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Image# 201607159020563560

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	•	For An A	uthor	ized Comi	nittee			Office Use Only
NAME OF     COMMITTEE (in	full)	TYPE OR PRINT	<b>▼</b>		ample: If typinger the lines.	g, type	12FE4M5	
Mark Greenbe	rg for Co	ongress						
		ı 53 Peck Road						
ADDRESS (number ar	nd street)	53 Peck Road						
Check if dif	ferent							
than previous reported. (A	usly	Torrington					CT	06790
2. <b>FEC IDENTIFIC</b>	CATION N	JMBER ▼		CITY			STATE A	ZIP CODE
C C0049339	95	-	3.	IS THIS	NEW		AMENE	STATE ▼ DISTRICT
0 00040000	,,,			REPORT	(N)	OR	(A)	CT 05
4 TVDE OF DE	DODT (C)	<u> </u>						
4. TYPE OF RE	·	oose One)	(b) 1	2-Day PRE-	Election Repo	rt for the:		
(a) Quarterly R	eports.				Primary (12P)		General (*	12G) Runoff (12R)
April 15	Quarterly F	Report (Q1)		П	Convention (	12C)	Special (1	(2S)
July 15	Quarterly F	Report (Q2)		_	(			,
Octobe	r 15 Quartei	rly Report (Q3)		Election on	M = M /	D " D /	Y " Y " Y " Y	in the State of
January	/ 31 Year-En	d Report (YE)	(c) 3		<b>r</b> -Election Rep	ort for the		
					General (30G	)	Runoff (30	OR) Special (30S)
<b>X</b> Termina	ition Report	(TER)			M M /	D D /	Y Y Y Y	in the
				Election on				State of
5. Covering Period	M 04	M / D D /		016	through	м м 06	/ D D /	Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
I certify that I have e	examined th	is Report and to	the be	est of my kno	owledge and l	belief it is t	rue, correct and	d complete.
Type or Print Name	of Treasure	J Kenneth No	well CP	A				
Signature of Treasure	er <u>J Ke</u>	nneth Nowell CPA			[Electronically I	Filed]	Date 07	/ D D / Y Y Y Y Y Y 2016
NOTE: Submission of	false, erron	eous, or incomple	te infor	mation mav s	subject the per	son signina	this Report to t	he penalties of 2 U.S.C. §437g.
Office	,	, , , , , , , , , , , , , , , , , , , ,				- 59	1.5,500	
Use Only								FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

_	Mar	k Greenberg for Congress		
R	eport	t Covering the Period: From:	04 / 01 / Y Y Y Y Y Y TO:	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ô.	Net	Contributions (other than loans)	COLUMN A This Period	COLUMN B Election Cycle-to-Date
	(a)	Total Contributions (other than loans) (from Line 11(e))	13633.98	390029.86
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	22206.11
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	13633.98	367823.75
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	13719.00	1723941.44
	(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))	13719.00	1723941.44
8.		sh on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on medule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on ledule C and/or Schedule D)	0.00	

#### 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)

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Write or Type Committee Name

### Mark Greenberg for Congress

Report Covering the Period: From: 04 01 2016 To: 06 30 2016

	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	263631.11	
	(ii) Unitemized	0.00	25368.75	
	(iii) TOTAL of contributions from individuals	0.00	288999.86	
	(b) Political Party Committees	0.00	5500.00	
	(c) Other Political Committees (such as PACs)	0.00	26500.00	
	(d) The Candidate	13633.98	69030.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13633.98	390029.86	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	1642900.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1642900.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	1310.58	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	13633.98	2034240.44	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 89

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	13719.00	1723941.44
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	276400.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	276400.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	22206.11
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	22206.11
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	13719.00	2022547.55
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	85.02
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	13633.98
25.	SUBTOTAL (add Line 23 and Line 24)		13719.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	13719.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	G PERIOD	0.00

Receipt For:

Primary

Other (specify)

General

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

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

### SC IT

Image# 201607159020563564			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 89 (check only one)  11a
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congres	S		
Full Name (Last, First, Middle Initial)  A. Mark Daniel Greenberg			Date of Receipt
Mailing Address 184 Fern Avenue			05 27 2016
City Litchfield	State CT	Zip Code 06759	Transaction ID : SA11D.7625
FEC ID number of contributing federal political committee.	С	CT05150	Amount of Each Receipt this Period
Name of Employer  Mark Greenberg Real Estate	Occupation Developme		Memo Item
Receipt For: 2014  Primary X General  Other (specify)	Election Cy	ycle-to-Date 131983.98	
Full Name (Last, First, Middle Initial)	l		Date of Receipt
B. Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	Memo Item
Receipt For:  Primary General Other (specify)	Election Cy	ycle-to-Date	
Full Name (Last, First, Middle Initial)			Date of Receipt
C. Mailing Address  City	State	Zip Code	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	Memo Item

Election Cycle-to-Date

13633.98

13633.98

### S

Use separate schedul for each category of Detailed Summary Pa	the X 17 18 199 199
	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
Zip Code 08540  Contact Contac	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zip Code 06790-6106  C For: 2014 ary  General r (specify)	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zip Code 06790-6106  Co For: 2014 ary General r (specify)	Date of Disbursement  M M J P P J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	For: 2014 ary

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

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: PAGE 7 OF 89 (check only one)	
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any		
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress			
Full Name (Last, First, Middle Initial)  Theroux, Nowell & Stoughton, LLC		Date of Disbursement	
Mailing Address 53 Peck Road		05 27 2016	
City State Torrington CT	Zip Code 06790-6106	Amount of Each Disbursement this Period	
Purpose of Disbursement Accounting services - balance due	001	2422.50 Memo Item	
Candidate Name	Category. Type	_   🗠	
State: District: Full Name (Last, First, Middle Initial)			
B. Theroux, Nowell & Stoughton, LLC		Date of Disbursement	
Mailing Address 53 Peck Road		05 27 7 2016	
City State Torrington CT	Zip Code 06790-6106	Amount of Each Disbursement this Period	
Purpose of Disbursement Accounting services-balance due	001	2568.75	
Candidate Name	Category Type	/ Memo Item / Transaction ID : SB17.7640	
State: District:  Full Name (Last, First, Middle Initial)			
c. Watertown Main Street LLC		Date of Disbursement	
Mailing Address P.O. Box 28		05 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Watertown CT	Zip Code 06795	Amount of Each Disbursement this Period	
Purpose of Disbursement Office Rent - balance due  Candidate Name	001	Memo Item	
Office Sought: House Disbursement Fo	Category. Type or: 2014	Transaction ID : SB17.7633	
Senate Primar			
State: District:			
SUBTOTAL of Disbursements This Page (optional)		6241.25	

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 8 OF 89 (check only one)    X   17
	ny information copied from such Reports and Stat for commercial purposes, other than using the na				person for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress				
۹.	Full Name (Last, First, Middle Initial) Watertown Main Street LLC				Date of Disbursement
	Mailing Address P.O. Box 28				05 27 2016
	City Watertown	State CT	Zip Code 06795		Amount of Each Disbursement this Period
	Purpose of Disbursement Office rent - balance due			001	1250.00 Memo Item
		ement For Primary Other (s	General	Category/ Type	Transaction ID : SB17.7634
	Full Name (Last, First, Middle Initial)				
3.	Mailing Address				Date of Disbursement
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name			Category/	Memo Item
	Senate President	ement For Primary Other (s	General	Type	
	State: District: Full Name (Last, First, Middle Initial)				
Э.					Date of Disbursement
	Mailing Address				
	City Stat	e Zi <sub>l</sub>	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name			Category/	Memo Item
	Senate President	ement For Primary Other (s	General	Туре	
	State: District:				I .

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

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

1250.00

13519.00

## SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE

NE NUMBER:		
only one)	×	13a
		13b

9 OF

DANS			Detailed Summa	ıry Page	(Gricoit Grilly Gric)	13b
AME OF COMMITTEE (In Full)			Tı	ransaction	ID : SC/10.5994	, 1
Mark Greenberg for Congre						
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg	First, Middle Initial)		Memo Item	n Ele	ection: 2012 Primary General	
Mailing Address 184 Fern Avenue					Other (specify)  onvention	
City	State	ZIP Code				
Litchfield	СТ	06759				
Original Amount of Loan		Payment To Da	ate 2600.00	Balance	Outstanding at Clo	se of This Perio
		, ,	4		, ,	
Date Incurred  Mo3 / Date Incurred  2012	Y M M / D	Date Due	Interesting one	st Rate 0.00	% (apr)	Secured:  Yes No
List All Endorsers or Guarantors						
1. Full Name (Last, First, Middle	Initial)	1	lame of Employer			
Mailing Address			Occupation			
City	State ZIP Code		amount Guaranteed Outstanding:		,	
2. Full Name (Last, First, Middle II	nitial)	1	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code		mount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle II	nitial)	١	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code		amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle II	nitial)	١	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code		amount Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page	optional)		·····		7	0.00
TOTALS This Period (last page in thi	s line only)		·····		7	
Carry outstanding balance only to L	NE 3. Schedule D. for	this line. If no	Schedule D. carr	rv forward	to appropriate lin	e of Summarv.

#### : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.5994

(Current loan amount of 285000.00 from a balance of 287600.00 has been forgiven)(A previous settlement amount of 285000.00 has been rescinded)(Current loan amount of 285000.00 from a balance of 287600.00 has been forgiven)(Current loan amount of 285000.00 from a balance of 287600.00 has been forgiven)(A previous settlement amount of 497400.00 has been rescinded)(Current loan amount of 497400.00 from a balance of 497400.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 11 OF

×	13a
	13h

OANS		Detailed Summary Pag			
AME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Transac	ction ID : SC/10.4128		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2012		
Mark Daniel Greenberg			Primary General		
Mailing Address 184 Fern Avenue			Other (specify)		
City	State ZIP Co	de			
Litchfield	CT 06759				
Original Amount of Loan 650000.00	Cumulative Payment To	Date Bala 36000.00	ance Outstanding at Close of This Period		
TERMS	7		<u> </u>		
Date Incurred  Mo6 <sup>M</sup> / D30 <sup>D</sup> / Y 2012 Y	Date Due	None Interest Rate			
List All Endorsers or Guarantors (if ar	ny) to Loan Source		100 110		
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City Stat	e ZIP Code	Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7		
UBTOTALS This Period This Page (optional)					
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no schedule D, carry forv	varu to appropriate line of Summary.		

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4128

(Current loan amount of 535000.00 from a balance of 615000.00 has been forgiven)(A previous settlement amount of 614000.00 has been rescinded)(Current loan amount of 614000.00 from a balance of 614000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

LOANS		Detailed Summary Pa		13a 13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Transa	ction ID : SC/10.4108	<b>'</b>
LOAN SOURCE Full Name (Last, First, Mid Mark Daniel Greenberg	dle Initial)	Memo Item	Election: 2012  Primary  General	
Mailing Address 184 Fern Avenue			Other (specify) ▼	
City	State ZIP Cod	е		
Litchfield	CT 06759			
Original Amount of Loan	Cumulative Payment To I	Date Bal	ance Outstanding at Close of This	s Period
75000.00	7	0.00	0.0	0
Date Incurred  M 07 / 25 / Y 2012	Date Due	Interest Rat None 0.	00	× No
List All Endorsers or Guarantors (if any) to	Loan Source			
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 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	
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only  Carry outstanding balance only to LINE 3, Sch	)		0.0	

#### : 97 A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DCF HZ' G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4108

(Current loan amount of 75000.00 from a balance of 75000.00 has been forgiven)(A previous settlement amount of 75000.00 has been rescinded)(Current loan amount of 75000.00 from a balance of 75000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

×	13a
	13b

OANS			for each category of Detailed Summary I		one) X 13a
IAME OF COMMITTEE (In Fu	,		Trans	saction ID : SC/10.411	3
LOAN SOURCE Full Nan		(al)		Floriting 2010	
Mark Daniel Green	•	aı)	Memo Item	Election: 2012  Primary  General	
Mailing Address 184 Fern Avenue				Other (specify	') <b>\</b>
City	State	ZIP Code	<del></del>	I	
Litchfield	CT	06759			
Original Amount of Loan	Cumu	lative Payment To D	Date B	Balance Outstanding at	Close of This Period
2	95000.00		0.00	7	0.00
TERMS  Date Incurr  M 08 / D 13 D / D 1	ed / 2012 M M M	Date Due	Interest F	0.00 % (apr)	Secured:
List All Endorsers or Gua	erantors (if any) to Loan	Source		7 <b>0</b> (apr)	Yes No
Full Name (Last, First,	` -,		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 7	
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:	7 7	
SUBTOTALS This Period Thi	s Page (optional)		<b>.</b>		0.00
TOTALS This Period (last pa	ge in this line only)			7	
Carry outstanding balance o	nly to LINE 3, Schedule D	), for this line. If n	o Schedule D, carry f	orward to appropriate	line of Summary.

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.4113

(Current loan amount of 95000.00 from a balance of 95000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

×	13a
	13b

DANS			for each category of Detailed Summary Pa		13a
AME OF COMMITTEE (In Full	•		Transa	action ID : SC/10.4104	1120
LOAN SOURCE Full Name	e (Last, First, Midd	e Initial)	Memo Item	Election: 2014 Primary	
Mailing Address 184 Fern Avenue				General  ✓ Other (specify) ▼  Convention	
City	S	tate ZIP Co	de		
Litchfield		CT 06759			
Original Amount of Loan		Cumulative Payment To		lance Outstanding at Close of T	
	17500.00		0.00		0.00
Date Incurred	d Ž013 <sup>Y</sup>	Date Due	Interest Ra	te Secured .00 % (apr)	X
List All Endorsers or Guar	antors (if any) to	Loan Source		103	110
1. Full Name (Last, First, N	Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This	Page (optional)			C	0.00
FOTALS This Period (last page	e in this line only).		·····		
Carry outstanding balance on	ly to LINE 3, Sched	dule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Su	ımmary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4104

(Current loan amount of 17500.00 from a balance of 17500.00 has been forgiven)

Use separate schedule(s) for each category of the

FOF

R LINE NUMBER:		
eck only one)	X	
		13

PAGE 19 OF

JAN5			Detailed Summary Pag	ge (crieck only one) 13a
AME OF COMMITTEE (In Full) Mark Greenberg for Congr	ess		Transac	ction ID : SC/10.4107
LOAN SOURCE Full Name (Las Mark Daniel Greenberg	t, First, Middle	Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue				
City Litchfield	Sta C		de	
Original Amount of Loan	С	umulative Payment To	Date Bala	ance Outstanding at Close of This Period
100	00.00		0.00	0.00
Date Incurred  M 06	ў <sup>Y</sup> 3	Date Due	Interest Rate	
List All Endorsers or Guaranton		an Source		105 110
1. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	g
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State Z	IP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This Page	(optional)		·····	0.00
OTALS This Period (last page in t				, , , , , , , , , ,
arry outstanding balance only to	∟เพ⊨ ง, Scnedu	ופ ש, זסר נחוs line. If	no schedule D, carry forv	ward to appropriate line of Summary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4107

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**X** 13a

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.OANS	Detailed Summary Page (Crieck Only One) 13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress	Transaction ID : SC/10.4112
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼ Convention
City State ZIP ( Litchfield CT 0675	Code 59
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period 0.00 0.00
TERMS  Date Incurred  Date Du  M 06 M / D 18 D / Y 2013 Y M M / D D /	ue Interest Rate Secured:  Y Ňoně  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 ZIP Code	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)	0.00
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line.	7

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4112

(Current loan amount of 7500.00 from a balance of 7500.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

X 13a I

PAGE 23 OF

LOANS	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress	Transaction ID : SC/10.4127
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼     Convention
City State ZIP Coo Litchfield CT 06759	de
Original Amount of Loan  Cumulative Payment To  8000.00	Date Balance Outstanding at Close of This Period  0.00 0.00
Date Incurred  Date Due	Interest Rate Secured:  None  O.00  (apr)  Yes  No
List All Endorsers or Guarantors (if any) to Loan Source	100
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)	0.00
TOTALS This Period (last page in this line only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4127

(Current loan amount of 8000.00 from a balance of 8000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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×	13a
	13b

DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Transac	tion ID : SC/10.4133
LOAN SOURCE Full Name (Last, Fir	st, Middle Initial)	Memo Item	Election: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼     Convention
City	State ZIP C	Code	
Litchfield	CT 0675	9	
Original Amount of Loan	Cumulative Payment 1	To Date Bala	nce Outstanding at Close of This Period 0.00
TERMS  Date Incurred	Date Du	e Interest Rate	e Secured:
M08M / D19D / Y 2013			
List All Endorsers or Guarantors (if	any) to Loan Source		Tes No
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (opt	ional)		0.00
TOTALS This Period (last page in this li	ne only)	······ <b>\</b>	9 9
Carry outstanding balance only to LINE	3, Schedule D, for this line. I	If no Schedule D, carry forw	vard to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4133

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

DANS			Detailed Summary P		(check only one)	<u> </u>	_	13a 13b
AME OF COMMITTEE (In Full)			Trans	action l	ID : SC/10.4140			
Mark Greenberg for Cor	ngress							
LOAN SOURCE Full Name ( Mark Daniel Greenber		e Initial)	Memo Item	Elec	ction: 2014 Primary General			
Mailing Address 184 Fern Avenue					Other (specify) ▼ envention			
City	S	tate ZIP Co	de					
Litchfield		CT 06759						
Original Amount of Loan		Cumulative Payment To	Date Ba	alance (	Outstanding at Clos	se of This	s P	eriod
	12500.00		0.00		, , ,	0.0	)0	
TERMS		Data Dua	Internat D	-1-				
Date Incurred	Ž013 Y	Date Due	None Interest Ra	0.00	% (apr)	Secured:	X	
List All Endorsers or Guarar	ntors (if any) to	Loan Source				Yes		No
1. Full Name (Last, First, Mic			Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:			-	]	
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 9			]	
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			]	
SUBTOTALS This Period This P	age (optional)		<u> </u>		7 7	0.0	)0	
TOTALS This Period (last page	in this line only).		······		7		_	
Carry outstanding balance only	to LINE 3. Schee	dule D. for this line. If	no Schedule D. carry fo	rward	to appropriate line	of Sum	nma	arv.

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.4140

(Current loan amount of 12500.00 from a balance of 12500.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR (chec

LINE NUMBER:		
k only one)	×	13a
		13b

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LUANS	Detailed Summary Page (Crieck Only One) 13a 13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress	Transaction ID : SC/10.4118
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼ Convention
City State ZIP Code Litchfield CT 06759	9
Original Amount of Loan  Cumulative Payment To D	Date Balance Outstanding at Close of This Period  0.00  0.00
TERMS  Date Incurred  Date Due  M 09 / D 16 / Y 2013 Y M M / D D / Y N	Interest Rate Secured:  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
	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)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4118

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**X** 13a

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LOANS	Detailed Summary Page (Crieck Only Orie) 13a
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress	Transaction ID : SC/10.4106
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼     Convention
City State ZIP Coo Litchfield CT 06759	de
Original Amount of Loan  Cumulative Payment To  15000.00	Date Balance Outstanding at Close of This Period  0.00 0.00
TERMS  Date Incurred  Date Due  M 09 / P27 / Y 2013 Y M M / P D / Y	Interest Rate Secured:  None  None  No  No  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)	0.00
TOTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.4106

(Current loan amount of 15000.00 from a balance of 15000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**X** 13a

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.OANS	Detailed Summary Page (Crieck Only One) 13b
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress	Transaction ID : SC/10.4117
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼     Convention
City State ZIP Co Litchfield CT 06759	de
Original Amount of Loan  Cumulative Payment To  7500.00	Date Balance Outstanding at Close of This Period  0.00  0.00
TERMS  Date Incurred  Date Due  M 11 M / D D / Y 2013 Y M M / D D / Y	Interest Rate Secured:  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 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)	0.00
TOTALS This Period (last page in this line only)	

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4117

(Current loan amount of 7500.00 from a balance of 7500.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Transac	tion ID : SC/10.4111
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City	State ZIP C	ode	
Litchfield	CT 06759	)	
Original Amount of Loan	Cumulative Payment To	o Date Balan	nce Outstanding at Close of This Period 0.00
TERMS  Date Incurred	Date Due	e Interest Rate	Secured:
M11 / D13 / Y Ž013 Y	M M / D D / Y		
List All Endorsers or Guarantors (if an	y) to Loan Source		100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (option	nal)	•	0.00
TOTALS This Period (last page in this line	only)	······	9 9
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	f no Schedule D, carry forw	vard to appropriate line of Summary.

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4111

(Current loan amount of 8000.00 from a balance of 8000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

DANS				mmary Page	(check only one	e) X 13a
AME OF COMMITTEE (In Full)  Mark Greenberg for Congre	SS			Transactio	n ID : SC/10.4105	
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg			Memo	o Item E	election: 2014 Primary	
Mailing Address 184 Fern Avenue					General  Other (specify)  Convention	<b>,</b>
City	State	ZIP Code				
Litchfield	СТ	06759				
Original Amount of Loan		ayment To Da	ote 0.00	Balance	e Outstanding at Clo	ose of This Period 0.00
2 2						4
Date Incurred  M11 / D26 / Y 2013	Y M M / D	Date Due	one Y	nterest Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors	(if any) to Loan Source	e				Yes No
1. Full Name (Last, First, Middle I	nitial)	١	lame of Empl	oyer		
Mailing Address		(	occupation			
City	State ZIP Code		mount Guaranteed Outstanding:	,		
2. Full Name (Last, First, Middle In	itial)	١	lame of Empl	oyer		
Mailing Address		(	occupation			
City	State ZIP Code		mount Guaranteed Outstanding:	,		
3. Full Name (Last, First, Middle In	itial)	١	lame of Empl	oyer		
Mailing Address		C	occupation			
City	State ZIP Code		mount Guaranteed Outstanding:	,		
4. Full Name (Last, First, Middle In	itial)	N	lame of Empl	oyer		
Mailing Address		(	occupation			
City	State ZIP Code		mount Guaranteed Outstanding:		7	* 1
SUBTOTALS This Period This Page (	optional)			<b>.</b>		0.00
FOTALS This Period (last page in this	line only)			· [		
Carry outstanding balance only to Lli	NE 3. Schedule D. for the	nis line. If no	Schedule D.	carry forwar	d to appropriate lin	ne of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: SC/10.4105

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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DANS				mmary Page	(check only on	e) X 13a
AME OF COMMITTEE (In Full)  Mark Greenberg for Congres	SS		I	Transaction	n ID : SC/10.4130	
LOAN SOURCE Full Name (Last, Mark Daniel Greenberg		al)	Memo	o Item E	lection: 2014 Primary General	
Mailing Address 184 Fern Avenue					Other (specify)	▼
City	State	ZIP Coo	de			
Litchfield	СТ	06759				
Original Amount of Loan 5500		lative Payment To	Date 0.00	Balance	e Outstanding at C	lose of This Peri
TERMS	*	9	4		, ,	
Date Incurred  Manage 12 Date Incurred  Date Incurred  Date Incurred	Y M M	Date Due	lr None Y	nterest Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors	(if any) to Loan	Source				Yes N
1. Full Name (Last, First, Middle II	nitial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State ZIP (	Code	Amount Guaranteed Outstanding:	,	,	
2. Full Name (Last, First, Middle In	itial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State ZIP (	Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle In	itial)		Name of Empl	oyer		
Mailing Address			Occupation			-
City	State ZIP (	Code	Amount Guaranteed Outstanding:	,		
4. Full Name (Last, First, Middle In	itial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State ZIP (	Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (o	optional)			· [.		0.00
FOTALS This Period (last page in this	line only)			•	, , ,	
Carry outstanding balance only to LI	NE 3. Schedule D	), for this line. If	no Schedule D.	carry forward	d to appropriate li	ne of Summarv

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: SC/10.4130

(Current loan amount of 5500.00 from a balance of 5500.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

JANS .			Detailed Summary	Page	(check only of	ie)	13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congre	ess		Trai	nsaction	ID : SC/10.4132		
LOAN SOURCE Full Name (Last Mark Daniel Greenberg	, First, Middle Ini	tial)	Memo Item	Ele	ction: 2014 Primary General		
Mailing Address 184 Fern Avenue					Other (specify)	▼	
City Litchfield	State CT	ZIP Cod 06759	de				
Original Amount of Loan		ulative Payment To		Balance (	Outstanding at C		
TERMS	00.00	7 7	0.00		3 3		0.00
Date Incurred  M12  Date Incurred  2013	M M	Date Due	Interest None Y	Rate 0.00	% (apr)	Secured	X
List All Endorsers or Guarantors	• • • • • • • • • • • • • • • • • • • •	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 I	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	7			
3. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	. ,	7		
4. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page	(optional)		·····		7	(	0.00
TOTALS This Period (last page in th					7	-	
Carry outstanding balance only to L	INE 3, Schedule	D, for this line. If r	no Schedule D, carry	forward	to appropriate I	ine of S	ummary.

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.4132

(Current loan amount of 12000.00 from a balance of 12000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUM

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DANS			for each category of Detailed Summary Pa		13a 13b
AME OF COMMITTEE (In Full	,		Transa	ction ID : SC/10.4115	
LOAN SOURCE Full Name	e (Last, First, Midd	e Initial)	Memo Item	Election: 2014  Primary	
Mailing Address 184 Fern Avenue				General  ✓ Other (specify) ▼  Convention	
City	S	tate ZIP Coo	de		
Litchfield		CT 06759			
Original Amount of Loan	2000.00	Cumulative Payment To	Date Bal	lance Outstanding at Close of Thi	
	2000.00		0.00	0.0	50
Date Incurre	d 2013 Y	Date Due	Interest Ra	te Secured: .00 % (apr) Yes	No
List All Endorsers or Guar	rantors (if any) to	Loan Source		Tes	INO
1. Full Name (Last, First, I	Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 8 1	]
2. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9	]
3. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7	]
4. Full Name (Last, First, M	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7 1	]
SUBTOTALS This Period This Page (optional)					
FOTALS This Period (last pag	e in this line only).		·····		
Carry outstanding balance on	ly to LINE 3, Sched	dule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Sun	nmary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4115

(Current loan amount of 2000.00 from a balance of 2000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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LOANS		Detailed Summary Pag		X 13a
NAME OF COMMITTEE (In Full)  Mark Greenberg for Congress		Transac	tion ID : SC/10.4121	
LOAN SOURCE Full Name (Last, First, Mice Mark Daniel Greenberg	ldle Initial)	Memo Item	Election: 2014 Primary General	
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention	
City Litchfield	State ZIP Coc CT 06759	le		
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of	This Period
10000.00	7	0.00	7 9	0.00
01 28 2014		None Interest Rate	0 % (apr)	ed:  No
List All Endorsers or Guarantors (if any) to  1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	g	
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:	9 9	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1	
SUBTOTALS This Period This Page (optional)			7	0.00
TOTALS This Period (last page in this line only	)		7	
Carry outstanding balance only to LINE 3, Sch	edule D. for this line. If n	o Schedule D. carry forw	rard to appropriate line of	Summary.

### : 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4121

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

DANS			Detailed Summary F		(check only one)	×	13a 13b
AME OF COMMITTEE (In Full)  Mark Greenberg for Co			Trans	saction	ID : SC/10.4126		
LOAN SOURCE Full Name Mark Daniel Greenbe	,	lle Initial)	Memo Item	Ele	ection: 2014 Primary General		
Mailing Address 184 Fern Avenue					Other (specify)  onvention		
City	;	State ZIP Co	ode				
Litchfield		CT 06759					
Original Amount of Loan		Cumulative Payment To	Date B	alance	Outstanding at Close of	of This	Period
2 2	7500.00		0.00		2 2	0.00	)
TERMS Data Inquiries	1	Data Dua	Interest D	at a	Secu		
Date Incurred	Ž014 Y	Date Due	Interest R	0.00	% (apr)		Χ
List All Endorsers or Guar	antors (if any) to	Loan Source				<u>Yes</u>	No
1. Full Name (Last, First, N	. , ,		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, M	iddle Initial)		Name of Employer		·		
Mailing Address			Occupation				
			Amount				
City	State	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7			
4. Full Name (Last, First, M	iddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7			
SUBTOTALS This Period This	Page (optional)		<u> </u>		7	0.00	)
TOTALS This Period (last page	e in this line only)		······		, ,		$\Box$
Carry outstanding balance onl	y to LINE 3, Sche	dule D, for this line. If	no Schedule D, carry fo	orward	to appropriate line of	Sumr	marv.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4126

(Current loan amount of 7500.00 from a balance of 7500.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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×	13a
	13h

DANS		Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full)  Mark Greenberg for Congress	1	Transacti	on ID : SC/10.4139
LOAN SOURCE Full Name (Last, Fin	st, Middle Initial)	Memo Item	Election: 2014
Mark Daniel Greenberg			Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼ Convention
City	State ZIP Co	de	
Litchfield	CT 06759		
Original Amount of Loan	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period
TERMS	Data Dua	Interest Rate	Conwords
Date Incurred  M 02	Date Due	None 9 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if	any) to Loan Source		TCS TVO
1. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	7 7
SUBTOTALS This Period This Page (op	ional)	•	0.00
TOTALS This Period (last page in this li	ne only)	······	7 7 7
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4139

(Current loan amount of 6000.00 from a balance of 6000.00 has been forgiven)

Use separate schedule(s) for each category of the

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eck only one)	X	
		13

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JAN5	Detailed Summary Page (Check only one) 13a 13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congress	Transaction ID : SC/10.4129
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary General
Mailing Address 184 Fern Avenue	Other (specify) ▼ Convention
City State ZIP Co Litchfield CT 06759	de
Original Amount of Loan Cumulative Payment To 97400.00	Date Balance Outstanding at Close of This Period 0.00 0.00
TERMS  Date Incurred  Date Due  Mo3M / Do3D / Y 2014 Y M M / D D / Y	Interest Rate Secured:  None  None  None  None  None  None
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:
UBTOTALS This Period This Page (optional)	0.00
OTALS This Period (last page in this line only)	7 7 7

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: SC/10.4129

(Current loan amount of 1400.00 from a balance of 97400.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR

LINE NUMBER:		
ck only one)	X	13a
		13k

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JANS .			Detailed Summ	ary Page	(check only on	ie)	13b
AME OF COMMITTEE (In Full) Mark Greenberg for Congre	ess		1	ransaction	ID : SC/10.4134	•	
LOAN SOURCE Full Name (Last Mark Daniel Greenberg	, First, Middle Initia	al)	Memo Iter	n Ele	ection: 2014 Primary General		
Mailing Address 184 Fern Avenue					Other (specify) onvention	▼	
City Litchfield	State CT	ZIP Cod 06759	e				
Original Amount of Loan	Cumul	ative Payment To [	Date 0.00	Balance	Outstanding at C		nis Perioc
TERMS  Date Incurred  MO5 / P21 / Y 2014		Date Due		est Rate 0.00		Secured:	
List All Endorsers or Guarantors					% (apr)	Yes	No
1. Full Name (Last, First, Middle	Initial)		Name of Employer	•			
Mailing Address			Occupation  Amount				
City	State ZIP C	Code	Guaranteed Outstanding:		7		
2. Full Name (Last, First, Middle	nitial)		Name of Employer	•			
Mailing Address			Occupation				
City	State ZIP C	Code	Amount Guaranteed Outstanding:	7	7	-	
3. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	Code	Amount Guaranteed Outstanding:		7		
4. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	Code	Amount Guaranteed Outstanding:		7	-	]
SUBTOTALS This Period This Page	(optional)				, ,	0.	.00
Carry outstanding balance only to L				une former's	to oppression !	ino of C	
Janny Gutstaniumy Dalamice Office to	iiii o, ocileuule D	, ioi una mie. Il N	o ochedule D, Cal	iy idiwald	ro appropriate i	01 30	minary.

### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4134

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s)

FOR

LINE NUMBER:		
ck only one)	X	13a
		13k

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DANS	tor each category of the Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full)  Mark Greenberg for Congress	Transaction ID : SC/10.4125
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mark Daniel Greenberg	Memo Item Election: 2014 Primary
Mailing Address 184 Fern Avenue	General  Other (specify) ▼
City State	ZIP Code
Litchfield CT	06759
Original Amount of Loan Cumulative Pay 5000.00	ment To Date  Balance Outstanding at Close of This Peri  0.00  0.00
M 06 / D 03 / Y Ž014 Y M M / D D	ate Due Interest Rate Secured:  Output  Output
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)	0.00
TOTALS This Period (last page in this line only)	s line. If no Schedule D, carry forward to appropriate line of Summary

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4125

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Use separate schedule(s) FOR LINE NUMBER:

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	13h

OANS		for each category of the Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full)  Wark Greenberg for Congress		Transaction	n ID : SC/10.4102
LOAN SOURCE Full Name (Last, First, Mark Daniel Greenberg	Middle Initial)		ection: 2014 Primary
Mailing Address 184 Fern Avenue			General Other (specify) ▼
City	State ZIP Co	de	
Litchfield	CT 06759		
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period  0.00
TERMS  Date Incurred  M 06 / D 06 / Y 2014 Y	Date Due	Interest Rate None  O.00	Secured:  % (apr)  Yes No
List All Endorsers or Guarantors (if an 1. Full Name (Last, First, Middle Initial)	y) to Loan Source	Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	·		0.00
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forward	I to appropriate line of Summary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4102

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

DANS			for each category of Detailed Summary F		(check only one)	X 13a
AME OF COMMITTEE (In Full	<i>'</i>		Trans	action	ID : SC/10.4110	
LOAN SOURCE Full Name		e Initial)	Memo Item	Ele	ction: 2014	
Mark Daniel Greenb	erg	·			Primary General	
Mailing Address 184 Fern Avenue					Other (specify)	
City	S	tate ZIP Cod	de			
Litchfield		CT 06759				
Original Amount of Loan		Cumulative Payment To	Date B	alance (	Outstanding at Close	of This Period
	15000.00		0.00		2	0.00
Date Incurre	d Ž014 <sup>Y</sup>	Date Due	Interest R	ate 0.00	Se % (apr)	cured:
List All Endorsers or Guar	rantors (if any) to I	oan Source		-	70 (ap.)	Yes No
1. Full Name (Last, First, I	` • • •		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, M	liddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	,		
3. Full Name (Last, First, N	liddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	,		
4. Full Name (Last, First, M	liddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
SUBTOTALS This Period This	Page (optional)		<b>&gt;</b>		7	0.00
FOTALS This Period (last pag	e in this line only)		·····		7 7	
Carry outstanding balance on	ly to LINE 3, Sched	lule D, for this line. If	no Schedule D, carry fo	orward	to appropriate line	of Summary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4110

(Current loan amount of 15000.00 from a balance of 15000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OANS			Detailed Summary Pa		(check only one	e) <u> </u>		13a 13b
AME OF COMMITTEE (In Full)	)		Transa	ction	ID : SC/10.4119			
Mark Greenberg for Co								
LOAN SOURCE Full Name	(Last, First, Midd	le Initial)	Memo Item	Elec	ction: 2014			
Mark Daniel Greenbe	erg				Primary General			
Mailing Address					Other (specify)	•		
184 Fern Avenue				-	1			
City	S	State ZIP Cod	de	'				
Litchfield		CT 06759						
Original Amount of Loan		Cumulative Payment To	Date Bal	ance (	Outstanding at Cl	ose of Th	nis I	Period
	15000.00		0.00			0	.00	П
		9 9			7 7			
TERMS  Date Incurred	d	Date Due	Interest Rat			Secured:	:	
M 06 / D 23 D / Y	ž014 <sup>Y</sup> <sup>M</sup>	M / D D / Y	Ňone Y	.00	% (apr)		$\triangleright$	<
List All Endorsers or Guar	antors (if any) to	Loan Source			70 (αρι)	Yes		No
Full Name (Last, First, Name (Last)		Louir Cource	Name of Employer					
·	,							
Mailing Address			Occupation					
			Amount	_			Τ	
City	State	ZIP Code	Guaranteed Outstanding:	7			_	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
			·					
City	State	ZIP Code	Amount Guaranteed				٦	
Oity	State	Zii Oode	Outstanding:	7	7	-	_	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_			_	
City	State	ZIP Code	Guaranteed Outstanding:		,	W	╛	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
Maining Address			Occupation					
City	Ctata	ZID Code	Amount Guaranteed	-			٦	
City	State	ZIP Code	Outstanding:	7	7	W 1	_	
SUBTOTALS This Period This	Page (optional)		<b></b>	-		0.	.00	$\overline{}$
FOTALS This Period (last page				-	7			Ħ
Carry outstanding balance onl	IV to LINE 3 Sche	nue I) tor this line If i	no Schedule D. carry for	ward	το annronriate li	ne of Su	mm	narv.

#### : 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: SC/10 Transaction ID: SC/10.4119

(Current loan amount of 15000.00 from a balance of 15000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE

NUMBER:		
y one)	×	13a
		13b

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JAN5		Detailed Summary Page	(Crieck only one) 13a
AME OF COMMITTEE (In Full) Mark Greenberg for Congress		Transaction	on ID : SC/10.4109
LOAN SOURCE Full Name (Last, First, Mark Daniel Greenberg	Middle Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify)
City Litchfield	State ZIP Co CT 06759	de	
Original Amount of Loan 235000.00	Cumulative Payment To	Date Balance 105000.00	ce Outstanding at Close of This Period
TERMS  Date Incurred  M 06 / D 30 / Y 2014 Y	Date Due	Interest Rate  None  0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)	y) to Loan Source	Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9
UBTOTALS This Period This Page (option	al)		0.00
Corry outstanding balance only to LINE 3,			rd to appropriate line of Summarv.

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.4109

(Current loan amount of 130000.00 from a balance of 130000.00 has been forgiven)

Use separate schedule(s) FOR LINE NUMBER:

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X	13a
	13h

OANS			for each catego Detailed Summ		(check only one)	13a
AME OF COMMITTEE (In Full)  Mark Greenberg for Con	gress		1	ransaction	ID : SC/10.7191	
LOAN SOURCE Full Name (I Mark Daniel Greenber Mailing Address 184 Fern Avenue		e Initial)	Memo Iter		ction: 2014 Primary General Other (specify)	
City	S	tate ZIP Co	de			
Litchfield		CT 06759				
Original Amount of Loan	75000.00	Cumulative Payment To	Date 171400.00	Balance	Outstanding at Close	0.00
Date Incurred	014 Y	Date Due	Intere None	est Rate 0.00	Se % (apr)	ecured:
List All Endorsers or Guaran		Loan Source	Name of Frances			
1. Full Name (Last, First, Mid	idle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Midd	dle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7	
SUBTOTALS This Period This Parameter FOTALS This Period (last page in	n this line only).		<b>&gt;</b>		7 7	0.00
Carry outstanding balance only	to LINE 3, Sched	dule D, for this line. If	no Schedule D, car	ry forward	to appropriate line	of Summary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.7191

(Current loan amount of 3600.00 from a balance of 3600.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

OANS		for each category of the Detailed Summary Pag	
IAME OF COMMITTEE (In Fo	,	Transac	ction ID : SC/10.4131
<u> </u>	<u> </u>		T =
Mark Daniel Green	ne (Last, First, Middle Initial) berg	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify)
City	State	ZIP Code	1
Litchfield	СТ	06759	
Original Amount of Loan	Cumulative Pay	ment To Date Bala	ance Outstanding at Close of This Period
7	5000.00	0.00	0.00
TERMS  Date Incurr  M 08 / D 09 / D	red Da	ate Due Interest Rate	
	arantors (if any) to Loan Source		Yes No
Full Name (Last, First,	* **	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:	9 9
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period Thi	is Page (optional)	······	0.00
FOTALS This Period (last pa	ge in this line only)		, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance of	only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forw	vard to appropriate line of Summary.

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4131

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

DANS			for each category of Detailed Summary P		(check only one)		13a 13b
AME OF COMMITTEE (In Ful	<i>'</i>		Transa	action ID	) : SC/10.4103		
LOAN SOURCE Full Name		Initial)	Memo Item	Elect			
Mark Daniel Greenb	erg				Primary General		
Mailing Address 184 Fern Avenue					Other (specify) $\blacktriangledown$		
City	Sta	te ZIP Cod	de				
Litchfield	C	T 06759					
Original Amount of Loan	12500.00	umulative Payment To	Date Ba	alance O	utstanding at Close	e of This I	
TERMS  Date Incurre		Date Due	Interest Ra	ate 0.00	Se % (apr)	ecured:	No
List All Endorsers or Guar	` • • •	oan Source	Name of Familian				
1. Full Name (Last, First, I	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State Z	IP Code	Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, M	liddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State Z	IP Code	Amount Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, N	liddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State Z	ZIP Code	Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, M	liddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State Z	IP Code	Amount Guaranteed Outstanding:	7	9		
SUBTOTALS This Period This	Page (optional)		<b></b>		7 7	0.00	
FOTALS This Period (last pag					, ,		$\Box$
Carry outstanding balance on	ly to LINE 3, Schedu	le D, for this line. If I	no Schedule D, carry fo	rward to	appropriate line	of Summ	nary.

### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SC/10 Transaction ID: SC/10.4103

(Current loan amount of 12500.00 from a balance of 12500.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMB

BER:		
	×	13a
		13b

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DANS			for each category Detailed Summary		(check only one)	X 13a
AME OF COMMITTEE (In Full			Tra	nsaction	ID : SC/10.4100	
LOAN SOURCE Full Name		itial)	Memo Item	Ele	ction: 2014	
Mark Daniel Greenb	erg			X	Primary General	
Mailing Address 184 Fern Avenue					Other (specify) ▼	
City	State	ZIP Cod	le			
Litchfield	СТ	06759				
Original Amount of Loan	Cum	nulative Payment To I	Date	Balance	Outstanding at Clos	se of This Per
	300000.00		0.00			0.00
Date Incurred	ž014 Y	Date Due	Interest None Y	Rate 0.00	% (apr)	Secured:
List All Endorsers or Guar	antors (if any) to Loai	n Source				Yes N
1. Full Name (Last, First, N	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, M	iddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, M	iddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, M	iddle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	7	
SUBTOTALS This Period This	Page (optional)		·····		7 7	0.00
FOTALS This Period (last page	e in this line only)		·····		, , ,	
Carry outstanding balance on	y to LINE 3, Schedule	D, for this line. If n	o Schedule D, carry	forward	to appropriate line	of Summar

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.4100

(Current loan amount of 300000.00 from a balance of 300000.00 has been forgiven)

Use separate schedule(s)

INE NUMBER:		
only one)	X	13a
		13b

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OANS		for each category of th Detailed Summary Pag	
ME OF COMMITTEE (In Full)  Transaction ID : SC/10.4120  ark Greenberg for Congress			
LOAN SOURCE Full Name (Last, First, Midd Mark Daniel Greenberg	de Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify)
City	State ZIP Code	l e	
Litchfield	CT 06759		
Original Amount of Loan	Cumulative Payment To D	Date Balar	nce Outstanding at Close of This Period
100000.00	2	0.00	0.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M 09 / 30 / Y 2014 Y		None 0.0	
List All Endorsers or Guarantors (if any) to	Loan Source		100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State		Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIF COUL	Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional)  FOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3. Sche		· · ·	0.00

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4120

(Current loan amount of 100000.00 from a balance of 100000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

OANS		for each category of the Detailed Summary Pag	
IAME OF COMMITTEE (In Fo	,	Transac	tion ID : SC/10.4114
<u> </u>	ne (Last, First, Middle Initial)		Floring
Mark Daniel Green		Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify)
City	State ZII	P Code	
Litchfield	CT 06	3759	
Original Amount of Loan	Cumulative Payme		nce Outstanding at Close of This Period
2 2	150000.00	0.00	0.00
TERMS  Date Incur	red Date	Due Interest Rate	00 % (apr) X
List All Endorsers or Gua	arantors (if any) to Loan Source		Yes No
1. Full Name (Last, First,		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)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period Thi	s Page (optional)	······ <b>L</b>	0.00
FOTALS This Period (last pa	ge in this line only)		7
Carry outstanding balance of	only to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forw	vard to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4114

(Current loan amount of 150000.00 from a balance of 150000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR

LINE NUMBER:		
ck only one)	X	
		131

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DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full) Mark Greenberg for Cong	gress		Transa	action ID : SC/10.4122
LOAN SOURCE Full Name (L Mark Daniel Greenberg	ast, First, Mic	Idle Initial)	Memo Item	Election: 2014 Primary General
Mailing Address 184 Fern Avenue				Other (specify) ▼
City		State ZIP Co	ode	
Litchfield		CT 06759		
Original Amount of Loan	0000.00	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
Date Incurred  M 10 D 15 D Y 20	014 Y	Date Due		ste Secured: 0.00 % (apr) Yes No
List All Endorsers or Guarant		Loan Source		103 140
1. Full Name (Last, First, Midd	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
UBTOTALS This Period This Page	ge (optional)		······	0.00
OTALS This Period (last page in	this line only	r)	······	, ,
Carry outstanding balance only to	LINE 3, Sch	edule D, for this line. If	no Schedule D, carry for	rward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F ' + H9 A = N5 H+C B

Form/Schedule: SC/10 Transaction ID: SC/10.4122

(Current loan amount of 200000.00 from a balance of 200000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR

LINE NUMBER:		
ck only one)	×	
		13

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OANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)	ME OF COMMITTEE (In Full)  Transaction ID : SC/10.4101			ction ID : SC/10.4101
Mark Greenberg for Con	gress			
LOAN SOURCE Full Name (L	ast, First, Mido	le Initial)	Memo Item	Election: 2014
Mark Daniel Greenber	g			Primary  General
Mailing Address 184 Fern Avenue				Other (specify)
City	Ç	State ZIP Cod	de	
Litchfield		CT 06759		
Original Amount of Loan	65000.00	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
TERMS				
Date Incurred	2014 Y	Date Due	None Interest Rat	secured:  .00  % (apr)  Yes  No
List All Endorsers or Guaran	tors (if any) to	Loan Source		res No
1. Full Name (Last, First, Mid	Idle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Midd	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9
SUBTOTALS This Period This Parotals This Period (last page in				0.00
Carry outstanding balance only	to LINE 3 Scho	dule D. for this line If	no Schedule D. carry for	ward to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: SC/10 Transaction ID: SC/10.4101

(Current loan amount of 65000.00 from a balance of 65000.00 has been forgiven)

Use separate schedule(s)

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	13b

OF

OANS		for each category of the Detailed Summary Page	(check only one) X 13a
ME OF COMMITTEE (In Full)  Transaction ID : SC/10.4116			
Mark Greenberg for Congres			
LOAN SOURCE Full Name (Last, F Mark Daniel Greenberg	irst, Middle Initial)		ection: 2014 Primary General
Mailing Address 184 Fern Avenue			Other (specify) ▼
City	State ZIP Co	de	
Litchfield	CT 06759		
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
25000.0	00	0.00	0.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M <sub>10</sub> M / D <sub>28</sub> D / Y Ž014	Y M M M / D D / Y	None Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source		100 140
1. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (o	otional)	<u> </u>	0.00
TOTALS This Period (last page in this	line only)	······	9
Carry outstanding balance only to LIN	E 3. Schedule D. for this line. If	no Schedule D, carry forward	to appropriate line of Summarv.

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4116

(Current loan amount of 25000.00 from a balance of 25000.00 has been forgiven)

Use separate schedule(s) FOR LINE NUMBER:

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×	13a
	13b

OANS		for each category of the Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full)  Mark Greenberg for Congress			
LOAN SOURCE Full Name (Last, F Mark Daniel Greenberg		Memo Item Ele	ection: 2014
Mailing Address 184 Fern Avenue		X	General Other (specify) ▼
City	State ZIP Co		
Litchfield	CT 06759		
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period 0.00
Date Incurred  M 10 / D29 / Y 2014		Interest Rate  None  O.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (i  1. Full Name (Last, First, Middle Ini		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9
2. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (op	·		0.00
Carry outstanding balance only to LIN	E 3, Schedule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.

### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: SC/10.4135

(Current loan amount of 33000.00 from a balance of 33000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

DANS			Detailed Summary		(check only one	÷) >	_	3a 3b
IAME OF COMMITTEE (In Full)  Mark Greenberg for Congress				ID : SC/10.4123				
LOAN SOURCE Full Name (La		loitial)		FL			_	
Mark Daniel Greenberg		e initial)	Memo Item		ction: 2014 Primary General			
Mailing Address 184 Fern Avenue					Other (specify)	r		
City	St	ate ZIP Co	de					
Litchfield	1	CT 06759						
Original Amount of Loan	(	Cumulative Payment To	Date	Balance	Outstanding at Clo	ose of Thi	s Pe	eriod
2	1000.00		0.00		,	0.0	00	
TERMS  Date Incurred		Date Due	Interest	Rate		Secured:		
	)14 Y	M / D D / Y	None	0.00	% (apr)		X	]
List All Endorsers or Guarante	ors (if any) to L	oan Source				Yes		No
1. Full Name (Last, First, Midd	lle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7	,			
2. Full Name (Last, First, Middl	e Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		-		
3. Full Name (Last, First, Middl	e Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7				
4. Full Name (Last, First, Middl	e Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		-	]	
SUBTOTALS This Period This Pag	ge (optional)		·····		7 7	0.0	00	
TOTALS This Period (last page in	this line only)				7 7	0.0	00	
Carry outstanding balance only to	LINE 3. Sched	ule D. for this line. If	no Schedule D. carry	forward	to appropriate lin	ne of Sum		irv.

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: SC/10 Transaction ID: SC/10.4123

(Current loan amount of 21000.00 from a balance of 21000.00 has been forgiven)

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 87 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Mark Greenberg for Co	ngress	•			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Jamestown Associates			Nature of Debt (Purpose):  Media advertising		
Mailing Address 5 Mapleton Road Suite 300					
City State Princeton	Zip Code NJ	08540			
Outstanding Balance Beginning This Period			Transaction ID : SD10.4151		
1275.00					
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period		
0.00	,	1275.00	0.00		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Red Maverick Media, LLC			Nature of Debt (Purpose): Direct Mail Design Fee		
Mailing Address 403 N 2nd Street Suite 2					
City State Harrisburg	Zip Code PA	17101			
Outstanding Balance Beginning This Period 200.00			Transaction ID : SD10.4153		
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period		
0.00	,	200.00	0.00		
C. Full Name (Last, First, Middle Initial) of Debto Theroux, Nowell & Stoughton, LI			Nature of Debt (Purpose): Accounting Services		
Mailing Address 53 Peck Road					
City Torrington	State CT	Zip Code 06790-6106			
Outstanding Balance Beginning This Period 265.25			Transaction ID : SD10.7610		
Amount Incurred This Period	Pavi	ment This Period	Outstanding Balance at Close of This Period		
0.00	,	265.25	0.00		
SUBTOTALS This Period This Page (optional)			0.00		
TOTALS This Period (last page this line number	only)		-		
TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ly)	<u> </u>		
ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only)	· [		

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

(Use separate schedule(s) for each

PAGE 88 OF FOF

R LINE NUMBER:		
eck only one)		9
	$\overline{\mathbf{x}}$	10

89

(che numbered line) **Excluding Loans** NAME OF COMMITTEE (In Full) Mark Greenberg for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accounting Services Theroux, Nowell & Stoughton, LLC Mailing Address 53 Peck Road Zip Code City State **Torrington** CT 06790-6106 Transaction ID: SD10.7611 Outstanding Balance Beginning This Period 4487.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4487.50 0.00 0.00 Nature of Debt (Purpose): B. Full Name (Last, First, Middle Initial) of Debtor or Creditor **Accounting Services** Theroux, Nowell & Stoughton, LLC Mailing Address 53 Peck Road City Zip Code State Torrington CT 06790-6106 Outstanding Balance Beginning This Period Transaction ID: SD10.7612 2422.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2422.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accounting services Theroux, Nowell & Stoughton, LLC Mailing Address 53 Peck Road City State Zip Code CT Torrington 06790-6106 Transaction ID: SD10.7614 Outstanding Balance Beginning This Period 2568.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2568.75 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Ex

(Use separate

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EBTS AND OBLIGATIONS			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)  9  X 10
AME OF COMMITTEE (In Full)				10
Mark Greenberg for Co	naracc			
A. Full Name (Last, First, Middle Initial) of Debto			Nature of D	ebt (Purpose):
Watertown Main Street LLC	r or Greditor		Office rent	
Watertown Main Street LLS				
Mailing Address P.O. Box 28				
City State	Zip Code			
Watertown	CT 0679	95		
Outstanding Balance Beginning This Period			Transaction	on ID : SD10.4150
1250.00				
Amount Incurred This Period	Payment This	Period	Outstandii	ng Balance at Close of This Period
0.00		1250.00		0.00
	, , ,			0.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Watertown Main Street LLC			Nature of D Rent Head	ebt (Purpose): quarters
Mailing Address P.O. Box 28				
City State	Zip Code			
Watertown	CT 0679	95		
Outstanding Balance Beginning This Period			Transaction	on ID : SD10.4144
1250.00				
Amount Incurred This Period	Payment This	Period	Outstandii	ng Balance at Close of This Period
0.00		1250.00		0.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State Zip Co	nde		
Oily	Otate Zip Oc	ouc .		
Outstanding Balance Beginning This Period				
1717		5	0	
Amount Incurred This Period	Payment This	Period	Outstandii	ng Balance at Close of This Period
				9 1 9 1 0
				0.00
) SUBTOTALS This Period This Page (optional)				0.00

2) TOTALS This Period (last page this line number only).....

TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)