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Image# 201607149020451580

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		zed Comr	nittee			Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	IT ▼		mple: If typing	g, type	12FE4M	5	
Dr. Brad Allen	for Co	ngress	1 1 1	1 1 1 1		1 1 1 1	1 1 1 1 1	1 1	
ADDRESS (number ar	nd street)	PO Box 88							
Check if di	t								
than previo	usly	Summerland					CA	93067	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C0055712	24			S THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	CA 24
4 TVDE OF DE	DODT #	21	ı						
4. TYPE OF RE(a) Quarterly R	·	choose One)	(b) 12	2-Day PRE -	Election Repo	rt for the:			
(a) Quarterly R	еропъ.				Primary (12P)		General (12G)	Runoff (12R)
April 15	Quarterly	/ Report (Q1)		П	Convention (130)	Special (1	125)	
➤ July 15	Quarterly	Report (Q2)			Convention (120)	opeciai (120)	
Octobe	r 15 Quar	terly Report (Q3)	E	Election on	M M /	D D /	YYYY		in the State of
January	/ 31 Year-	End Report (YE)	(c) 30	D-Day POS 1	-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)	E	Election on	M M /	D D /	Y Y Y Y		in the State of
5. Covering Period	М	05 / D D D D D D D D D D D D D D D D D D		16 Y	through	M M M 06	30		y y y y 2016
I certify that I have e	examined	this Report and t	o the bes	st of my kno	owledge and l	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer Bryan Burch							
Signature of Treasure	er <i>Bi</i>	ryan Burch			Electronically I	Filed] [Date 07	/	14 Y Y Y Y Y Y Y 2016
NOTE: Submission of	false, erro	oneous, or incomp	ete inforn	nation may s	ubject the per	son signing	this Report to t	the per	nalties of 2 U.S.C. §437g.
Office									EC FORM 3
Use Only									Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Dr. Brad Allen for Congress

06 30 2016 19 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 40521.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2600.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 37921.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 131817.23 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 131817.23 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 103.77 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 103780.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Dr. Brad Allen for Congress

06 2016 05 19 2016 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 40521.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 40521.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 40521.00 (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..... 0.00 94000.00 (b) All Other Loans..... TOTAL LOANS 0.00 94000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 134521.00 0.00 (Carry Total to Line 24, page 4).....

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements PAGE 4 / 11

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 131817.23 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 2600.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 2600.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 134417.23 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 103.77 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 103.77 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 103.77 (subtract Line 26 from Line 25).....

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

OANS			for each category of Detailed Summary Pa		(check only one)	×	13a 13b
AME OF COMMITTEE (In Ful Dr. Brad Allen for Con			Transa	action l	D : PAYC97		
LOAN SOURCE Full Nam Brad Allen - Persona	e (Last, First, Midd	le Initial)	Memo Item		otion: 2014 Primary		
Mailing Address PO Box 88					General Other (specify) ▼		
City	S	state ZIP Co	de				
Summerland		CA 93067					
Original Amount of Loan	20000.00	Cumulative Payment To	Date Ba	alance (Outstanding at Close of	of This	_
TERMS Date Incurre	Ž014 Y	Date Due	Interest Ra	ate 0.00	Secu	ıred: Yes	× No
List All Endorsers or Gua 1. Full Name (Last, First,		Loan Source	Name of Employer				
,			Occupation				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, M	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
3. Full Name (Last, First, M	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7		
4. Full Name (Last, First, M	Middle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
SUBTOTALS This Period This	Page (optional)		·		20	000.00	0
FOTALS This Period (last pag				-	7 7	-	
Carry outstanding balance or	nly to LINE 3, Sche	dule D, for this line. If	no Schedule D, carry for	rward	to appropriate line of	Sum	mary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6

OANS		Detailed Summary Pa		13a X 13b
IAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress		Transa	ction ID : PAYC64	
LOAN SOURCE Full Name (Last, F Brad Allen - Personal Fund	,	Memo Item	Election: 2014 Primary General	
Mailing Address PO Box 88			Other (specify) ▼	
City	State ZIP	Code		
Summerland	CA 930	067		
Original Amount of Loan 25000.	Cumulative Payment	To Date Bal	ance Outstanding at Close of	This Period
Date Incurred M 05 / 21 / Y 2014	Date D		te Secure	\boxtimes
List All Endorsers or Guarantors (
1. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 ***	
2. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
4. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7	
SUBTOTALS This Period This Page (o	ptional)	·····	2500	00.00
TOTALS This Period (last page in this	line only)	······		
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	. If no Schedule D, carry for	ward to appropriate line of S	summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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OANS		for each category of Detailed Summary Pa	
AME OF COMMITTEE (In Fo	,	Transa	ection ID : PAYC71
LOAN SOURCE Full Nar Brad Allen - Person	ne (Last, First, Middle Initial)	Memo Item	Election: 2014 Primary
Mailing Address PO Box 88			General Other (specify) ▼
City	State Z	IP Code	
Summerland	CA S	93067	
Original Amount of Loan	Cumulative Paymonth 11000.00	ent To Date Bal	ance Outstanding at Close of This Period 11000.00
TERMS Date Incum M 05 / 23 / 23	red Date	e Due Interest Rat	te Secured: .00 % (apr) Yes No
	arantors (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:	9 9 9
2. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 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 Th	is Page (optional)	<u> </u>	11000.00
	ge in this line only)		
Carry outstanding balance of	only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUM

PAGE

1BER:		
e)		13a
	×	13b

OANS			or each category of etailed Summary Pa	
AME OF COMMITTEE (In Fu	•	'	Transa	action ID : PAYC73
	ne (Last, First, Middle Initial)		Memo Item	Election: 2014
Brad Allen - Person	al Funds			Primary General
Mailing Address PO Box 88				Other (specify)
City	State	ZIP Code		
Summerland	CA	93067		
Original Amount of Loan	Cumulative 28000.00	e Payment To Date	0.00	lance Outstanding at Close of This Period 28000.00
	28000.00	2	0.00	28000.00
Date Incurr	ed	Date Due	Interest Ra	.00 % (apr)
List All Endorsers or Gua	arantors (if any) to Loan Sou	ırce		Yes No
1. Full Name (Last, First,	Middle Initial)	Nam	e of Employer	
Mailing Address		Осси	upation	
City	State ZIP Code	J	unt ranteed tanding:	7
2. Full Name (Last, First,	vliddle Initial)	Nam	e of Employer	
Mailing Address		Occi	upation	
City	State ZIP Code	J	unt ranteed tanding:	9 9
3. Full Name (Last, First,	Viiddle Initial)	Nam	e of Employer	
Mailing Address		Occi	upation	
City	State ZIP Code	,	unt ranteed tanding:	7
4. Full Name (Last, First,	viiddle Initial)	Nam	e of Employer	
Mailing Address		Оссі	upation	
City	State ZIP Code	-	unt ranteed tanding:	9 1 9 1 9
SUBTOTALS This Period Thi	s Page (optional)		······	28000.00
FOTALS This Period (last pa	ge in this line only)		······	
Carry outstanding balance of	nly to LINE 3, Schedule D, for	r this line. If no Sc	hedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	13a
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OANS		for each category of Detailed Summary Pa	
IAME OF COMMITTEE (In Fo	,	Transa	action ID : PAYC77
LOAN SOURCE Full Name Brad Allen - Person	ne (Last, First, Middle Initial)	Memo Item	Election: 2014 Primary
Mailing Address PO Box 88			General Other (specify) ▼
City	State	ZIP Code	
Summerland	CA	93067	
Original Amount of Loan	Cumulative Payr	ment To Date Ba	lance Outstanding at Close of This Period
TERMS Date Incur M 05 / 27 / 27	red Da	tte Due Interest Ra	te Secured: 0.00 % (apr) Yes No
	arantors (if any) to Loan Source	IN (5.1	
1. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 7 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 Thi	is Page (optional)	•	3000.00
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 for	rward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

	13a
×	13b

DANS			for each category of Detailed Summary P		(check only one)	×	13a 13b
AME OF COMMITTEE (In Full) Or. Brad Allen for Cong	ress		Transa	action l	ID : PAYC80		100
LOAN SOURCE Full Name Brad Allen - Personal	(Last, First, Midd	lle Initial)	Memo Item		ction: 2014 Primary		
Mailing Address PO Box 88					General Other (specify) ▼		
City	Ç	State ZIP Co	de				
Summerland		CA 93067					
Original Amount of Loan	7000.00	Cumulative Payment To	Date Ba	alance (Outstanding at Close	of This	
TERMS Date Incurred M 06 / D 02 / Y	Ž014 Y	Date Due	Interest Ra	ate 0.00	Sec	cured:	X
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source	Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	· · · · · · · · ·		
2. Full Name (Last, First, Mid	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
3. Full Name (Last, First, Mid	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, Mid	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	9		
SUBTOTALS This Period This F	Page (optional)					7000.00	0
FOTALS This Period (last page	in this line only)				9	4000.00)
Carry outstanding balance only	to LINE 3, Sche	dule D, for this line. If	no Schedule D, carry fo	rward	to appropriate line of	of Sumi	mary.

(Use separate

PAGE 11 OF

	BTS AND OBLIGATIONS			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
	ME OF COMMITTEE (In Full)				V V
	Dr. Brad Allen for Cong	ress			
	A. Full Name (Last, First, Middle Initial) of Debtor Brad Allen - Personal Funds			Nature of D Filing Fee	ebt (Purpose):
	Mailing Address PO Box 88				
Ì	City State	Zip Code			
	Summerland	CA	93067		
	Outstanding Balance Beginning This Period 1050.00			Transactio	on ID : PAYD56
	Amount Incurred This Period	Pavi	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	. ayı		00	1050.00
	7 7 -	9 111	,	1111	7 7
	B. Full Name (Last, First, Middle Initial) of Debtor Brad Allen - Personal Funds	or Creditor			ebt (Purpose): ement Fees
	Mailing Address PO Box 88				
Ī	City State	Zip Code	02007		
	Summerland	CA	93067		
	Outstanding Balance Beginning This Period 8730.00			Transactio	on ID : PAYD57
	Amount Incurred This Period	Pavi	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	. uy		00	8730.00
	0.00	7	, ,		0.00.00
	C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of D	ebt (Purpose):
	Mailing Address				
	City	State	Zip Code		
	Outstanding Balance Beginning This Period			,	
	9 9 9 9 9				
	Amount Incurred This Period	Payı	ment This Period	Outstandii	ng Balance at Close of This Period
		7	7		, , , , , , , , , , , , , , , , , , , ,
1)	SUBTOTALS This Period This Page (optional)			>	9780.00
					9780.00
2)	TOTALS This Period (last page this line number	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page on	ıly)	>	94000.00
			Б // .		103780.00

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