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Image# 14961625518

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 /	For An Au	thorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typinger the lines.	g, type	12FE4M5	
Dr. Brad Allen for Cong	gress					1
1						
	1 DO Doy 99					
ADDRESS (number and street)	PO Box 88					
Check if different						
than previously reported. (ACC)	Summerland				CA 9	33067
2. FEC IDENTIFICATION NU	JMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00557124		3. IS THIS REPORT	× NEW (N)	OR	AMENDI (A)	
4. TYPE OF REPORT (Cho						
(a) Quarterly Reports:	, (	b) 12-Day <b>PRE</b>	-Election Repo	rt for the:	_	_
April 15 Overterly F	Panart (O1)		Primary (12P)		General (12	2G) Runoff (12R)
April 15 Quarterly F	Report (QT)		Convention (	12C)	Special (12	2S)
X July 15 Quarterly R	leport (Q2)					
October 15 Quarter	ly Report (Q3)	Election on	M = M /	D D /	Y - Y - Y - Y	in the State of
January 31 Year-En	d Report (YE)	c) 30-Day <b>POS</b>	<b>T</b> -Election Rep	ort for the:		
			General (30G		Runoff (30I	R) Special (30S)
Termination Report	(TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period 05	M / D D /	Y Y Y Y Y 2014	through	M M M M 06	/ 30 /	Y Y Y Y Y 2014
I certify that I have examined th	is Report and to th	he best of my kr	nowledge and l	pelief it is ti	rue, correct and	complete.
Type or Print Name of Treasurer	Bryan Burch					
Signature of Treasurer Brya	n Burch		[Electronically I	Filed]	Date 07	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	eous, or incomplete	information may	subject the per	son signing	this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements

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06

30

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

### Dr. Brad Allen for Congress

2014 15 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 11200.00 40121.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 2600.00 2600.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 8600.00 37521.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 117569.03 131519.18 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 117569.03 131519.18 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1.82 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 12/2003)

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Write or Type Committee Name

### Dr. Brad Allen for Congress

06 2014 05 15 2014 30 Report Covering the Period: To: From: **COLUMN B COLUMN A** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 11000.00 38530.00 (i) Itemized (use Schedule A)...... 200.00 1591.00 (ii) Unitemized..... (iii) TOTAL of contributions 11200.00 40121.00 from individuals ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 (d) The Candidate ..... TOTAL CONTRIBUTIONS (other than loans) 11200.00 40121.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 94000.00 94000.00 All Other Loans..... 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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	105200.00	134121.00

94000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	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
18 19.   () () () () () () () () () () () () ()	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 S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	14970.85
24	TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)	105200.00
25.	SUBTOTAL (add Line 23 and Line 24)		120170.85
26.	TOTAL DISBURSEMENTS THIS PERIOD (fr	om Line 22)	120169.03
	CASH ON HAND AT CLOSE OF REPORTIN		1.82

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

FOR LINE NUMBER: **PAGE** 5 OF 22 (check only one) 11a 11b 11c 12 13a 13b

Use separate schedule(s) for each category of the Detailed Summary Page 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) Michael Halberstam Date of Receipt Mailing Address 26818 Pine Hollow Ct. 2014 19 City State Zip Code Transaction ID: INCA91 CA 91381 Valencia FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation ISA Manager Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Santa Ynez Band of Mission Indians Date of Receipt Mailing Address PO Box 517 05 20 2014 Citv State Zip Code **Transaction ID: INCA61** Santa Ynez CA 93460 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) Samuel Burg Date of Receipt Mailing Address 1430 E. Main St. 2014 20 City State Zip Code **Transaction ID: INCA62** CA Santa Maria 93454 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Samuel B. Burg DDS Inc. Dentist Receipt For: 2014 Election Cycle-to-Date Y Primary General Other (specify) 250.00 3100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 6 OF 22 Use separate schedule(s) (check only one) 11a 11b 11c 11d 12

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 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) Stacy Schusterman Date of Receipt Mailing Address PO Box 699 2014 20 City State Zip Code Transaction ID: INCA60 OK 94101 Tulsa FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Samson Energy Company Chairman &CEO Receipt For: 2014 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Gail Bershon Date of Receipt Mailing Address 102 S. Clark Dr. 103 05 21 2014 City State Zip Code **Transaction ID: INCA68** Los Angeles CA 90048 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Marketing Fundraiser Self Receipt For: 2014 Election Cycle-to-Date | Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) Thomas Hanscom Date of Receipt Mailing Address 535 Kenter Ave. 2014 21 City State Zip Code **Transaction ID: INCA65** CA Los Angeles 90049 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Thomas Hanscom, M.D. Opthalmologist Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 1000.00 2100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 7 OF 22								
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b	11c 11d								
Detailed Summary Page	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.										

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad-NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress Full Name (Last, First, Middle Initial) Lisa Reed Date of Receipt Mailing Address 10250 Constellation Blvd. #2525 2014 21 City State Zip Code **Transaction ID: INCA93** CA 90067 Los FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 200.00 Name of Employer Occupation Neuberger Berman Investment Advisor Receipt For: 2014 Election Cycle-to-Date | Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) Harvey Silverman Date of Receipt Mailing Address 13121 Mindanao Way No. 7 05 21 2014 Citv State Zip Code **Transaction ID: INCA67** Marina Del Rey CA 90292 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1100.00 Name of Employer Occupation Jewelry Designer Self Receipt For: 2014 Election Cycle-to-Date | Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) Harvey Silverman Date of Receipt Mailing Address 13121 Mindanao Way No. 7 21 2014 City State Zip Code **Transaction ID: INCA66** CA Marina Del Rey 90292 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Self Jewelry Designer Receipt For: 2014 Election Cycle-to-Date Primary General 2600.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 8 OF 22 (check only one) 11a 11b 11c 11d Detailed Summary Page 12 13a 13b

Use separate schedule(s) for each category of the 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) Sally Afonso Date of Receipt Mailing Address 749 Manhattan Beach. Blvd., Apt. A 2014 27 City State Zip Code **Transaction ID: INCA74** CA 90266 Manhattan Beach FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1500.00 Name of Employer Occupation **Best Efforts** Requested Receipt For: 2014 Election Cycle-to-Date | Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) Darin Ferguson Date of Receipt Mailing Address 3166 Horizon Dr. 05 27 2014 Citv State Zip Code **Transaction ID: INCA75** Santa Ynez CA 93460 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation President Black Gold Roofing Inc. Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Jose Eber Date of Receipt Mailing Address 321 S. San Vicente Blvd. 2014 30 City State Zip Code **Transaction ID: INCA78** CA Los Angeles 90048 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Jose Eber Hair President Receipt For: 2014 Election Cycle-to-Date | Primary General Other (specify) 1500.00 4000.00 SUBTOTAL of Receipts This Page (optional).....

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

11000.00

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 22 (check only one)
TEMIZED RECEIPTS		for each category of the  Detailed Summary Page	11a 11b 11c 11d
Any information copied from such Reports and or for commercial purposes, other than using t		nay not be sold or used by any p	person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress			
Full Name (Last, First, Middle Initial)			
Brad Allen - Personal Funds			Date of Receipt
Mailing Address PO Box 88			M M / D D / Y Y Y Y
City	State	Zip Code	05 15 2014
Summerland	CA	93067	Transaction ID : PAYA97
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Self	Occupation	n	20000.00
Receipt For: 2014	Election C	ycle-to-Date	
Primary General Other (specify)		103780.00	
Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds			Date of Receipt
Mailing Address PO Box 88			05 21 2014
City Summerland	State CA	Zip Code 93067	Transaction ID : PAYA64
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	n	25000.00
Self	Doctor		
Receipt For: 2014	Election C	ycle-to-Date	
Primary General Other (specify)		103780.00	
Full Name (Last, First, Middle Initial)  Brad Allen - Personal Funds	<u> </u>		Date of Receipt
Mailing Address PO Box 88			05 23 2014
City	State	Zip Code	Transaction ID : PAYA71
Summerland	CA	93067	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	n	11000.00
Self	Doctor		
Receipt For: 2014    Receipt For: 2014   General   General   Control   Contr	Election C	ycle-to-Date	
Other (specify)		103780.00	
SUBTOTAL of Receipts This Page (optional)			56000.00

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:					PAGE	•	10 OF		22
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		1	
An or	ly information copied from such Reports and St for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress		
۸.	Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds  Mailing Address PO Box 88  City Summerland  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: 2014  Primary General Other (specify)	State Zip Code CA 93067  C  Occupation Doctor  Election Cycle-to-Date	Date of Receipt  05 27 2014  Transaction ID : PAYA73  Amount of Each Receipt this Period  28000.00
3.	Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds  Mailing Address PO Box 88  City Summerland  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For: 2014  Primary General Other (specify)	State Zip Code CA 93067  C  Occupation Doctor Election Cycle-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>&gt;</b> .	Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds  Mailing Address PO Box 88  City Summerland  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: 2014  Primary General Other (specify)	State Zip Code CA 93067  C  Occupation Doctor  Election Cycle-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: PAGE 11 OF 22 (check only one)    X   17
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and			
$\rangle$	NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress			
۹.	Full Name (Last, First, Middle Initial)  Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40			Date of Disbursement  O5 16 2014
	City State Arlington VA  Purpose of Disbursement	Zip Code 22209		Amount of Each Disbursement this Period 32454.00
	Media Buys  Candidate Name  Office Sought: House Disbursement Fo	2014	004 Category/ Type	Transaction ID : EXPB49
	Senate Primary			
3.	Full Name (Last, First, Middle Initial)  US Bank  Mailing Address 936 State Street			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Santa Barbara CA Purpose of Disbursement Bank Fees	93101	001	34.74 Transaction ID : EXPB85
	Candidate Name  Office Sought: House Disbursement Fo	or: 2014	Category/ Type	
	Senate President Other ( State:	y General (specify)		
Э.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.			Date of Disbursement
	Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Z	Zip Code		05 23 2014
	Arlington VA : Purpose of Disbursement Media Buys	22209	004	Amount of Each Disbursement this Period  30376.00  Transaction ID : EXPB86
	Office Sought: House Disbursement Fo		Category/ Type	
	Senate Primary Other ( State: District:	y General (specify)		
				62864.74

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

## S

Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committies to solicit contributions from such committies.  NAME OF COMMITTEE In Full)  Dr. Brad Allen for Congress  Full Name (Last, First, Middle Initial)  A. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City  Affington  Office Sought:  Senate  President  Strate:  District:  Full Name (Last, First, Middle Initial)  Office Sought:  Strate District:  Full Name (Last, First, Middle Initial)  Office Sought:  Full Name (Last, First, Middle Initial)  Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City  Affington  Amount of Each Disbursement this Pendd  Office Sought:  Full Name (Last, First, Middle Initial)  Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City  Affington  VA 22209  Purpose of Disbursement  Media Buys  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Avo., Ste. 306  City  Senate  President  State:  District:  District:  Districts  Office Sought:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Avo., Ste. 306  City  Senate  President  Disbursement For: 2014  Amount of Each Disbursement  Middle Address 2131 Capitol Avo., Ste. 306  City  Senate  President  Disbursement For: 2014  Amount of Each Disbursement  Middle Initial  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Avo., Ste. 306  City  Senate  President  Disbursement For: 2014  Senate  Primary  General  Office Sought:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Avo., Ste. 306  City  Senate  President  Disbursement For: 2014  Amount of Each Disbursement		CHEDULE B EMIZED DISE	•	-	Use separate sch for each category Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: PAGE 12 OF 22 (check only one)    X   17
Dr. Brad Allen for Congress  Full Name (Last, First, Middle Initial)  A. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Zip Code Arlington VA 22209  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  B. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Zip Code Arlington VA 22209  Transaction ID: EXPB88  Date of Disbursement this Period Transaction ID: EXPB88  Transaction ID: EXPB88  Date of Disbursement this Period Arlington VA 22209  Transaction ID: EXPB87							erson for the purpose of soliciting contributions
A. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Zip Code Arlington VA 22209  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President State: District: Full North Fort Myer Dr., Suite 40  City State: District: Full North Fort Myer Dr., Suite 40  City State: District: Full North Fort Myer Dr., Suite 40  City State: District: Primary General Primary General VA 22209  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President State: District: Primary General President State: District: Primary General Primary General Primary General Primary General Primary General President State: District: Primary General President State: District: Primary General President State: District: Primary General Prima			, ,	S			
City Affington VA 22209 Purpose of Disbursement Media Buys Candidate Name  Office Sought: House Senate President Other (specify)  B. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State: Disbursement Media Buys  Candidate Name  Office Sought: House President State Zip Code Arington VA 22209  Purpose of Disbursement Media Buys  Office Sought: House President Primary General Disbursement Tor: 2014  Amount of Each Disbursement this Period  Transaction ID : EXPB88  Amount of Each Disbursement this Period  Transaction ID : EXPB87  Transaction ID : EXPB892  Transaction ID : EXPB92	Α.	Strategic Med	lia Services,				M = M / D = D / Y = Y = Y
Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Zip Code Arington VA 22209  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Category/ Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code CA 95816  Purpose of Disbursement  Office Sought: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  Category/ Type  Office Sought: House Category/ Category/ Type  Office Sought: Disbursement Category/ Type  Office Sought: House Category/ Type  Office Sought: Disbursement For: 2014  Senate Purpose of Disbursement For: 2014  Senate Purpose of Disbursement Type  Office Sought: House Senate President Senate President State: District:  Disbursement For: 2014  Amount of Each Disbursement Type  Office Sought: House Senate President Senate President Senate President Senate President Senate President Senate President State: District:		City	11 North Fort Myer	State			
Office Sought: House Senate Primary Other (specify)  State: District: Full Name (Last, First, Middle Initial)  B. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Zip Code Arlington VA 22209  Purpose of Disbursement Media Buys  Gandidate Name  Office Sought: House President President State: District: Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code CA 95816  Purpose of Disbursement For: 2014  Sacramento CA 95816  Purpose of Disbursement This Period  Transaction ID : EXPB87  Amount of Each Disbursement Transaction ID : EXPB87  Transaction ID : EXPB87  Transaction ID : EXPB92  Transaction ID : EXPB92		Purpose of Disburse	ement	VA	22209	004	
State: District: Full Name (Last, First, Middle Initial)  B. Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Zip Code Arlington VA 22209  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Category/Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Sacramento CA 95816  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House Disbursement For: 2014  Senate President State: District: Transaction ID: EXPB92  Amount of Each Disbursement  Office Sought: House Disbursement For: 2014  Amount of Each Disbursement this Period  Transaction ID: EXPB92  Transaction ID: EXPB92			House	Dishursement For	· 2014		
Full Name (Last, First, Middle Initial)  Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City			Senate President	Y Primary	General		
Arlington VA 22209  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Disbursement For: 2014  Senate President State: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Sacramento CA 95816  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House Disbursement For: 2014  Senate Primary General Disbursement  Transaction ID: EXPB87   Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: EXPB92  Transaction ID: EXPB92	В.	State: District: Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.					M M / D D / Y Y Y
Media Buys   Candidate Name   Category/ Type		Arlington			•		
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Sacramento CA 95816  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House Disbursement For: 2014  Senate President State: District: Other (specify)  State: District: District: Disbursement For: 2014  Primary General Other (specify)  State: District: Disbursement For: 2014  Primary General Other (specify)		Media Buys	ment			Category/	
Full Name (Last, First, Middle Initial)  C. eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Sacramento CA 95816  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House Senate President State: District:  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: EXPB92		Office Sought:	Senate	X Primary	General	турс	
Mailing Address 2131 Capitol Ave., Ste. 306  City State Zip Code Sacramento CA 95816  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Disbursement For: 2014  Senate President Senate President  State: District:  M M M O D D D A D D D D D D D D D D D D D D D	_	Full Name (Last, Fire	st, Middle Initial)				Date of Disbursement
Sacramento  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Candidate Name  Category/ Type  Office Sought:  House Senate President President State:  Disbursement For: 2014  Category/ Type  Other (specify)  State:	C.			e. 306			
Credit Card Processing Fees  Candidate Name  Category/ Type  Office Sought: House Senate President President State: District:  State: District:  District: Transaction ID : EXPB92  Transaction ID : EXPB92		Sacramento	mont				
Senate President Other (specify)  State: District:		Credit Card Process	sing Fees			Category/	
State: District:		Office Sought:	Senate	N Primary	General		
10 AO AO E 7E	Г	State: D	istrict:				10105 ==

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

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Ar	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and	I nay not be sold or used be address of any political co	y any persommittee to	on for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress	, ,		
Α.	Full Name (Last, First, Middle Initial)  Strategic Media Services, Inc.  Mailing Address 1911 North Fort Myer Dr., Suite 40  City State Arlington VA  Purpose of Disbursement Media Buys  Candidate Name  Office Sought: House Senate President President  Other (s	Cat T	004 egory/ ype	Date of Disbursement  M M M / 29 / 2014  Amount of Each Disbursement this Period  3110.00  Transaction ID: EXPB89
3.	State: District:  Full Name (Last, First, Middle Initial)  eFundraising Connections  Mailing Address 2131 Capitol Ave., Ste. 306  City State Sacramento CA  Purpose of Disbursement Credit Card Processing Fees  Candidate Name  Office Sought: House Senate President President  Other (s	Zip Code 95816 Cat T: 2014	001 egory/ ype	Date of Disbursement  M M O O O O O O O O O O O O O O O O O
<b>-</b>	Los Angeles  Purpose of Disbursement Media Production  Candidate Name  Office Sought:  House Senate  Disbursement For Primary	Cat T : 2014 General	004 regory/ Type	Date of Disbursement  M M O O O O O O O O O O O O O O O O O
_	State: District: Other (s	,		10172.78
3	SUBTOTAL of Disbursements This Page (optional)			

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBEF	₹:	P	AGE	14	OF	22
Use separate schedule(s)	(check on							
for each category of the Detailed Summary Page	×	17	1	8		19a		19b
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ay not be sold or used by any	person for	the purpo	se o	f solic	iting	cont	ributio	ons

		Detailed Suffiffic	iry rage		20a	20b	20c	21		
Any information copied from such Reports and State										
NAME OF COMMITTEE (In Full)	ame and a	daress of any po	iiticai committee	to solici	t contrib	utions from	such comm	ittee.		
Dr. Brad Allen for Congress										
Full Name (Last, First, Middle Initial)				Data	of Diele					
A. Political Finance Solutions, Inc.										
Mailing Address 1022 G Street, Suite B				06 04 2014						
•	State	Zip Code		Amount of Each Disbursement this Perio						
Gastantente	CA	95814	T				1222	01		
Purpose of Disbursement Accounting & Compliance Services			001		for the purpose of soliciting contributions from such commit  Date of Disbursement  Amount of Each Disbursement this Period 1333.0  Date of Disbursement  Date of Disbursement this Period 1333.0  Date of Disbursement  Amount of Each Disbursement this Period 1333.0	UI				
Candidate Name			Catagony	Transa						
	State Zip Code CA 95814  Disbursement For: 2014 Primary General Other (specify)  Date of Disbursement Other (specify)  Date of Disbursement Other (specify)  Date of Disbursement Other (specify)  Amount of Each Disbursement this  Date of Disbursement  M M O O O O O O O O O O O O O O O O O									
Senate President State: District:	Primary	General								
Full Name (Last, First, Middle Initial)										
B. East Meridian Strategies, LLC				Date	of Disb	ursement				
Mailing Address 219 East Taylor Run Pkwy								Υ		
City	State	Zip Code		Amo	unt of F	ach Diebure	ement this E	Period		
Alexandria	VA	22314		74110	ant or E	don Biobaio		-		
Graphic Design - Fundraiser Invite										
Candidate Name										
		General								
Full Name (Last, First, Middle Initial)										
c. Political Finance Solutions, Inc.				Date	of Disb	ursement				
Mailing Address 1022 G Street, Suite B								Υ		
City State	e Zip	Code		Amo	unt of E	ach Disburs	ement this F	Period		
Sacramento CA	95	5814					400	75		
Purpose of Disbursement Accounting & Compliance Services			001	L			468	./5		
Candidate Name						: EXPB81				
Office Sought:    House   Disburser	Primary Other (sp	General								
SUBTOTAL of Disbursements This Page (optional)							2095.	.76		
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TOTAL This Period (last page this line number only)	')			L			117569.	.03		

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	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	-	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 15 OF 22 (check only one)  17
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress		,		
Α.	Full Name (Last, First, Middle Initial)  Julie Opperman				Date of Disbursement
	Mailing Address 9465 Wilshire Blvd.				06 30 2014
	City Beverly Hills	State CA	Zip Code 90212		Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of General CTB			010	2600.00 Transaction ID : EXPB84
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General		
	State: District: Full Name (Last, First, Middle Initial)				
В.					Date of Disbursement
	Mailing Address				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name			Category/ Type	,"
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
C.	Tail Name (East, First, Windle Hittary				Date of Disbursement
	Mailing Address				M M / D D / Y Y Y
	City	State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement				
	Candidate Name			Category/ Type	· ·
	Office Sought: House Senate President	Disbursement For Primary Other (s	General	•	
_	State: District:		• • • • • • • • • • • • • • • • • • • •		
s	SUBTOTAL of Disbursements This Page	(optional)			2600.00

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

2600.00

Use separate schedule(s)

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DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)  Or. Brad Allen for Congres:	S		Transa	ction ID : PAYC97
LOAN SOURCE Full Name (Last Brad Allen - Personal Fu		e Initial)		Election: 2014  Primary
Mailing Address PO Box 88				General Other (specify) ▼
City	S	tate ZIP Co	de	
Summerland		CA 93067		
Original Amount of Loan		Cumulative Payment To	Date Bal	ance Outstanding at Close of This Pe
200	00.00		0.00	20000.00
Date Incurred  M05 <sup>M</sup> / D15 <sup>D</sup> / Y 2014	Y Y	Date Due	Interest Rat	
List All Endorsers or Guarantors	s (if any) to	Loan Source		Tes
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
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:	y y
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)			20000.00
<b>TOTALS</b> This Period (last page in the	nis line only).			
Carry outstanding balance only to I	INE 3. Sched	dule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summar

Use separate schedule(s) for each category of the

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OANS		Detailed Summary Pag			
AME OF COMMITTEE (In Full)		Transac	tion ID : PAYC64		
Or. Brad Allen for Congress					
LOAN SOURCE Full Name (Last, Fir	rst, Middle Initial)		Election: 2014		
Brad Allen - Personal Funds	3		Primary General		
Mailing Address PO Box 88			Other (specify) ▼		
City	State ZIP C	Code			
Summerland	CA 9306	7			
Original Amount of Loan	Cumulative Payment <sup>-</sup>	To Date Bala	nce Outstanding at Close of This Period		
25000.00	0	0.00	25000.00		
Date Incurred  Mo5 / Date Incurred	Date Du	le Interest Rate			
List All Endorsers or Guarantors (if	any) to Loop Source		% (apr) Yes No		
Full Name (Last, First, Middle Initial Control of		Name of Employer			
Mailing Address		Occupation			
City S	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,		
2. Full Name (Last, First, Middle Initia	al)	Name of Employer			
Mailing Address		Occupation			
City S	tate ZIP Code	Amount Guaranteed Outstanding:	9		
3. Full Name (Last, First, Middle Initia	al)	Name of Employer			
Mailing Address		Occupation			
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initia	al)	Name of Employer			
Mailing Address		Occupation			
City S	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,		
SUBTOTALS This Period This Page (optional)					
OTALS 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)

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OANS		Detailed Summary Page	
NAME OF COMMITTEE (In Full)  Dr. Brad Allen for Congress		Transact	ion ID : PAYC71
LOAN SOURCE Full Name (Last, First, Midd Brad Allen - Personal Funds  Mailing Address PO Box 88	le Initial)		Election: 2014  Primary  General  Other (specify)
City S Summerland	ctate ZIP Code CA 93067		
Original Amount of Loan	Cumulative Payment To D	ate Balar	nce Outstanding at Close of This Period
Date Incurred  M 05 / D 23 / Y 2014 M  List All Endorsers or Guarantors (if any) to		Interest Rate 0.00	Secured:  % (apr)  Yes  No
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Middle Initial)	1	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	
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:	9
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only).  Carry outstanding balance only to LINE 3, Scheen			and to appropriate line of Summary

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	AME OF COMMITTEE (In Full)  Or. Brad Allen for Congress		Trans	action	ID : PAYC73		'
	LOAN SOURCE Full Name (Last, First, I Brad Allen - Personal Funds	Middle Initial)		Ele	ection: 2014 Primary General		
	Mailing Address PO Box 88				Other (specify)		
	City Summerland	State ZIP Cod CA 93067	de				
	Original Amount of Loan	Cumulative Payment To	Data Ro	alanco	Outstanding at Close of	Thic	Pariod
	28000.00	Cumulative Fayment to	0.00	alance		00.0	
	Date Incurred  M 05 M / D 27 D / Y 2014 Y	Date Due	Interest Ra	ate 00	Secure % (apr)		X No
	List All Endorsers or Guarantors (if any  1. Full Name (Last, First, Middle Initial)	) to Loan Source	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:	-,	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	9 1 9		
S	SUBTOTALS This Period This Page (optional	(lr	·	_	280	0.00	0
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(	Carry outstanding balance only to LINE 3,	Schedule D, for this line. If r	no Schedule D, carry fo	rward	to appropriate line of \$	Sum	mary.

Use separate schedule(s) for each category of the

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DANS		Detailed Summary Page	(Crieck Only One) X 13b		
AME OF COMMITTEE (In Full)		Transactio	on ID : PAYC77		
Or. Brad Allen for Congress					
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Election: 2014		
Brad Allen - Personal Funds			Primary  General		
Mailing Address PO Box 88			Other (specify)		
City	State ZIP Cod	de			
Summerland	CA 93067				
Original Amount of Loan	Cumulative Payment To	Date Balanc	ce Outstanding at Close of This Period		
3000.00		0.00	3000.00		
TERMS  Date Incurred	Date Due	Interest Rate	Secured:		
M 05 M / 27 J Y 2014 Y	M M / D D / Y	None 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			
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 1 9		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	zIP Code	Guaranteed			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	zIP Code	Guaranteed Outstanding:	g		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
011	710.0	Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
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TOTALS This Period (last page in this line of	·				
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AME OF COMMITTEE (In Full)				Transaction	ID : PAYC80		X 100
Or. Brad Allen for Congress							
LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds					ection: 2014 Primary General		
Mailing Address PO Box 88					Other (specify)	▼	
City	State	ZIP Code	Э	l			
Summerland	CA	93067					
Original Amount of Loan	Cumulativ	ve Payment To D	ate	Balance	Outstanding at 0	Close of Th	nis Period
7000	.00	, ,	0.00		, ,	7000	).00
Date Incurred  M 06 / D02 / Y 2014	Y M M /	Date Due	Int None	erest Rate 0.00	% (apr)	Secured:	:
List All Endorsers or Guarantors (	if any) to Loan So	urce			(1)	Yes	No
1. Full Name (Last, First, Middle In			Name of Employ	yer			
Mailing Address			Occupation				
City	State ZIP Coo	le	Amount Guaranteed Outstanding:	,			
2. Full Name (Last, First, Middle Ini	tial)		Name of Employ	yer			
Mailing Address			Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:	,			
3. Full Name (Last, First, Middle Ini	tial)		Name of Employ	yer			
Mailing Address			Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:	, ,			
4. Full Name (Last, First, Middle Ini	tial)		Name of Employ	yer			
Mailing Address			Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:	7			
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FOTALS This Period (last page in this	line only)		)		, , ,	94000	).00
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### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

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

PAGE 22 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

Dr. Brad Allen for Cong	ress				
A. Full Name (Last, First, Middle Initial) of Debtor Brad Allen - Personal Funds	Nature of Debt (Purpose): Filing Fee				
Mailing Address PO Box 88					
City State Summerland	Zip Code CA	93067			
Outstanding Balance Beginning This Period 1050.00			Transaction ID: PAYD56		
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period		
0.00		0.0	1050.00		
B. Full Name (Last, First, Middle Initial) of Debtor Brad Allen - Personal Funds	Nature of Debt (Purpose): Ballot Statement Fees				
Mailing Address PO Box 88					
City State Summerland	Zip Code CA	93067			
Outstanding Balance Beginning This Period 8730.00			Transaction ID : PAYD57		
Amount Incurred This Period Payment This Period  0.00 0.00		Outstanding Balance at Close of This Period 8730.00			
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period		
9 9 9	7	7			
1) SUBTOTALS This Period This Page (optional)			9780.00		
2) TOTALS This Period (last page this line number	9780.00				
3) TOTAL OUTSTANDING LOANS from Schedule (	94000.00				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ 103780.00					