Image# 14978102836					PAGE 1 / 14
FEC FORM 3	AND DI	T OF RE SBURSE Authorized Co	MENTS	Offic	e Use Only
1. NAME OF COMMITTEE (in 1	TYPE OR PRIN		Example: If typing, type	12FE4M5	
Dr. Brad Allen f					
ADDRESS (number and	d street)				
Check if diff than previou reported. (A0	sly J Summerland			CA 9306	7
2. FEC IDENTIFIC	ATION NUMBER ▼			STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C C0055712	4	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
(a) Quarterly Re	PORT (Choose One) ports: Quarterly Report (Q1)	(b) 12-Day PF	RE-Election Report for t Primary (12P)	General (12G)	Runoff (12R)
	Quarterly Report (Q2) 15 Quarterly Report (Q3)	Election c	Convention (12C)	Special (12S)	in the State of
January	31 Year-End Report (YE)	(c) 30-Day PC	DST -Election Report for General (30G)	the: Runoff (30R)	Special (30S)
Terminat	ion Report (TER)	Election c	n M M / D t) / Y Y Y Y	in the State of
5. Covering Period	07 / D D 01	/ Y Y Y Y 2014	through	09 / D D / Y 30	Y Y Y 2014
I certify that I have ex Type or Print Name o	<i>xamined this Report and t</i> f Treasurer _Bryan Burch	-	knowledge and belief it	is true, correct and cor	nplete.
Signature of Treasure	Bryan Burch		[Electronically Filed]	Date 10	08 / Y Y Y Y 2014
NOTE: Submission of f	alse, erroneous, or incomp	lete information ma	y subject the person sig		enalties of 2 U.S.C. §437g.
FE5AN018					(Revised 02/2003)

Image# 14978102836

10/08/2014 18 : 39

	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 14
	Vrite or Type Committee Name Dr. Brad Allen for Congress		
R	Report Covering the Period: From: 07	M / D D / Y Y Y Y 01 / 2014 To:	M M / D D / Y Y Y Y 09 / 30 / 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))	400.00	40521.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	2600.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	400.00	37921.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	131.60	131650.78
	(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))	131.60	131650.78
8.	Cash on Hand at Close of Reporting Period (from Line 27)	270.22	
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)	103780.00	

For further information contact:

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

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

Г	DETAILED SUMMARY PAGE								
•	– – FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 14						
V	Vrite or Type Committee Name								
[Dr. Brad Allen for Congress								
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 / 2014 To:	M M / D D / Y Y Y Y 09 30 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)	250.00	38780.00						
	(ii) Unitemized (iii) TOTAL of contributions	150.00	1741.00						
	from individuals	400.00	40521.00						
	(b) Political Party Committees	0.00	0.00						
	(c) Other Political Committees (such as PACs)	0.00	0.00						
	(d) The Candidate	0.00	0.00						
	(other than loans)	400.00	40521.00						
	(add Lines 11(a)(iii), (b), (c), and (d))		7 7						
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00						
			y y a training						
13.	LOANS: (a) Made or Guaranteed by the								
	Candidate	0.00	0.00						
	(b) All Other Loans	0.00	94000.00						
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	94000.00						
14.	OFFSETS TO OPERATING EXPENDITURES								
	(Refunds, Rebates, etc.)	0.00	0.00						
15.	OTHER RECEIPTS								
	(Dividends, Interest, etc.)	0.00	0.00						
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)	400.00	494594.00						
	(Carry Total to Line 24, page 4)	400.00	134521.00						

of Disbursements PAGE 4 / 14 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 131.60 131650.78 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 2600.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 2600.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 131.60 134250.78 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY**

DETAILED SUMMARY PAGE

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	1.82	2
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	-	400.00)
25.	SUBTOTAL (add Line 23 and Line 24)	[.	7		7	-	401.82	2
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7		131.60)
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	_	270.22	2

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 0F 14 (check only one) 11a 11b 11c 11d 12 13a 13b 14 15		
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress					
<u> </u>	Full Name (Last, First, Middle Initial) Harold Helbock			Date of Receipt		
	Mailing Address 3588 Sunny Hills Ln			07 07 2014		
	City Vacaville	State CA	Zip Code 95688	Transaction ID : INCA98		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer Self	Occupation Physician	1			
Receipt For: 2014 Election Y Primary General Other (specify)			ycle-to-Date 250.00]		
В.	Full Name (Last, First, Middle Initial)			Date of Receipt		
Б.	Mailing Address	-		M M / D D / Y Y Y Y Y		
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupatior	1			
	Receipt For:	Election C	ycle-to-Date			
	Other (specify)		, ,]		
	Full Name (Last, First, Middle Initial)			Date of Receipt		
C.	Mailing Address					
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
Name of Employer		Occupation	1			
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date]		
5	UBTOTAL of Receipts This Page (optional)			250.00		
1	OTAL This Period (last page this line number of	only)		250.00		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one) PAGE 6 OF 14 X 17 18 19a 19b 19b 20a 20b 20c 21
	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress	<u></u>		
	Full Name (Last, First, Middle Initial)			Date of Disbursement
Α.	eFundraising Connections			
	Mailing Address 2131 Capitol Ave., Ste. 306			07 08 2014
	City State Sacramento CA	Zip Code 95816		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees		001	27.50
	Candidate Name		Category/ Type	Transaction ID : EXPB101
	Office Sought: House Disbursement Fo Senate President Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)			
В.	US Bank			Date of Disbursement
	Mailing Address 936 State Street	07 15 Y Y Y Y 2014		
	City State Santa Barbara CA	Amount of Each Disbursement this Period		
	Purpose of Disbursement Bank Fees		62.38	
	Candidate Name		001 Category/ Type	Transaction ID : EXPB102
	Office Sought: House Disbursement Fo Senate President Other (s	General		
	Full Name (Last, First, Middle Initial)			
C.	US Bank			Date of Disbursement
	Mailing Address 936 State Street			M M / D D / Y
		ip Code		Amount of Each Disbursement this Period
	Santa Barbara CA S Purpose of Disbursement Bank Fees	93101	001	20.96
	Candidate Name		Category/ Type	Transaction ID : EXPB103
	Office Sought: House Disbursement Fo Senate President State: District:		, r -	
s	UBTOTAL of Disbursements This Page (optional)			110.84
	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress	d address of any political commi	ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. US Bank	Date of Disbursement	
Mailing Address 936 State Street		09 15 2014
CityStateSanta BarbaraCA	Zip Code 93101	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees	001	20.76 Transaction ID : EXPB104
Candidate Name	Category Type	
Office Sought: House Disbursement F Senate President Other	or: 2014	
State: District: Full Name (Last, First, Middle Initial)		
В.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	<i>(</i> /
Office Sought: House Disbursement F Senate Prima President Other	or:	
State: District: Full Name (Last, First, Middle Initial)		
С.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	//
Office Sought: House Disbursement F Senate Prima State: District:	or:	
SUBTOTAL of Disbursements This Page (optional)		20.76
TOTAL This Period (last page this line number only)		131.60

age# 14978102843			
CHEDULE C (FEC Form 3) DANS		Detailed Summary Page	14 3a 3b
AME OF COMMITTEE (In Full) Or. Brad Allen for Congress		Transaction ID : PAYC97	
LOAN SOURCE Full Name (Last, First, Mic Brad Allen - Personal Funds	Idle Initial)	Election: 2014 Primary General	
Mailing Address PO Box 88		Other (specify)	
City	State ZIP	Code	
Summerland	CA 930	67	
Original Amount of Loan 20000.00	Cumulative Payment	To Date Balance Outstanding at Close of This P 0.00 20000.00	erio
TERMS	9		_
Date Incurred	Date D		
^M 05 ^M / ^D 15 ^D / ^Y Ž014 ^Y	M M / D D /	^Y . ^Y None ^Y 0.00 % (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:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding: 7 7	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only			

age# 14978102844			,			,		
CHEDULE C (FEC Form 3) DANS				Use separate so for each catego Detailed Summa	ry of the	f the (check only one) 13a		
ME OF COMMITTEE (In Full) r. Brad Allen for Congress			т	ransaction	ID : PAYC64			
LOAN SOURCE Full Name (Last,	First, Middle	Initial)			Ele	ction: 2014		
Brad Allen - Personal Fun	ds				X	Primary General		
Mailing Address PO Box 88						Other (specify)		
City	Sta	te	ZIP Code		I			
Summerland	С	A	93067					
Original Amount of Loan		umulative Pay	ment To Da		Balance	Outstanding at Close of This Perio		
25000).00	9	9	0.00		25000.00		
Date Incurred	Y	Da M / D D	ate Due		st Rate 0.00	Secured:		
						% (apr) Yes No		
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle In		an Source	1	Name of Employer				
Mailing Address			(Dccupation				
			Ā	Amount				
City	State Z	IP Code		Guaranteed Dutstanding:				
2. Full Name (Last, First, Middle In	itial)		١	Name of Employer				
Mailing Address			(Dccupation				
City	State Z	IP Code		Amount Guaranteed Dutstanding:				
3. Full Name (Last, First, Middle In	itial)		١	lame of Employer				
Mailing Address			(Occupation				
City	State Z	IP Code		Amount Guaranteed Dutstanding:		· · · · · · · · · · · · · · · · · · ·		
4. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address			(Occupation				
City	State Z	IP Code		Amount Guaranteed Dutstanding:	· · · ·	· · · · · · · · · · · · · · · · · · ·		
UBTOTALS This Period This Page (or OTALS This Period (last page in this						25000.00		
arry outstanding balance only to LI	NE 3, Schedu	le D, for this	line. If no	Schedule D, car	ry forward	to appropriate line of Summary.		

age# 14978102845				
CHEDULE C (FEC Form 3) DANS	Use separate so for each catego Detailed Summa	ry of the	PAGE 10 OF 14 FOR LINE NUMBER: (check only one) 13a X 13b	
AME OF COMMITTEE (In Full) Or. Brad Allen for Congress		т	ransaction II	D : PAYC71
LOAN SOURCE Full Name (Last, First, Mic Brad Allen - Personal Funds	Idle Initial)		X	tion: 2014 Primary General
Mailing Address PO Box 88				Other (specify) 🔻
City	State ZI	Code		
Summerland	CA 93	3067		
Original Amount of Loan 11000.00	Cumulative Payme	nt To Date 0.00	Balance O	outstanding at Close of This Perio 11000.00
TERMS	2	<u>9</u> <u>a</u>		9 9 4
Date Incurred	Date		st Rate	Secured:
^M 05 ^M / ^D 23 ^D / ^Y 2014 ^Y	M M / D D /	Y. YNYYYY	0.00	% (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		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	, .	y 1 (m)
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	· · · · · · · ·
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only)	·····		11000.00

age# 14978102846			
HEDULE C (FEC Form 3) ANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one) 13a
ME OF COMMITTEE (In Full) r. Brad Allen for Congress		Transactio	on ID : PAYC73
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		Election: 2014
Brad Allen - Personal Funds			Primary
Mailing Address PO Box 88			General Other (specify) ▼
City	State ZIP C	ode	
Summerland	CA 93067	7	
Original Amount of Loan	Cumulative Payment T		ce Outstanding at Close of This Perio
28000.00		0.00	28000.00
TERMS Date Incurred	Date Due		Secured:
^M 05 ^M / ^D 27 ^D / ^Y 2014 ^Y	M M / D D / Y	. ^Y None ^Y 0.00	% (apr)
List All Endorsers or Guarantors (if any)	to Loan Source		Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y - 1 - 19 - 1 - 10 - 10 - 10 - 10 - 10 -
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
JBTOTALS This Period This Page (optional))	······································	28000.00
DTALS This Period (last page in this line on	ıly)	······ •	

nage# 14978102847			
CHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 14 FOR LINE NUMBER: (check only one) 13a X 13b
IAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress		Transaction	ID : PAYC77
LOAN SOURCE Full Name (Last, First, Mi Brad Allen - Personal Funds	iddle Initial)	Ele	ction: 2014 Primary General
Mailing Address PO Box 88			Other (specify)
City	State ZIP Cod	de	
Summerland	CA 93067		
Original Amount of Loan 3000.00	Cumulative Payment To	Date Balance	Outstanding at Close of This Period 3000.00
TERMS			
Date Incurred	Date Due	None 0.00	Secured:
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · ·
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3. So	ly)		3000.00

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page
ME OF COMMITTEE (In Full) Dr. Brad Allen for Congress		Transaction ID : PAYC80
LOAN SOURCE Full Name (Last, First, M Brad Allen - Personal Funds	iddle Initial)	Election: 2014 Primary General
Mailing Address PO Box 88		Other (specify)
City Summerland		P Code 3067
Original Amount of Loan 7000.00	Cumulative Payme	ent To Date Balance Outstanding at Close of This Per 0.00 7000.00
TERMS Date Incurred M_{06}^{M} / D_{02}^{D} / Y_{2014}^{Y}	M M / D D /	Due Interest Rate Secured: Y Y 0.00 Y None None % (apr)
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation 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
City State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line on		

SCHEDULE D (FEC Form 3)			(LISE	e separate	PAGE 14 OF 14	
			sch	nedule(s)	FOR LINE NUMBER:	
				or each bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)			nunn		X 10	
Dr. Brad Allen for Co	<u> </u>					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): Filing Fee		
Brad Allen - Personal Funds				T ming T CC		
Mailing Address PO Box 88						
City State	Zip Code					
Summerland	CA	93067				
Outstanding Balance Beginning This Period	k			Transactio	on ID : PAYD56	
1050.00						
Amount Incurred This Period	Pa	ayment This Period		Outstandir	ng Balance at Close of This Period	
	1		0.00			
0.00			0.00		1050.00	
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor			Nature of D	ebt (Purpose):	
Brad Allen - Personal Funds				Ballot Statement Fees		
Mailing Address PO Box 88						
City State	Zip Code)				
Summerland	CA	93067				
Outstanding Balance Beginning This Period	k			Transactio	on ID : PAYD57	
8730.00	1					
	D.	ware and This Davied		Outstand's	- Delever at Olever of This Devied	
Amount Incurred This Period	Pa	ayment This Period	_	Outstandir	ng Balance at Close of This Period	
0.00			0.00		8730.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of D		
C. Full Name (Last, First, Middle Initial) of D				Nature of D	ebt (Purpose):	
Mailing Address						
City	State	Zip Code				
	01410	p 0000				
Outstanding Balance Beginning This Period	ł					
	1					
	1					
Amount Incurred This Period	Pa	ayment This Period		Outstandir	ng Balance at Close of This Period	
	Ŋ		•		9780.00	
1) SUBTOTALS This Period This Page (optional)				, , , , , , , , , , , , , , , , , , , ,		
2) TOTALS This Period (last page this line number only)			►		9780.00	
					04000.00	
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last page	only)	▶		94000.00	
() ADD 2) and 2) and come forward to concern	riata lina of Summ	nany Pago /last page			103780.00	
4) ADD 2) and 3) and carry forward to approp	nate line of Summ	nary Page (last page (oniy) 🖻		7 7 7	

FEC Schedule D (Form 3) (Revised 02/2003)