

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

2014 APR 15 PM 2:28
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

James Brown for Congress

ADDRESS (number and street)

PO Box 192

Check if different than previously reported. (ACC)

Stratford

CT

06615

2. FEC IDENTIFICATION NUMBER ▼

000560581

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M

D D

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M

D D

Y Y Y Y

in the State of

5. Covering Period

Q1 '09 2013

through

Q3 '14 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Filler

Signature of Treasurer

David Filler

Date

04 '09 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

14031214607

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

James Brown for Congress

Report Covering the Period:

From:

01 01 2014

To:

05 31 2014

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

5,771.00

5,771.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

5,771.00

5,771.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,533.84

1,533.84

(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))

0.00

0.00

8. Cash on Hand at Close of
Reporting Period (from Line 27)

9,237.16

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

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

14031214608

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

James Brown for Congress

Report Covering the Period: From:

11 ' *20* ' *2013*

To:

03 ' *31* ' *2014*

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)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2,150.00
1,621.00
3,771.00
0.00
0.00
2,000.00
5,771.00

2,150.00
1,621.00
3,771.00
0.00
0.00
2,000.00
5,771.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00
0.00
0.00

0.00
0.00
0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

5,771.00

5,771.00

14031214609

DETAILED SUMMARY PAGE
of Disbursements

14031214610

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1,533.84	1,533.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1,533.84	1,533.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5,771.00
25. SUBTOTAL (add Line 23 and Line 24).....	0.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,533.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4,237.16

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF 4
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	11d
				<input type="checkbox"/>	14
					15

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

NAME OF COMMITTEE (In Full)
James Brown for Congress

Full Name (Last, First, Middle Initial) <i>Brown, James E</i>		Date of Receipt <i>11/12/13</i>
A. Mailing Address <i>Stratford CT 06614</i>		Amount of Each Receipt this Period <i>\$1,000.00</i>
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Stratford Public Schools</i>	Occupation <i>Coach</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>\$1,000.00</i> 05/16-2014	

Full Name (Last, First, Middle Initial) <i>Fulber, David</i>		Date of Receipt <i>11/20/2013</i>
B. Mailing Address <i>48 Sunnyside Ave Stratford CT 06614</i>		Amount of Each Receipt this Period <i>\$250.00</i>
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Westchester Institute Home Care</i>	Occupation <i>Grant Writer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>250.00</i>	

Full Name (Last, First, Middle Initial) <i>Brooks, Cynthia</i>		Date of Receipt <i>11/16/2013</i>
C. Mailing Address <i>82 Thunder Rd Sudbury MA 01778</i>		Amount of Each Receipt this Period <i>200.00</i>
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>\$200.00</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>\$1450.00</i>
TOTAL This Period (last page this line number only).....	<i>\$4,150</i>

14031214611

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full) <i>James Brown for Congress</i>	
Full Name (Last, First, Middle Initial) <i>Brown, Sandra</i>	
A. Mailing Address <i>581 Heatherwood CT</i>	Date of Receipt <i>11/22/2013</i>
City <i>Oxford CT</i> State <i>CT</i> Zip Code <i>06478</i>	
FEC ID number of contributing federal political committee. <i>C</i>	Amount of Each Receipt this Period <i>500.00</i>
Name of Employer <i>retired</i> Occupation <i>retired</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>500.00</i>
Full Name (Last, First, Middle Initial) <i>Brown, Jack</i>	
B. Mailing Address <i>319 A Street</i>	
City <i>Boston</i> State <i>MA</i> Zip Code <i>02210</i>	Date of Receipt <i>12/2/13</i>
FEC ID number of contributing federal political committee. <i>C</i>	Amount of Each Receipt this Period <i>500.00</i>
Name of Employer <i>Embryo Studios</i> Occupation <i>owner</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>500.00</i>
Full Name (Last, First, Middle Initial) <i>Starkel, Frederick</i>	
C. Mailing Address <i>22 Bridge End Farm Lane</i>	
City <i>Sandy Hook CT CT</i> State <i>CT</i> Zip Code <i>06482</i>	Date of Receipt <i>12/17/13</i>
FEC ID number of contributing federal political committee. <i>C</i>	Amount of Each Receipt this Period <i>300.00</i>
Name of Employer <i>Retired</i> Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>300.00</i>
SUBTOTAL of Receipts This Page (optional)..... <i>1300.00</i>	
TOTAL This Period (last page this line number only)..... <i>4150.00</i>	

14031214612

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 4	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
James Brown for Congress

Full Name (Last, First, Middle Initial) <i>Brown, James</i>		Date of Receipt 3/17/14
A. Mailing Address <i>1405 North Ave</i>		Amount of Each Receipt this Period <i>5,000.00</i>
City <i>Stratford</i>	State <i>CT</i>	
Zip Code <i>06614</i>		
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Stratford Public School</i>	Occupation <i>Coach</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>2,000.00</i>	

Full Name (Last, First, Middle Initial) <i>Brown, Sandra</i>		Date of Receipt 3/16/2014
B. Mailing Address <i>581 Heatherwood Ct.</i>		Amount of Each Receipt this Period <i>200.00</i>
City <i>Oxford</i>	State <i>CT</i>	
Zip Code <i>06478</i>		
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Convention</i>	Election Cycle-to-Date <i>700.00</i>	

Full Name (Last, First, Middle Initial) <i>Fuller, David</i>		Date of Receipt 3/30/14
C. Mailing Address <i>48 Gony Brook Ave</i>		Amount of Each Receipt this Period <i>1,000.00</i>
City <i>Stratford</i>	State <i>CT</i>	
Zip Code <i>06614</i>		
FEC ID number of contributing federal political committee. <i>C</i>		
Name of Employer <i>WHD</i>	Occupation <i>Grant Writer</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>350.00</i>	

SUBTOTAL of Receipts This Page (optional).....	<i>1,300.00</i>	
TOTAL This Period (last page this line number only).....	<i>4,150.00</i>	

14031214613

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (if Full)

Full Name (Last, First, Middle Initial) <i>Brown Sandra</i>		Date of Receipt M M D <i>3/30/14</i>
A. Mailing Address <i>581 Heatherwood Ct</i>		Amount of Each Receipt this Period <i>100.00</i>
City <i>Oxford</i>	State <i>CT</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>800.00</i>
Name of Employer <i>Retired</i>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) <i>Contribution</i>	Election Cycle-to-Date <i>800.00</i>	
Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		<i>100.00</i>
TOTAL This Period (last page this line number only).....		<i>4,150.00</i>

14031214614

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

James Brown for Congress

Full Name (Last, First, Middle Initial)

A. People's United Bank / Howard Clarke
 Mailing Address 3395 Main St.
 City Sturford State CT Zip Code 06614
 Purpose of Disbursement Bank checks for committee account
 Candidate Name James Brown Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Convention
 State: CT District: 3

Date of Disbursement
11/20/13
 Amount of Each Disbursement this Period
9.43

B. Miller, James G
 Mailing Address 55 Sunnyslope Dr.
 City Middletown State CT Zip Code 06457
 Purpose of Disbursement Web site construction
 Candidate Name Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Convention
 State: CT District: 3

Date of Disbursement
2/5/14
 Amount of Each Disbursement this Period
500.00

C. CT GOP - Federal
 Mailing Address 31 Park St.
 City Hartford State CT Zip Code 06103
 Purpose of Disbursement Table space at convention
 Candidate Name James Brown Category/Type
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Convention
 State: CT District: 03

Date of Disbursement
3/24/14
 Amount of Each Disbursement this Period
250.00

SUBTOTAL of Disbursements This Page (optional)..... 759.43
 TOTAL This Period (last page this line number only)..... 1355.84

14031214615

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

17
20a 18
20b 19a
20c 19b
21

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

NAME OF COMMITTEE (In Full)

James Brown for Congress

Full Name (Last, First, Middle Initial)

A.

Feller, David

Date of Disbursement

3/15/14

Mailing Address

48 Sunnyside Ave

City

Stratford

State

CT

Zip Code

06614

Amount of Each Disbursement this Period

\$99.96

Purpose of Disbursement

Reimbursement for Voter Files

Candidate Name

James Brown

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Councilor*

State: *CT*

District: *3*

Full Name (Last, First, Middle Initial)

B.

Conner Printing

Date of Disbursement

3/20/2014

Mailing Address

226 Lecomworth Ave

City

Shelton

State

CT

Zip Code

06484

Amount of Each Disbursement this Period

\$140.38

Purpose of Disbursement

Palmer Card printing

Candidate Name

James Brown

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Concertor*

State: *CT*

District: *03*

Full Name (Last, First, Middle Initial)

C.

Lil' Mo's Cafe

Date of Disbursement

3/30/14

Mailing Address

2415 Main St.

City

Stratford

State

CT

Zip Code

06615

Amount of Each Disbursement this Period

\$10.48

Purpose of Disbursement

Food for fundraiser 3/30/14

Candidate Name

James Brown

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Concertor*

State: *CT*

District: *03*

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

750.82

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

1533.84

14031214616

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Pirya Inc

3/11/14

Mailing Address

144 2nd Street, First Floor

City

San Francisco CA

State Zip Code

94105

Amount of Each Disbursement this Period

23.59

Purpose of Disbursement

Online donations processing fee

Candidate Name

James Brown

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Contribution*

State:

CA

District:

3

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

\$ 23.59

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

\$ 1933.84

14031214617

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 1 OF 1
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
James Brown for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)
Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional) ▶
TOTALS This Period (last page in this line only) ▶

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

14031214618

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>James Brown for Congress</i>		FEC IDENTIFICATION NUMBER <i>00560581</i>				
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %			
Mailing Address		Date Incurred or Established <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 25%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 50%; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y				
City	State Zip Code	Date Due <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 25%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 50%; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y				
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 25%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 50%; text-align: center;">Y Y Y Y</td> </tr> </table>				M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y				
B. If line of credit, Amount of this Draw: <input type="text"/>		Total Outstanding Balance: <input type="text"/>				
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)						
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <input type="text"/> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes				
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <input type="text"/>				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 25%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 50%; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y	Location of account: Address: City, State, Zip: _____	
M M /	D D /	Y Y Y Y				
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.						
G. COMMITTEE TREASURER Typed Name Signature		DATE <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 25%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 50%; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y				
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.						
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">M M /</td> <td style="border: 1px solid black; width: 25%; text-align: center;">D D /</td> <td style="border: 1px solid black; width: 50%; text-align: center;">Y Y Y Y</td> </tr> </table>		M M /	D D /	Y Y Y Y
M M /	D D /	Y Y Y Y				
Title						

14031214619

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
James Brown for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	<i>0.00</i>
2) TOTALS This Period (last page this line number only)	<i>0.00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>0.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>0.00</i>





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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

4/15/14
 DATE PREPARED

14031214622