOTAL of contributions from individuals ▶	11200.00	40121.00
(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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11200.00	40121.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	94000.00	94000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	94000.00	94000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	105200.00	134121.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	117569.03	131519.18
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	2600.00	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)).....	2600.00	2600.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	120169.03	134119.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14970.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	105200.00
25. SUBTOTAL (add Line 23 and Line 24).....	120170.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	120169.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Michael Halberstam

Mailing Address 26818 Pine Hollow Ct.

City Valencia	State CA	Zip Code 91381
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FEC ID number of contributing federal political committee. **C**

Name of Employer ISA	Occupation Manager
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : INCA91

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Santa Ynez Band of Mission Indians

Mailing Address PO Box 517

City Santa Ynez	State CA	Zip Code 93460
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : INCA61

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Samuel Burg

Mailing Address 1430 E. Main St.

City Santa Maria	State CA	Zip Code 93454
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FEC ID number of contributing federal political committee. **C**

Name of Employer Samuel B. Burg DDS Inc.	Occupation Dentist
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : INCA62

Amount of Each Receipt this Period
250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Stacy Schusterman

Mailing Address **PO Box 699**

City **Tulsa** State **OK** Zip Code **94101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Samson Energy Company** Occupation **Chairman &CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : INCA60

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Gail Bershon

Mailing Address **102 S. Clark Dr. 103**

City **Los Angeles** State **CA** Zip Code **90048**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Marketing Fundraiser**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : INCA68

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Thomas Hanscom

Mailing Address **535 Kenter Ave.**

City **Los Angeles** State **CA** Zip Code **90049**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Thomas Hanscom, M.D.** Occupation **Ophthalmologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : INCA65

Amount of Each Receipt this Period
1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Lisa Reed		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 10250 Constellation Blvd. #2525		Transaction ID : INCA93
City Los	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Neuberger Berman	Occupation Investment Advisor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) B. Harvey Silverman		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 13121 Mindanao Way No. 7		Transaction ID : INCA67
City Marina Del Rey	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Self	Occupation Jewelry Designer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. Harvey Silverman		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 13121 Mindanao Way No. 7		Transaction ID : INCA66
City Marina Del Rey	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Jewelry Designer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Sally Afonso

Mailing Address 749 Manhattan Beach. Blvd., Apt. A

City Manhattan Beach	State CA	Zip Code 90266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Best Efforts	Occupation Requested
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : INCA74

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Darin Ferguson

Mailing Address 3166 Horizon Dr.

City Santa Ynez	State CA	Zip Code 93460
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FEC ID number of contributing federal political committee. **C**

Name of Employer Black Gold Roofing Inc.	Occupation President
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : INCA75

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jose Eber

Mailing Address 321 S. San Vicente Blvd.

City Los Angeles	State CA	Zip Code 90048
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jose Eber Hair	Occupation President
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : INCA78

Amount of Each Receipt this Period
1500.00

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

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

4000.00

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Brad Allen - Personal Funds

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103780.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : PAYA97

Amount of Each Receipt this Period
20000.00

B. Brad Allen - Personal Funds

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103780.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : PAYA64

Amount of Each Receipt this Period
25000.00

C. Brad Allen - Personal Funds

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103780.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : PAYA71

Amount of Each Receipt this Period
11000.00

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

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

56000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Brad Allen - Personal Funds

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103780.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : PAYA73

Amount of Each Receipt this Period
28000.00

B. Brad Allen - Personal Funds

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103780.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : PAYA77

Amount of Each Receipt this Period
3000.00

C. Brad Allen - Personal Funds

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103780.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : PAYA80

Amount of Each Receipt this Period
7000.00

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

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

38000.00

94000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Strategic Media Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1911 North Fort Myer Dr., Suite 40		Amount of Each Disbursement this Period 32454.00
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Media Buys	Transaction ID : EXPB49
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 936 State Street		Amount of Each Disbursement this Period 34.74
City Santa Barbara	State CA	
Zip Code 93101	Purpose of Disbursement Bank Fees	Transaction ID : EXPB85
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Strategic Media Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1911 North Fort Myer Dr., Suite 40		Amount of Each Disbursement this Period 30376.00
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Media Buys	Transaction ID : EXPB86
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	62864.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Strategic Media Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1911 North Fort Myer Dr., Suite 40		Amount of Each Disbursement this Period 31995.20 Transaction ID : EXPB88
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Media Buys	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Strategic Media Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1911 North Fort Myer Dr., Suite 40		Amount of Each Disbursement this Period 10423.80 Transaction ID : EXPB87
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Media Buys	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2131 Capitol Ave., Ste. 306		Amount of Each Disbursement this Period 16.75 Transaction ID : EXPB92
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	42435.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Strategic Media Services, Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014		
Mailing Address 1911 North Fort Myer Dr., Suite 40			Amount of Each Disbursement this Period 3110.00		
City Arlington	State VA	Zip Code 22209	Transaction ID : EXPB89		
Purpose of Disbursement Media Buys		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. eFundraising Connections			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014		
Mailing Address 2131 Capitol Ave., Ste. 306			Amount of Each Disbursement this Period 20.50		
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB95		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Gather Films			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 3931 Edenhurst Ave.			Amount of Each Disbursement this Period 7042.28		
City Los Angeles	State CA	Zip Code 90039	Transaction ID : EXPB83		
Purpose of Disbursement Media Production		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	10172.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Political Finance Solutions, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014		
Mailing Address 1022 G Street, Suite B			Amount of Each Disbursement this Period 1333.01		
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB90		
Purpose of Disbursement Accounting & Compliance Services		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. East Meridian Strategies, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014		
Mailing Address 219 East Taylor Run Pkwy			Amount of Each Disbursement this Period 294.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : EXPB82		
Purpose of Disbursement Graphic Design - Fundraiser Invite		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Political Finance Solutions, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014		
Mailing Address 1022 G Street, Suite B			Amount of Each Disbursement this Period 468.75		
City Sacramento	State CA	Zip Code 95814	Transaction ID : EXPB81		
Purpose of Disbursement Accounting & Compliance Services		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2095.76
TOTAL This Period (last page this line number only).....	117569.03

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Julie Opperman		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 9465 Wilshire Blvd.		Amount of Each Disbursement this Period 2600.00
City Beverly Hills	State CA	
Zip Code 90212	Purpose of Disbursement Refund of General CTB	Transaction ID : EXPB84
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	2600.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC97

Dr. Brad Allen for Congress

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

Brad Allen - Personal Funds

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 88

City State ZIP Code
Summerland CA 93067

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:
M 05 / D 15 / Y 2014 M M / D D / Y . None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC64**
Dr. Brad Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88	
City Summerland	State CA
ZIP Code 93067	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS

Date Incurred M 05 / D 21 / Y 2014	Date Due M / D / Y . None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	25000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC71

Dr. Brad Allen for Congress

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

Brad Allen - Personal Funds

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 88

City State ZIP Code
Summerland CA 93067

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:
M 05 / D 23 / Y 2014 M M / D D / Y . None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC73

Dr. Brad Allen for Congress

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

Brad Allen - Personal Funds

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 88

City State ZIP Code
Summerland CA 93067

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28000.00	0.00	28000.00

TERMS

Date Incurred: M 05 / D 27 / Y 2014
 Date Due: M / D / Y . None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	28000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC77**

LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88	

City	State	ZIP Code
Summerland	CA	93067

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:
M 05 / D 27 / Y 2014 Y	M M / D D / Y . None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	3000.00
TOTALS This Period (last page in this line only).....	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC80**
 Dr. Brad Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88	

City	State	ZIP Code
Summerland	CA	93067

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:
M 06 / D 02 / Y 2014 Y	M M / D D / Y . None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brad Allen - Personal Funds

Nature of Debt (Purpose):
Filing Fee

Mailing Address PO Box 88

City State Zip Code
Summerland CA 93067

Outstanding Balance Beginning This Period
1050.00

Transaction ID : PAYD56

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1050.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brad Allen - Personal Funds

Nature of Debt (Purpose):
Ballot Statement Fees

Mailing Address PO Box 88

City State Zip Code
Summerland CA 93067

Outstanding Balance Beginning This Period
8730.00

Transaction ID : PAYD57

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 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) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9780.00
9780.00
94000.00
103780.00