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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3 | | NSBURSE n Authorized Con | | Off | ice Use Only |
|--|---|-----------------------------|---|--------------------------------------|--|
| NAME OF COMMITTEE (in | TYPE OR PI | • | xample: If typing, typer the lines. | pe 12FE4M5 | |
| Mark Greenbe | rg for Congress | | | | |
| | | | | | |
| ADDRESS (number ar | d street) | d | | | |
| Check if difthan previous reported. (A | usly Torrington | | | CT 067 | 90-6106 |
| 2. FEC IDENTIFIC | CATION NUMBER | CITY ▲ | | STATE A | ZIP CODE |
| C C0049339 | 95 | 3. IS THIS REPORT | NEW (N) OI | AMENDED (A) | STATE ▼ DISTRICT |
| (a) Quarterly R | Quarterly Report (Q1) | (b) 12-Day PR | E -Election Report for Primary (12P) Convention (12C) | r the: General (12G) Special (12S) | Runoff (12R) |
| | Quarterly Report (Q2) r 15 Quarterly Report (Q3 | Election or | M M / D | D / Y " Y " Y " Y | in the State of |
| X January | 31 Year-End Report (YE | (c) 30-Day PO | ST-Election Report f | or the: | |
| | | | General (30G) | Runoff (30R) | Special (30S) |
| Termina | tion Report (TER) | Election or | n M M / D | D / Y " Y " Y " Y | in the State of |
| 5. Covering Period | 10 / D 01 | / Y Y Y Y Y Z015 | through | M M M / D D / Y | Y Y Y Y 2015 |
| - | | | knowledge and belief | it is true, correct and co | omplete. |
| Type or Print Name | | n nowell | [Electronically Filed] | Date Date | 29 / Y Y Y Y Y Y Y Y Z Y Z Y Z Y Z Z Z Z Z |
| | false, erroneous, or incor | mplete information may | / subject the person s | signing this Report to the p | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | | | FEC FORM 3 (Revised 02/2003) |

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 54

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Mark Greenberg for Congress

10 12 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 18227.00 501306.86 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 22206.11 (from Line 20(d)) (c) Net Contributions (other than loans) 18227.00 479100.75 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 18009.89 1841058.81 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 18009.89 1841058.81 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 650.27 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 1838784.25 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

PAGE 3 / 54

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Mark Greenberg for Congress

| | I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date | | |
|-------|---|-------------------------------|---------------------------------|--|--|
| 11. C | ONTRIBUTIONS (other than loans) FROM: | | | | |
| (a) | Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | 0.00 | 263631.11 | | |
| | (ii) Unitemized | 0.00 | 30568.75 | | |
| | (iii) TOTAL of contributions from individuals | 0.00 | 294199.86 | | |
| (b) | , | 0.00 | 5500.00 | | |
| (c) | Other Political Committees (such as PACs) | 727.00 | 27227.00 | | |
| (d) | TOTAL CONTRIBUTIONS | 17500.00 | 174380.00 | | |
| | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 18227.00 | 501306.86 | | |
| | RANSFERS FROM OTHER UTHORIZED COMMITTEES | 0.00 | 0.00 | | |
| | DANS: | | | | |
| (a) | Made or Guaranteed by the Candidate | 0.00 | 1642900.00 | | |
| (b) | | 0.00 | 0.00 | | |
| (c) |) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 1642900.00 | | |
| | FFSETS TO OPERATING KPENDITURES | 0.00 | | | |
| (R | efunds, Rebates, etc.) | 0.00 | 0.00 | | |
| | THER RECEIPTS ividends, Interest, etc.) | 0.00 | 1408.36 | | |
| 11 | OTAL RECEIPTS (add Lines l(e), 12, 13(c), 14, and 15) Earry Total to Line 24, page 4) | 18227.00 | 2145615.22 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 54

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|-----|--|-------------------------------|------------------------------------|
| 17. | OPERATING EXPENDITURES | 18009.89 | 1841058.81 |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. | LOAN REPAYMENTS: | | |
| | (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 280000.00 |
| | (b) Of All Other Loans | 0.00 | 0.00 |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 280000.00 |
| 20. | REFUNDS OF CONTRIBUTIONS TO: | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 22206.11 |
| | (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 | 22206.11 |
| 21. | OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 18009.89 | 2143264.92 |
| | III. CASH SU | JMMARY | |
| 23. | CASH ON HAND AT BEGINNING OF REPO | RTING PERIOD | 433.16 |
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line | 16, page 3) | 18227.00 |
| 25. | SUBTOTAL (add Line 23 and Line 24) | | 18660.16 |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro | om Line 22) | 18009.89 |
| | | | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | FOR LINE N | IUMBER: | PAGE | 5 OF | 54 |
|--------------------------|-------------|---------|------|------|----|
| Use separate schedule(s) | (check only | one) | | | |
| for each category of the | 11a | 11b X | 11c | 11d | |
| Detailed Summary Page | 12 | 13a | 13b | 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) Mark Greenberg for Congress Full Name (Last, First, Middle Initial) Daria Novak For Congress Date of Receipt Mailing Address 51 Hammonassett Meadows Rd 12 2015 City State Zip Code Transaction ID: A0728AD6AEAB048CBB35 CT 06443-2011 Madison FEC ID number of contributing Amount of Each Receipt this Period C00589713 federal political committee. 727.00 Name of Employer Occupation In-kind: Value of donor list contribute Receipt For: 2014 Election Cycle-to-Date Primary X General 727.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 727.00 SUBTOTAL of Receipts This Page (optional)..... 727.00 TOTAL This Period (last page this line number only).....

| lm | age# 201601299004728644 | | |
|----|---|---|---|
| | CHEDULE A (FEC Form 3) EMIZED RECEIPTS | Use separate schedule for each category of th Detailed Summary Pag | ne la |
| | | | y any person for the purpose of soliciting contributions emmittee to solicit contributions from such committee. |
| / | NAME OF COMMITTEE (In Full) Mark Greenberg for Congress | | |
| A. | Full Name (Last, First, Middle Initial) Mark Greenberg Mailing Address 184 Fern Ave | | Date of Receipt |
| | City | State Zip Code | 12 23 2015 Transaction ID : A827215837DD346A6998 |
| | Litchfield FEC ID number of contributing federal political committee. | CT 06759-2721 C H0CT05150 | Amount of Each Receipt this Period |
| | Name of Employer Mark Greenberg Real Estate Receipt For: 2014 Primary General Other (specify) | Occupation Real Estate Developer Election Cycle-to-Date 105350. | Campaign Contribution |
| В. | Full Name (Last, First, Middle Initial) Mark Greenberg Mailing Address 184 Fern Ave City | State Zip Code | Date of Receipt 10 28 2015 Transaction ID : A0C66856C260C4BA7A85 |
| | Litchfield FEC ID number of contributing federal political committee. Name of Employer Mark Greenberg Real Estate Receipt For: 2014 Primary General Other (specify) | CT 06759-2721 C H0CT05150 Occupation Real Estate Developer Election Cycle-to-Date 95350. | Amount of Each Receipt this Period 7500.00 campaign contribution |
| С. | Mailing Address | | Date of Receipt |
| | City | State Zip Code | |

С

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

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

Occupation

Election Cycle-to-Date

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

17500.00

17500.00

Amount of Each Receipt this Period

S

| | HEDULE B (FEC Form 3) EMIZED DISBURSEMENTS | Use separate sch for each category Detailed Summar | of the | FOR LINE NUMBER: PAGE 7 OF 54 (check only one) X 17 |
|-----------|---|--|--------------------------|--|
| | y information copied from such Reports and Statements m for commercial purposes, other than using the name and | | | person for the purpose of soliciting contributions |
| \rangle | NAME OF COMMITTEE (In Full) Mark Greenberg for Congress | | | |
| ١. | Full Name (Last, First, Middle Initial) Daria Novak For Congress Mailing Address 51 Hammonassett Meadows Rd | | | Date of Disbursement 11 12 2015 |
| | City State Madison CT Purpose of Disbursement In-kind:Value of donor list contribute Candidate Name Daria Novak For Congress Office Sought: House Disbursement For Senate Primary President Other (s | X General | Category/ Type | Amount of Each Disbursement this Period 727.00 Transaction ID: B0728AD6AEAB048CBB35 |
| 3. | Full Name (Last, First, Middle Initial) Theroux, Nowell & Stoughton, LLC Mailing Address 53 Peck Road | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City State Torrington CT Purpose of Disbursement Debt Repayment: accounting and software Candidate Name Office Sought: House Disbursement For Senate Primary President Other (s | X General | 001 Category/ Type | Amount of Each Disbursement this Period 3000.00 Transaction ID: B86AAA8ACCD7643AB971 |
|). | State: District: Full Name (Last, First, Middle Initial) Cooper Communications LLC Mailing Address 77 Ripley Hill Road | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Coventry CT 0 Purpose of Disbursement Debt Repayment: Public relations consultant Candidate Name Office Sought: House Disbursement For Senate Primary President Other (s | X General | 001 Category/ Type | Amount of Each Disbursement this Period 943.50 Transaction ID: B0BEBB0AEE74843FB8C0 |
| S | State: District: JBTOTAL of Disbursements This Page (optional) | | | 4670.50 |
| | | | | , |

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

| | B (FEC Form 3 DISBURSEMENT | - | Use separate scl for each categor Detailed Summar | of the | FOR LINE NUMBER: PAGE 8 OF 54 (check only one) X 17 |
|----------------------------------|--|---------------------------------------|---|--------------------------|---|
| | | | | | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| \ | OMMITTEE (In Full) Deenberg for Congre | ess | | | |
| | ast, First, Middle Initial) Communications L | LC | | | Date of Disbursement |
| Mailing Addre | ess 77 Ripley Hill Road | | | | 10 28 2015 |
| City Coventry Purpose of D | lichura amont | State CT | Zip Code 06238-1631 | | Amount of Each Disbursement this Period 56.50 |
| | ment: Public Relations Cons | sultant | | 001 | Transaction ID : B4D8AEBBF59814DCD9F3 |
| | | Dist. | 0044 | Category/ Type | |
| Office Sough | t: House Senate President District: | Disbursement For: Primary Other (sp | X General | | |
| 3. Cooper (| ast, First, Middle Initial) Communications L ass 77 Ripley Hill Road | LC | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y |
| City | | State CT | Zip Code 06238-1631 | | Amount of Each Disbursement this Period |
| Purpose of D Debt Repays | ment: Public Relations Cons | | 00230-1031 | 001 Category/ Type | 1000.00 Transaction ID : BE68CCF535C624093910 |
| Office Sough | t: House Senate President District: | Disbursement For: Primary Other (sp | X General | | |
| · | ast, First, Middle Initial) th Steele, LLC | | | | Date of Disbursement |
| | ess 9 Depot Street | | | | M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 |
| City | Floor 2 | | Code | | Amount of Each Disbursement this Period |
| Milford Purpose of D Debt Repayr | disbursement ment: legal fees | CT 06 | 6460-3357 | 001 | 1625.00 |
| Candidate Na | ame | | | Category/ Type | Transaction ID : B35678396C1864749956 |
| Office Sough | Senate President | Disbursement For: Primary Other (sp | X General | | |
| State: | District: | | | | |
| SUBTOTAL of | Disbursements This Page | (optional) | | | 2681.50 |

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

S

| | | (FEC Form BURSEMENT | - | Use separate sch for each category Detailed Summar | of the | FOR LINE NUMBER: PAGE 9 OF 54 (check only one) |
|----|---|--|-----------------------------------|--|--------------------------|--|
| | | | | lay not be sold or i | used by any p | 20a 20b 20c 21 Derson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NAME OF COMMI | | - | , | | |
| Α. | Full Name (Last, F Dey Smith S Mailing Address 9 | teele, LLC | | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Milford | loor 2 | State CT | Zip Code 06460-3357 | | Amount of Each Disbursement this Period |
| | Purpose of Disburg Debt Repayment: Candidate Name | | | | 001 Category/ Type | Transaction ID : BD9070BE925C14013869 |
| | Office Sought: | House Senate President District: | Disbursement For Primary Other (s | X General | турс | |
| В. | Full Name (Last, F Dey Smith S Mailing Address 9 | irst, Middle Initial) Iteele, LLC Depot Street | | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Milford Purpose of Disburs Debt Repayment: | | State CT | Zip Code 06460-3357 | 001 | Amount of Each Disbursement this Period 5868.75 |
| | Candidate Name Office Sought: | House | Disbursement For | . 2014 | Category/ Type | Transaction ID : B3932D381BE094EE5B89 |
| | | Senate President District: | | X General | | |
| C. | Full Name (Last, F William J Evan Mailing Address 3 | ans | | | | Date of Disbursement |
| | City Wolcott | | | p Code 6705-3153 | | Amount of Each Disbursement this Period |
| | Purpose of Disburs Debt Repayment: Candidate Name | | | | 002 Category/ Type | Transaction ID : BEBADCEC0CF064A31972 |
| | Office Sought: | House Senate President | Disbursement For Primary Other (s | X General | | |
| Г | State: | District: | | | | 9368.75 |

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

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

Candidate Name

Office Sought:

State:

House Senate

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

District:

President

SCHEDULE B ITEMIZED DIS

| Image# 201601299004728648 | | |
|---|---|---|
| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 10 OF 54 (check only one) |
| | Detailed Summary Page | 20a 20b 20c 21 |
| Any information copied from such Reports and Statemer or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) Mark Greenberg for Congress | | |
| Full Name (Last, First, Middle Initial) A. William J Evans | | Date of Disbursement |
| Mailing Address 325 Celia Drive | | 12 22 7 2015 |
| City Sta Wolcott CT | te Zip Code 06705-3153 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Debt Repayment: lodging | 002 | 1075.29 Transaction ID : BAAD0DF5D8CF14FE3B01 |
| Candidate Name | Catego Type | ory/ |
| Senate Pr | nt For: 2014 imary X General her (specify) | |
| State: District: | | |
| Full Name (Last, First, Middle Initial) B. Dey Smith Steele, LLC | | Date of Disbursement |
| Mailing Address 9 Depot Street Floor 2 | | 12 |
| City Sta | • | Amount of Each Disbursement this Period |
| Milford C Purpose of Disbursement Debt Repayment: legal fees | | 213.85 |
| Candidate Name | 00° Catego Typo | Transaction ID : B0C8478BA878D423F87E |
| Senate President O | nt For: 2014 Imary General her (specify) | |
| State: District: Full Name (Last, First, Middle Initial) | | |
| C. | | Date of Disbursement |
| Mailing Address | | M M / D D / Y Y Y |
| City State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | |

Category/ Type

General

Disbursement For:

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

Primary

Other (specify)

1289.14

18009.89

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

FOR LINE NUMBER: (check only one)

PAGE 11

X 13a

OF

| | | Detailed Garrinary Fag | 99 13b |
|---|----------------------|-------------------------|---|
| ME OF COMMITTEE (In Full) | | Transac | ction ID : CFEBC2E2425BC4BC5823 |
| ark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, First, | Middle Initial) | [PERSONAL FUNDS] | Election: 2014 |
| Mark Greenberg | | | Primary General |
| Mailing Address | | | Other (specify) ▼ |
| 184 Fern Ave | | | |
| City | State ZIP C | Code | |
| Litchfield | CT 06759 | 9-2721 | |
| Original Amount of Loan | Cumulative Payment T | To Date Bala | ance Outstanding at Close of This Perio |
| 300000.00 | 1 | 0.00 | 300000.00 |
| , | 9 | | 2 2 |
| TERMS Date Incurred | Date Due | e Interest Rate | e Secured: |
| M 08 / D 31 / Y 2014 Y | M M / D D / Y | None 0.00 | |
| 00 31 2014 | | None | % (apr) Yes |
| List All Endorsers or Guarantors (if any | /) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 9 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed | |
| | | Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 2 |
| | | | |
| BTOTALS This Period This Page (option | al) | ····· | 300000.00 |
| T110 T1: D : 1// 1 : 11: 1: | anly) | | |
| TALS This Period (last page in this line of | Jiliy) | | |

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

FOR LINE NUMBER: (check only one)

PAGE 12

X 13a 13b

OF

| | Detailed Summary Page 13b |
|---|---|
| NAME OF COMMITTEE (In Full) | Transaction ID : C55D484FE54D34017B00 |
| Mark Greenberg for Congress | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Mark Greenberg | [PERSONAL FUNDS] Election: 2014 Primary General |
| Mailing Address 184 Fern Ave | Other (specify) ▼ |
| City State | ZIP Code |
| Litchfield CT | 06759-2721 |
| Original Amount of Loan Cumulative | Payment To Date Balance Outstanding at Close of This Period 0.00 65000.00 |
| TERMS Date Incurred | Date Due Interest Rate Secured: |
| M 10 M / D 23 D / Y 2014 M M / D | D / Y None Y 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Loan Sour | |
| 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 |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | 65000.00 |
| TOTALS This Period (last page in this line only) | • |
| Carry outstanding balance only to LINE 3, Schedule D, for | this line. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE 13

X 13a I

OF

| AITO | | | Detailed Summary P | age | 13b |
|-----------------------------------|------------------|-----------------------|----------------------------|--------------------|-------------------------|
| AME OF COMMITTEE (In Full) | | | Trans | action ID : CC474E | 6A9D9E145438A5 |
| Mark Greenberg for Cong | gress | | | | |
| LOAN SOURCE Full Name (L | ast, First, Midd | le Initial) | [PERSONAL FUNDS] | Election: 2014 | 4 |
| Mark Greenberg | | | | Primary General | |
| Mailing Address 184 Fern Ave | | | | Other (spec | cify) 🔻 |
| City | S | itate ZIP (| Code | | |
| Litchfield | | CT 0675 | 9-2721 | | |
| Original Amount of Loan | | Cumulative Payment | To Date Ba | alance Outstanding | at Close of This Period |
| , 1 | 0000.00 | | 0.00 | | 10000.00 |
| TERMS Date Incurred | | Date Du | ie Interest Ra | ate | Secured: |
| | 014 Y | M / D D / | None O. | 00 % (apr) | Yes No |
| List All Endorsers or Guarant | ors (if any) to | Loan Source | | | |
| 1. Full Name (Last, First, Midd | dle Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | | Amount Guaranteed | | |
| City | State | ZIP Code | Outstanding: | 7 9 | |
| 2. Full Name (Last, First, Midd | le Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| 0.1 | 01.1 | 710.0 | Amount Guaranteed | | |
| City | State | ZIP Code | Outstanding: | 7 | |
| 3. Full Name (Last, First, Midd | le Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | | Amount | | |
| City | State | ZIP Code | Guaranteed Outstanding: | 7 7 | |
| 4. Full Name (Last, First, Midd | le Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | | Amount | | |
| City | State | ZIP Code | Guaranteed Outstanding: | 7 7 | |
| SUBTOTALS This Period This Page | ge (optional) | | | | 10000.00 |
| TOTALS This Period (last page in | this line only). | | ····· | , | , |
| Carry outstanding balance only to | o LINE 3 Scher | dule D. for this line | If no Schedule D. carry fo | rward to appropri | ate line of Summary |

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

PAGE

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: C9CC59E63697E486EB69 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12500.00 0.00 12500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M08^M ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12500.00 TOTALS This Period (last page in this line only)

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

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

PAGE FOR LINE NUMBER: (check only one)

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| X | 13a |
|---|-----|
| | 13b |

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Transaction ID: CCB5478271BD04BCA941 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 17500.00 0.00 17500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 03 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 17500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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| AME OF COMMITTEE (In Full) Mark Greenberg for Congress | | Transa | action ID: CD07EFD888A3B4648AE3 |
| | | | |
| LOAN SOURCE Full Name (Last, First, Mark Greenberg | Aiddle Initial) | [PERSONAL FUNDS] | Election: 2014 Primary |
| | | | General |
| Mailing Address 184 Fern Ave | | | Other (specify) ▼ Convention2014 |
| City | State ZIP Co | | |
| Litchfield | CT 06759- | -2721 | |
| Original Amount of Loan | Cumulative Payment To | Date Ba | lance Outstanding at Close of This Period |
| 5000.00 | | 0.00 | 5000.00 |
| TERMS Date Incurred | Date Due | Interest Ra | ite Secured: |
| M 11 M / D 26 D / Y 2013 Y | M M / D D / Y | None Y | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 9 9 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 9 |
| UBTOTALS This Period This Page (optiona | .l) | | 5000.00 |
| OTALS This Period (last page in this line o | nly) | ····· | |
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| NAME OF COMMITTEE (In Full) Mark Greenberg for Congress | | Transac | ction ID : CB60CC071A86C4A02B17 |
| LOAN SOURCE Full Name (Last, First, Mice Mark Greenberg Mailing Address | ddle Initial) | [PERSONAL FUNDS] | Election: 2014 Primary General X Other (specify) |
| 184 Fern Ave | | | Convention2014 |
| City Litchfield | State ZIP Cod CT 06759-2 | | |
| Original Amount of Loan | Cumulative Payment To | Date Bala | ance Outstanding at Close of This Period |
| 15000.00 | 29 | 0.00 | 15000.00 |
| Date Incurred Mo9M / P27D / Y Ž013 Y | Date Due | Interest Rat | |
| List All Endorsers or Guarantors (if any) t | o 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 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 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 This Page (optional). | | ····· | 15000.00 |
| TOTALS This Period (last page in this line only | y) | ······ | , , , , , , , , |
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Transaction ID: CD4093CB301954FA8B73 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 06^M 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: CF8A2925E3D2E4806B3C NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) \blacktriangledown 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 75000.00 0.00 75000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D25 ^M 07^M Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 75000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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| ME OF COMMITTEE (In Full) | | Transaction ID | : CECBA7AF2579C4725B29 |
| lark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, Fin | st, Middle Initial) | [PERSONAL FUNDS] Electi | =* : : |
| Mark Greenberg | | | Primary General |
| Mailing Address 184 Fern Ave | | | Other (specify) |
| City | State ZIF | Code | |
| Litchfield | CT 06 | 759-2721 | |
| Original Amount of Loan | Cumulative Paymer | t To Date Balance Ou | utstanding at Close of This Perio |
| 235000.0 | 0 | 105000.00 | 130000.00 |
| | | | 9 9 |
| TERMS Date Incurred | Date | Due Interest Rate | Secured: |
| M06 ^M / D30 ^D / Y 2014 | M M / D D / | Ňone 0.00 | % (apr) Yes No |
| List All Endorsers or Guarantors (if | any) to Loan Source | | 165 100 |
| 1. Full Name (Last, First, Middle Init | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | tate ZIP Code | Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initia | ા) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | tate ZIP Code | Guaranteed Outstanding: | 9 |
| 3. Full Name (Last, First, Middle Initia | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | tate ZIP Code | Guaranteed Outstanding: | 9 |
| 4. Full Name (Last, First, Middle Initia | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City S | tate ZIP Code | Guaranteed Outstanding: | 7 |
| | | | |
| JBTOTALS This Period This Page (op- | ional) | ····· | 130000.00 |
| TALS This Period (last page in this li | ne only) | | 9 9 |
| arry outstanding balance only to LINF | 3. Schedule D. for this line | e. If no Schedule D, carry forward to | appropriate line of Summary |

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: CA2C1E440008A41FDB5E NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 06^M ^D16 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only)

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

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

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|--|----------------------------|--|
| AME OF COMMITTEE (In Full) Mark Greenberg for Congress | | Transaction ID: C0528A3D351754D3BB6C |
| LOAN SOURCE Full Name (Last, First, Midd | dle Initial) | [PERSONAL FUNDS] Election: 2014 |
| Mark Greenberg | | Primary General |
| Mailing Address 184 Fern Ave | | Other (specify) ▼ Convention2014 |
| City | State ZIP Co | de |
| Litchfield | CT 06759- | 2721 |
| Original Amount of Loan | Cumulative Payment To | Date Balance Outstanding at Close of This Period |
| 8000.00 | | 0.00 8000.00 |
| TERMS Date Incurred | Date Due | Interest Rate Secured: |
| M11 ^M / D13 ^D / Y Ž013 Y | M / D D / Y | None 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to | Loan Source | 100 110 |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
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| Carry outstanding balance only to LINE 3, Scho | edule D, for this line. If | no Schedule D, carry forward to appropriate line of Summary. |

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| NAME OF COMMITTEE (In Full) Mark Greenberg for Congress | | Transac | ction ID : C71137021C269419383E |) |
| LOAN SOURCE Full Name (Last, First, Middle In Mark Greenberg | itial) | [PERSONAL FUNDS] | Election: 2014 Primary | |
| Mailing Address | | | General X Other (specify) ▼ | |
| 184 Fern Ave | | | Convention2014 | |
| City State | | | | |
| Litchfield CT | 06759-272 | 21 | | |
| Original Amount of Loan Cum 7500.00 | ulative Payment To Da | o.00 | ance Outstanding at Close of This 7500.0 | |
| TERMS | | | | |
| Date Incurred M 06 M / D 18 D / Y Z 2013 Y M M | Date Due | Interest Rate one 0.00 | | X |
| List All Endorsers or Guarantors (if any) to Loan | | | | |
| 1. Full Name (Last, First, Middle Initial) | N | lame of Employer | | |
| Mailing Address | C | Occupation | | |
| City State ZIP | Code | Amount Guaranteed Outstanding: | 7 | |
| 2. Full Name (Last, First, Middle Initial) | N | lame of Employer | | |
| Mailing Address | C | Occupation | | |
| City State ZIP | Code | mount Guaranteed Outstanding: | 7 7 | |
| 3. Full Name (Last, First, Middle Initial) | N | lame of Employer | | |
| Mailing Address | C | Occupation | | |
| | | Amount Guaranteed | | |
| City State ZIP | Oodo | Outstanding: | 9 9 | |
| 4. Full Name (Last, First, Middle Initial) | N | lame of Employer | | |
| Mailing Address | C | Occupation | | |
| | | mount | | |
| City State ZIP | | Guaranteed Outstanding: | 7 | |
| SUBTOTALS This Period This Page (optional) | | | 7500.0 | 0 |
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| Carry outstanding balance only to LINE 3, Schedule | D. for this line. If no | Schedule D. carry for | vard to appropriate line of Sum | marv. |

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| | Trans | saction ID : CBA924F3BC0384AB1B4A |
| | | |
| st, Middle Initial) | [PERSONAL FUNDS] | Primary |
| | | General Other (specify) ▼ |
| State ZI | P Code | |
| CT 0 | 6759-2721 | |
| Cumulative Payme | ent To Date B | alance Outstanding at Close of This Period |
|) | 0.00 | 95000.00 |
| Date | Due Interest B | ate Secured: |
| M M / D D / | Internal Internal | .00 % (apr) Yes No |
| any) to Loan Source | | |
| al) | Name of Employer | |
| | Occupation | _ |
| tate ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , |
| ıl) | Name of Employer | |
| | Occupation | |
| | Amount | |
| tate ZIP Code | Guaranteed Outstanding: | 9 9 9 |
| ul) | Name of Employer | |
| | Occupation | |
| | Amount | |
| tate ZIP Code | Guaranteed Outstanding: | . , , |
| l) | Name of Employer | |
| | Occupation | |
| | Amount | |
| tate ZIP Code | Guaranteed Outstanding: | 9 9 9 9 9 |
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| ional) | ····· | 95000.00 |
| ne only) | | |
| 3 Schedule D for this liv | ne If no Schedule D. carry fr | prward to appropriate line of Summan |
| | CT O Cumulative Payme Date M M M / D D / any) to Loan Source all) tate ZIP Code tate ZIP Code all) tate ZIP Code all) | State ZIP Code CT 06759-2721 Cumulative Payment To Date B Date Due Interest R Date Du |

Use separate schedule(s) for each category of the

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X 13a Detailed Summary Page 13b Transaction ID: CFABA2000D23841ACB3D NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M 09 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 150000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: CAD835A72DC2043B4B84 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^м 12^м ^D 17 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

PAGE 27 OF 54 SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b Transaction ID: C5433DBD61BFC46F3B52 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M ^D28^D ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State

Outstanding:

Occupation

Guaranteed

Outstanding:

Amount

Name of Employer

4. Full Name (Last, First, Middle Initial)

State

ZIP Code

Mailing Address

City

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Transaction ID: C608ACCA87AF942D485C NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 02 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: C8120BECF32A9412997B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D16 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: C538F7BD086F14626BF2 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 ^M 06^M ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: CEF6B472032C5458B8F5 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M 09^M ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: C2530A505B6DB44D089F NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M 28 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: C9BDE8AB0A22C4E7092B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 200000.00 0.00 200000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 10^M ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 200000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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| LOANO | | Detailed Summary Page | 13b |
|--|------------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full) | • | Transact | ion ID : CC107E489D0E64C9083D |
| Mark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, First, Middle Init | ial) | PERSONAL FUNDS] | Election: 2014 |
| Mark Greenberg | , | , ENGONAL I GNOG | Primary |
| | | | X General |
| Mailing Address 184 Fern Ave | | | Other (specify) |
| City State | ZIP Code | · | |
| Litchfield CT | 06759-272 | 1 | |
| Original Amount of Loan Cumu | ulative Payment To Dat | te Balan | ce Outstanding at Close of This Period |
| 21000.00 | 2 | 0.00 | 21000.00 |
| TERMS Date Incurred | Date Due | Interest Rate | Secured: |
| M11 ^M / D04 ^D / Y Ž014 Y | / D D / Y No | ne Y 0.00 | % (apr) |
| List All Endorsers or Guarantors (if any) to Loan | Source | | Yes No |
| 1. Full Name (Last, First, Middle Initial) | Na | ame of Employer | |
| Mailing Address | Od | ccupation | |
| City State ZIP | Code Gu | mount uaranteed utstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | Na | ame of Employer | |
| Mailing Address | Oc | ccupation | |
| | | mount | |
| City State ZIP | COUR | uaranteed utstanding: | 9 9 |
| 3. Full Name (Last, First, Middle Initial) | Na | ame of Employer | |
| Mailing Address | Oc | ccupation | |
| | Ar | mount | |
| • | Oddo | uaranteed utstanding: | y |
| 4. Full Name (Last, First, Middle Initial) | Na | ame of Employer | |
| Mailing Address | Oc | ccupation | |
| | Ar | nount | |
| City State ZIP | | uaranteed utstanding: | 9 9 9 |
| SUBTOTALS This Period This Page (optional) | | | 21000.00 |
| Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary. | | | |

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

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13b Transaction ID: CFD73008F64174859A74 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2012 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500000.00 2600.00 212400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M 03^M Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 212400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: CD1D81F253F794C4188B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) \blacktriangledown 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M 03 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: CF9D2816C62954C8CB87 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M 06 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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|--|-----------------------|--------------------------------|---|
| NAME OF COMMITTEE (In Full) Mark Greenberg for Congress | | Transac | tion ID : CA255D27209C6400EB5A |
| LOAN SOURCE Full Name (Last, First, Mic Mark Greenberg Mailing Address 184 Fern Ave | ddle Initial) | [PERSONAL FUNDS] | Election: 2014 Primary General ✓ Other (specify) ▼ Convention2014 |
| City | State ZIP Co | ode | |
| Litchfield | CT 06759- | -2721 | |
| Original Amount of Loan | Cumulative Payment To | Date Bala | unce Outstanding at Close of This Period 8000.00 |
| TERMS | | , | , , , , , , , , , , , , , |
| Date Incurred M08 ^M / D06 ^D / Y 2013 Y | Date Due | None Interest Rate | |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 1 9 1 1 1 |
| 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: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 |
| SUBTOTALS This Period This Page (optional) | | | |
| TOTALS This Period (last page in this line only) | | | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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|--|----------------------------|---------------------------|---|
| AME OF COMMITTEE (In Full) Mark Greenberg for Congress | | Transac | tion ID : CB3C30926CC3D4713ACF |
| LOAN SOURCE Full Name (Last, First, Mid | Idle Initial) | IDEDSONAL EUNDSI | Election: 2012 |
| Mark Greenberg | initial) | [PERSONAL FUNDS] | Primary General |
| Mailing Address 184 Fern Ave | | | Other (specify) ▼ |
| City | State ZIP Co | de | |
| Litchfield | CT 06759- | 2721 | |
| Original Amount of Loan | Cumulative Payment To | Date Bala | nce Outstanding at Close of This Period |
| 650000.00 | | 1000.00 | 79000.00 |
| TERMS Date Incurred | Date Due | Interest Rate | e Secured: |
| | M M / D D / Y | None Y 0.00 | |
| List All Endorsers or Guarantors (if any) to | Loan Source | | 100 140 |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | y |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 9 |
| | | | |
| SUBTOTALS This Period This Page (optional) | | | |
| OTALS This Period (last page in this line only) | | | |
| Carry outstanding balance only to LINE 3, Sch | edule D, for this line. If | no Schedule D, carry forw | vard to appropriate line of Summary. |

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| AME OF COMMITTEE (In Full) | | Transa | ction ID : C762400101B594EFB9BE |
| lark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, First, Mice Mark Greenberg | ddle Initial) | [PERSONAL FUNDS] | Election: 2014 Primary General |
| Mailing Address 184 Fern Ave | | | Other (specify) ▼ Convention2014 |
| City | State ZIP Co | de | |
| Litchfield | CT 06759- | 2721 | |
| Original Amount of Loan 97400.00 | Cumulative Payment To | Date Bal | ance Outstanding at Close of This Period |
| 0, 188,00 | 2 | 0.00 | 2 |
| Date Incurred M 03 M / D 03 D / Y 2014 Y | Date Due | Interest Rat None 0.00 | 0 % (apr) |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | Yes No |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 9 |
| 2. Full Name (Last, First, Middle Initial) | | 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: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 9 9 |
| UBTOTALS This Period This Page (optional) | | | |
| Carry outstanding balance only to LINE 3, Sch | | | |

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Transaction ID: CC4F9D300B97E418CB4B NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5500.00 0.00 5500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 12^M 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: CE33093641F8544E79B7 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M 09 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: C71BF6E42B9164E6D9B3 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^м 12^м ^D 11 2013 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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| MANUAL CROOM AND THE CONTROL OF C | ` | Transac | tion ID : C4C5EFE472C5D4BD6A5D |
| lark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, Fi | rst, Middle Initial) | [PERSONAL FUNDS] | Election: 2014 Primary |
| Mark Greenberg | | | General |
| Mailing Address 184 Fern Ave | | | Other (specify) ▼ Convention2014 |
| City | State ZIP (| Code | |
| Litchfield | CT 0675 | 59-2721 | |
| Original Amount of Loan | Cumulative Payment | To Date Bala | ance Outstanding at Close of This Period |
| 10000.0 | 00 | 0.00 | 10000.00 |
| TERMS Date Incurred | Date Du | ue Interest Rate | e Secured: |
| M08 ^M / D19 ^D / Y 2013 | Y M M / D D / | Y None Y 0.00 | |
| List All Endorsers or Guarantors (if | any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Init | tial) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | 7 7 |
| 2. Full Name (Last, First, Middle Initi | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | 9 9 |
| 3. Full Name (Last, First, Middle Initi | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | , , |
| 4. Full Name (Last, First, Middle Initi | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | 7 |
| | | | |
| UBTOTALS This Period This Page (op | tional) | <u> </u> | 10000.00 |
| OTALS This Period (last page in this I | ine only) | | |
| arry outstanding balance only to LINE | 3. Schedule D. for this line. | If no Schedule D. carry for | vard to appropriate line of Summary. |

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|---|---------------------------------|-------------------------|--|
| NAME OF COMMITTEE (In Full) | | Transa | action ID : CA5403816357B4746BD4 |
| Mark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, First, | Middle Initial) | [PERSONAL FUNDS] | Election: 2014 |
| Mark Greenberg | | | Primary General |
| Mailing Address | | | Other (specify) ▼ |
| 184 Fern Ave | | | Convention2014 |
| City | State ZIP Cod | de | |
| Litchfield | CT 06759-2 | 2721 | |
| Original Amount of Loan | Cumulative Payment To | Date Ba | alance Outstanding at Close of This Period |
| 10000.00 | | 0.00 | 10000.00 |
| , , , | | | 2 2 |
| TERMS Date Incurred | Date Due | Interest Ra | ate Secured: |
| M 05 M / D 21 D / Y 2014 Y | M M / D D / Y | None 0.0 | % (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 | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 9 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | e ZIP Code | Guaranteed Outstanding: | 9 9 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | 9 9 9 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | zIP Code | Guaranteed Outstanding: | 7 |
| | | | |
| SUBTOTALS This Period This Page (optional) | | | |
| TOTALS This Period (last page in this line of | only) | ····· | , , |
| Carry outstanding balance only to LINE 3, | Schedule D, for this line. If r | no Schedule D, carry fo | rward to appropriate line of Summary. |

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|---------------------------------|---------------------|----------------------|---------------------------------------|------------|--------------------|---------------------|
| AME OF COMMITTEE (In Full) | | | Tr | ransaction | ID : C80BBC0D1 | 74A54CF79D4 |
| Mark Greenberg for Co | ongress | | | | | |
| LOAN SOURCE Full Name | (Last, First, Middl | e Initial) | [PERSONAL FUN | DSJ Ele | ection: 2014 | |
| Mark Greenberg | | | | | Primary General | |
| Mailing Address 184 Fern Ave | | | | | Other (specify) | ▼ |
| City | S | tate ZIF | Code | | | |
| Litchfield | | CT 06 | 3759-2721 | | | |
| Original Amount of Loan | | Cumulative Paymer | nt To Date | Balance | Outstanding at C | Close of This Perio |
| , , , | 33000.00 | | 0.00 | | 7 7 | 33000.00 |
| TERMS Date Incurred | l | Date | Due Interes | st Rate | | Secured: |
| M 10 / 29 / Y | Ž014 Y | M / D D / | Y None Y | 0.00 | % (apr) | Yes N |
| List All Endorsers or Guara | antors (if any) to | Loan Source | | | | |
| 1. Full Name (Last, First, N | 1iddle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| | | | Amount | | | |
| City | State | ZIP Code | Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Mi | ddle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| | | | Amount | | | |
| City | State | ZIP Code | Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Mi | ddle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| | | | Amount | | | |
| City | State | ZIP Code | Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Mi | ddle Initial) | | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| | | | Amount | | | |
| City | State | ZIP Code | Guaranteed Outstanding: | 7 | 7 | |
| UBTOTALS This Period This | | | <u>^</u> | <u></u> | 7 7 | 33000.00 |
| OTALS This Period (last page | | | , , , , , , , , , , , , , , , , , , , | | 7 7 | |
| arry outstanding balance onl | v to LINE 3. Sched | tule D. for this lin | e. It no Schedule D. carr | v forward | to appropriate | ine of Summary |

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

PAGE FOR LINE NUMBER: (check only one)

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| × | 13a |
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| | 13b |

54

Transaction ID: CD4115B528CF14546B50 NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address X Other (specify) 184 Fern Ave Convention2014 City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D 11 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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NUMBER:
(none) X 13a 13b

OF

| | | Detailed Summary Pag | ge 13b |
|--|----------------------------|--------------------------------|--|
| AME OF COMMITTEE (In Full) | | Transac | etion ID : C5567BFAB217D40639A2 |
| Mark Greenberg for Congress | | | |
| LOAN SOURCE Full Name (Last, First, Mark Greenberg | Middle Initial) | [PERSONAL FUNDS] | Election: 2014 Primary General |
| Mailing Address 184 Fern Ave | | | X Other (specify) ▼ Convention2014 |
| City | State ZIP | Code | |
| Litchfield | CT 067 | 759-2721 | |
| Original Amount of Loan | Cumulative Payment | To Date Bala | ance Outstanding at Close of This Period |
| TERMS | Data D | hus Interest Date | Canalinada |
| Date Incurred Mo9M / Do4D / Y Ž013 Y | Date D | None Interest Rate | |
| List All Endorsers or Guarantors (if an | <u> </u> | | |
| 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 | |
| City Stat | e ZIP Code | Amount Guaranteed Outstanding: | 9 9 9 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City Stat | e ZIP Code | Guaranteed Outstanding: | 9 9 9 |
| SUBTOTALS This Period This Page (option | nal) | ····· | 12500.00 |
| TOTALS This Period (last page in this line | | | |
| Carry outstanding balance only to LINE 3, | Schedule D, for this line. | . If no Schedule D, carry forw | vard to appropriate line of Summary. |

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

PAGE FOR LINE NUMBER: (check only one)

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| × | 13a |
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| | 13b |

54

Transaction ID: C1EF3F3C5664D40EF8FF NAME OF COMMITTEE (In Full) Mark Greenberg for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mark Greenberg General Mailing Address Other (specify) 184 Fern Ave City State ZIP Code CT 06759-2721 Litchfield Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 171400.00 175000.00 3600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M 03 ž014 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3600.00 1811500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 50 OF
FOR LINE NUMBER:
(check only one)

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54

NAME OF COMMITTEE (In Full)

Mark Groophorg for Congress

| Nark Greenberg for Co | ongress | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) of Debt Dey Smith Steele, LLC | Nature of Debt (Purpose): legal fees | |
| Mailing Address 9 Depot Street | | |
| Floor 2 | 7. 0.1. | |
| City State Milford | Zip Code CT 06460-3357 | |
| Outstanding Balance Beginning This Period | | Transaction ID : DB6430B895C0F48A7A1D |
| 8368.75 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 8368.75 | 0.00 |
| B. Full Name (Last, First, Middle Initial) of Debto Watertown Main Street LLC | r or Creditor | Nature of Debt (Purpose): rent headquarters |
| Mailing Address PO Box 28 | | |
| City State | Zip Code CT 06795-0028 | |
| Watertown | CT 06795-0028 | |
| Outstanding Balance Beginning This Period 1250.00 | | Transaction ID: D366E903FA4464DD7A4D |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 1250.00 |
| C. Full Name (Last, First, Middle Initial) of Debt | or or Creditor | Nature of Debt (Purpose): |
| Theroux, Nowell & Stoughton, L | LC | accounting and software |
| Mailing Address 53 Peck Road | | _ |
| City | State Zip Code | _ |
| Torrington | CT 06790-6106 | |
| Outstanding Balance Beginning This Period | | Transaction ID : D6507C36E07BA4CDB916 |
| 3434.75 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 3000.00 | 434.75 |
| SUBTOTALS This Period This Page (optional) | | 1684.75 |
| TOTALS This Period (last page this line number | r only) | |
| TOTAL OUTSTANDING LOANS from Schedule | C (last page only) | |
| ADD 2) and 3) and carry forward to appropriate | e line of Summary Page (last page only) | |

1)

2)

3)

4)

Excluding Loans

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

PAGE 51 OF FOR LINE NUMBER: (check only one)

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54

NAME OF COMMITTEE (In Full)

| Mark Greenberg for Co | ngress | 8 | |
|---|---|---------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto Cooper Communications LLC | Nature of Debt (Purpose): Public relations consultant | | |
| Mailing Address 77 Ripley Hill Road | | | _ |
| City State | Zip Code | 00000 4004 | - |
| Coventry | СТ | 06238-1631 | Transaction ID : D5851A390930444CA900 |
| Outstanding Balance Beginning This Period | | | Transaction in . D3031A330330444CA300 |
| 943.50 | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 943.50 | 0.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Dey Smith Steele, LLC | or Creditor | | Nature of Debt (Purpose): legal fees |
| Mailing Address 9 Depot Street Floor 2 | | | |
| City State Milford | Zip Code CT | 06460-3357 | |
| | | 00400 0001 | Transaction ID : D2039E0041DC549E5B4F |
| Outstanding Balance Beginning This Period | | | Halisaction ID . D2039E0041DC349E3B4F |
| 1625.00 | | | |
| Amount Incurred This Period 0.00 | Pay | ment This Period | Outstanding Balance at Close of This Period 0.00 |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Purpose): |
| Cooper Communications LLC | | | Public Relations Consultant |
| Mailing Address 77 Ripley Hill Road | | | _ |
| City Coventry | State CT | Zip Code 06238-1631 | |
| Outstanding Balance Beginning This Period | | 00230-1031 | Transaction ID : DF28B3AD16148440BBDB |
| 3721.75 | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 1056.50 | 2665.25 |
| | | | 2005.05 |
| 1) SUBTOTALS This Period This Page (optional) | | > | 2665.25 |
| 2) TOTALS This Period (last page this line number | only) | > | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page or | nly) | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summa | ary Page (last page only) | 7 |

Excluding Loans

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

PAGE 52 OF FOR LINE NUMBER (check only one)

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54

NAME OF COMMITTEE (In Full)

| Mark Greenberg for Co | ongres | S | | |
|---|----------------|------------------------|-------------|---|
| A. Full Name (Last, First, Middle Initial) of Debte Watertown Main Street LLC | or or Creditor | | | Nature of Debt (Purpose): Office Rent |
| Mailing Address PO Box 28 | | | | |
| City State Watertown | Zip Code CT | 06795-0028 | | - |
| Outstanding Balance Beginning This Period 1250.00 | | | | Transaction ID : DF2520AB50E9F4DBAB7E |
| Amount Incurred This Period | Pay | yment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | | | 0.00 | 1250.00 |
| B. Full Name (Last, First, Middle Initial) of Debto Jamestown Associates | r or Creditor | | | Nature of Debt (Purpose): broadcast TV Advertising |
| Mailing Address 5 Mapleton Road Suite 300 | | | | |
| City State Princeton | Zip Code NJ | 08540-9646 | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID: D5108054CCF8F43D189A |
| 1275.00 | | | | |
| Amount Incurred This Period | Pay | yment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | | 7 | 0.00 | 1275.00 |
| C. Full Name (Last, First, Middle Initial) of Debte Red Maverick Media, LLC | or or Creditor | | | Nature of Debt (Purpose): direct mail advertising design fee |
| Mailing Address 403 N 2nd Street Suite 2 | | | | |
| City Harrisburg | State PA | Zip Code 17101-1377 | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID : D91D6AEC9EBF945589B0 |
| 200.00 | Dev | ment This Deviced | | Outstanding Palance at Class of This Paying |
| Amount Incurred This Period 0.00 | Pay | yment This Period | 0.00 | Outstanding Balance at Close of This Period 200.00 |
| 7 | , | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | > | 2725.00 |
| 2) TOTALS This Period (last page this line number | r only) | | > | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page o | nly) | > | |
| 4) ADD 2) and 3) and carry forward to appropriate | e line of Summ | ary Page (last page | only) | 9 9 9 9 9 |

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 53 OF
FOR LINE NUMBER:
(check only one)

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54

NAME OF COMMITTEE (In Full)

| Mark Greenberg for Co | ongress | | |
|--|---|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debt Theroux, Nowell & Stoughton, L | Nature of Debt (Purpose): accounting services | | |
| Mailing Address 53 Peck Road | | | _ |
| City State Torrington | Zip Code CT | 06790-6106 | _ |
| Outstanding Balance Beginning This Period 10730.50 | | | Transaction ID : D5C60BE2B34E644C09E8 |
| Amount Incurred This Period 0.00 | Payme | ent This Period 0.00 | Outstanding Balance at Close of This Period 10730.50 |
| B. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Purpose): legal fees |
| Mailing Address 9 Depot Street Floor 2 | | | |
| City State Milford | Zip Code CT | 06460-3357 | |
| Outstanding Balance Beginning This Period 213.85 | | | Transaction ID : DE213B92F513F4A848DC |
| Amount Incurred This Period 0.00 | Paymo | ent This Period 213.85 | Outstanding Balance at Close of This Period 0.00 |
| C. Full Name (Last, First, Middle Initial) of Debt Theroux, Nowell & Stoughton, L | | | Nature of Debt (Purpose): accounting services |
| Mailing Address 53 Peck Road | | | |
| City Torrington | State CT | Zip Code 06790-6106 | |
| Outstanding Balance Beginning This Period 4487.50 | | | Transaction ID: DB2977F1C21BB4D45991 |
| Amount Incurred This Period 0.00 | Payme | ent This Period 0.00 | Outstanding Balance at Close of This Period 4487.50 |
| 1) SUBTOTALS This Period This Page (optional) | | > | 15218.00 |
| 2) TOTALS This Period (last page this line number | er only) | > | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page only |) > | |
| 4) ADD 2) and 3) and carry forward to appropriat | e line of Summary | Page (last page only) | |

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 54 OF
FOR LINE NUMBER:
(check only one)

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54

NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

| Mark Greenberg for Co | ngress | | |
|---|-----------------|--------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto Theroux, Nowell & Stoughton, LL | r or Creditor | | Nature of Debt (Purpose): accounting services |
| Mailing Address 53 Peck Road | | | _ |
| City State Torrington | Zip Code CT | 06790-6106 | |
| Outstanding Balance Beginning This Period 2568.75 | <u>-</u> - | | Transaction ID : DE61E39151183463985A |
| Amount Incurred This Period 0.00 | Payr | ment This Period | Outstanding Balance at Close of This Period 2568.75 |
| B. Full Name (Last, First, Middle Initial) of Debtor William J Evans | or Creditor | | Nature of Debt (Purpose): lodging |
| Mailing Address 325 Celia Drive City State Wolcott | Zip Code CT | 06705-3153 | |
| Outstanding Balance Beginning This Period 2075.29 | | | Transaction ID : DBC33491941414C19B07 |
| Amount Incurred This Period 0.00 | Payr | ment This Period 2075.29 | Outstanding Balance at Close of This Period 0.00 |
| C. Full Name (Last, First, Middle Initial) of Debto Theroux, Nowell & Stoughton, LL | | | Nature of Debt (Purpose): accounting and software |
| Mailing Address 53 Peck Road | | | _ |
| City Torrington | State CT | Zip Code 06790-6106 | |
| Outstanding Balance Beginning This Period 2422.50 | | | Transaction ID : DEC0BE4A91E7E4F16948 |
| Amount Incurred This Period | Payr | ment This Period 0.00 | Outstanding Balance at Close of This Period 2422.50 |
| 0.00 | 9 | 3.50 | |
| 1) SUBTOTALS This Period This Page (optional) | | ······ | 4991.25 |
| 2) TOTALS This Period (last page this line number | only) | ······ | 27284.25 |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page on | ly) | 1811500.00 |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summa | ry Page (last page only) | . 1838784.25 |