I

01/22/2018 20 : 09

PAGE 1 / 18

| FEC FORM 3 | | ID DIS | | CEIPTS MENTS | | | Office Use Only |
|--|-----------------|-------------------------------------|----------------------|--------------------------------------|-----------------------------|--------------------------------------|----------------------------------|
| 1. NAME OF COMMITTEE (in 1 | | PE OR PRINT | | Example: If typin over the lines. | g, type | 12FE4M5 | |
| Dr. Brad Allen f | | 2SS | | | | | |
| ADDRESS (number and | | PO Box 88 | | | | | |
| Check if different than previous reported. (AC | sly I | Summerland | | | | | 93067 |
| 2. FEC IDENTIFIC | , | BER ▼ | CITY 🔺 | | | STATE 🔺 | ZIP CODE |
| C C00557124 | | | 3. IS THIS REPORT | × NEW (N) | OR | AMEND (A) | DED STATE ▼ DISTRICT |
| July 15 0 October | | ort (Q1) ort (Q2) Report (Q3) | Election o |)ST -Election Rep |) 12C) Doort for the: | General (1 Special (12 Y Y Y Y | 2S) in the State of |
| Terminat | ion Report (TE | R) | Election o | General (30G | D D / | Y Y Y Y | in the State of |
| 5. Covering Period | M M 10 | / 01 / | Y Y Y Y 2017 | through | M M 12 | / D D / 31 | Y Y Y Y 2017 |
| I certify that I have ex Type or Print Name o | | Report and to a Burch, Bryan, , | | knowledge and | belief it is tr | rue, correct and | l complete. |
| Signature of Treasurer | Burch, E | Bryan, , , | | [Electronically | Filed] | Date | / D D / Y Y Y Y 22 2018 |
| | alse, erroneous | s, or incomplete | information may | y subject the per | son signing t | this Report to th | ne penalties of 52 U.S.C. §30109 |
| Office Use Only | | | | | | | FEC FORM 3 (Revised 05/2016) |

SUMMARY PAGE of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Dr. Brad Allen for Congress

| R | lepor | t Covering the Period: From: | 10 ^M / D D / Y Y Y Y 2017 To: | M 12 / D D / Y Y Y Y 31 / 2017 Y |
|-----|-------|--|---|-------------------------------------|
| | | | 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)) | 103676.23 | 144197.23 |
| | (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)) | 103676.23 | 141597.23 |
| 7. | Net | Operating Expenditures | | |
| | (a) | Total Operating Expenditures (from Line 17) | 9780.00 | 141597.23 |
| | (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)) | 9780.00 | 141597.23 |
| 8. | | sh on Hand at Close of porting Period (from Line 27) | 0.00 | |
| 9. | the | ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D) | 0.00 | |
| 10. | the | ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D) | 0.00 | |

For further information contact:

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

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

| FEC Form 3 (Revised 05/2016) | DETAILED SUMMARY PAGE of Receipts | PAGE 3 / 18 |
|---|--|------------------------------------|
| Write or Type Committee Name | · · · · · · · · · · · · · · · · · · · | |
| Dr. Brad Allen for Congress | | |
| Report Covering the Period: From: | 10 / D D / Y Y Y Y 10 01 / 2017 To: | M M / D D / Y Y Y Y 12 31 2017 |
| 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 | 103676.23 | 144197.23 |
| (i) Itemized (use Schedule A)(ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL of contributions from individuals | 103676.23 | 144197.23 |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) The Candidate (e) TOTAL CONTRIBUTIONS | 0.00 | 0.00 |
| (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 103676.23 | 144197.23 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | 0.00 | , , , 0.00 |
| (b) All Other Loans (c) TOTAL LOANS | 0.00 | 94000.00 |
| (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) (Carry Total to Line 24, page 4) | 103676.23 | 238197.23 |

Image# 201801229090514885

FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 9780.00 141597.23 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 by the Candidate..... 94000.00 94000.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 94000.00 94000.00 (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 103780.00 238197.23 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

| 23. | CASH ON HAND AT BEGINNING OF REPORTING PERIOD | | 7 | _ | 7 | 103.77 |
|-----|---|----|---|---|---|-----------|
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | | 7 | | 7 | 103676.23 |
| 25. | SUBTOTAL (add Line 23 and Line 24) | | 7 | | 7 | 103780.00 |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | Γ. | 7 | | 7 | 103780.00 |
| 27. | CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | | 7 | | 7 | 0.00 |

DETAILED SUMMARY PAGE

of Disbursements

0.00 0.00

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3N Transaction ID :

Please note, the candidate is forgiving all loans, \$94000, made from personal funds, to the campaign as well as accrued expenses made from personal funds, as of 12/20/2017.

Form/Schedule: Transaction ID:

| Т | CHEDULE A (FEC Form 3) EMIZED RECEIPTS | Statements m | Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any | FOR LINE NUMBER: PAGE 6 OF 18 (check only one) I1a 11b 11c 11d I1a 11b 11c 11d 11d I2 13a 13b 14 15 person for the purpose of soliciting contributions | | | |
|----|---|-----------------|--|--|--|--|--|
| | | | | ee to solicit contributions from such committee. | | | |
| Α. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , Mailing Address PO Box 88 | Date of Receipt | | | | | |
| | City | State CA | Zip Code | Transaction ID : PAYA111 | | | |
| | Summerland FEC ID number of contributing federal political committee. | C | 93067 | Amount of Each Receipt this Period | | | |
| | Name of Employer | Occupation | l . | | | | |
| | Self | Doctor | | | | | |
| | Receipt For: | Election Cy | /cle-to-Date | Memo Item | | | |
| | Primary General Other (specify) ▼ | | 207456.23 | 1 | | | |
| В. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , Mailing Address PO Box 88 | | | Date of Receipt | | | |
| | | 12 20 2017 | | | | | |
| | City | State | Zip Code | Transaction ID : PAYA118 | | | |
| | Summerland | CA | 93067 | | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | |
| | Name of Employer | Occupation | I | | | | |
| | Self | Doctor | | | | | |
| | Receipt For: | Election C | /cle-to-Date | Memo Item | | | |
| | Primary General Other (specify) ▼ | | 207456.23 | 1 | | | |
| c. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | Date of Receipt | | | |
| | Mailing Address PO Box 88 | | | | | | |
| | City | State | Zip Code | 12 20 2017 | | | |
| | Summerland | CA | 93067 | Transaction ID : PAYA116 | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | |
| | Name of Employer | Occupation | I | | | | |
| | Self | Doctor | | | | | |
| | Receipt For: | Election Cy | /cle-to-Date | Memo Item | | | |
| | Primary General Other (specify) ▼ | | 207456.23 | 1 | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 23946.23 | | | |
| т | OTAL This Period (last page this line number of | only) | | • | | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 OF 18 (check only one) 11a 11b 11c 11d 12 13a 13b 14 15 | | | | |
|--|---|-------------------------------|---|--|--|--|--|--|
| | | | , , , | 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 | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , Mailing Address PO Box 88 | Date of Receipt | | | | | | |
| | | 12 20 _2017 _ | | | | | | |
| | City | State | Zip Code | Transaction ID : PAYA112 | | | | |
| | Summerland | CA | 93067 | | | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| | Name of Employer | Occupation | | 8730.00 | | | | |
| | Self | Doctor | | | | | | |
| | Receipt For: | Election Cy | vcle-to-Date | Memo Item | | | | |
| | Primary General Other (specify) ▼ | | 207456.23 |] | | | | |
| В. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | Date of Receipt | | | | |
| | Mailing Address PO Box 88 | 12 / D D / Y Y Y Y 20 2017 | | | | | | |
| | City Summerland | State CA | Zip Code 93067 | Transaction ID : PAYA117 | | | | |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period | | | | |
| | Name of Employer | Occupation | | 7000.00 | | | | |
| | Self | Doctor | | | | | | |
| | Receipt For: | Election Cy | vcle-to-Date | Memo Item | | | | |
| | Primary General Other (specify) ▼ | | 207456.23 |] | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | Date of Receipt | | | | |
| 0. | Mailing Address PO Box 88 | | | M M / D D / Y Y Y Y 12 20 2017 | | | | |
| | City | State | Zip Code | Transaction ID : PAYA113 | | | | |
| | Summerland | CA | 93067 | | | | | |
| | FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| | Name of Employer | Occupation | | 25000.00 | | | | |
| | Self | Doctor | | , | | | | |
| | Receipt For: | Election Cy | vcle-to-Date | Memo Item | | | | |
| | Primary General Other (specify) ▼ | | , 207456.23 | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | • 40730.00 | | | | |
| | OTAL This Period (last page this line number of | | | • | | | | |

| | | 1 | [| | | | | |
|-------------------------|--|-----------------|--|--|--|--|--|--|
| SCHEDULE A (FEC Form 3) | | | Line concrete schodule(-) | FOR LINE NUMBER: PAGE 8 OF 18 | | | | |
| | | | Use separate schedule(s) for each category of the | (check only one) | | | | |
| IT | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 11d | | | | |
| _ | | | | 12 13a 13b 14 15 | | | | |
| | | | , | person for the purpose of soliciting contributions | | | | |
| or | for commercial purposes, other than using the | name and a | address of any political committe | ee to solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | |
| $ \rangle$ | Dr. Brad Allen for Congress | | | | | | | |
| \angle | 6 | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | |
| Α. | Allen - Personal Funds, Brad, , , | Date of Receipt | | | | | | |
| | Mailing Address PO Box 88 | | | | | | | |
| | | | | 12 20 2017 | | | | |
| | City | State | Zip Code | Transaction ID : PAYA115 | | | | |
| | Summerland | CA | 93067 | | | | | |
| | FEC ID number of contributing | <u> </u> | | Amount of Forth Descipt this Device | | | | |
| | federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| | | | | 28000.00 | | | | |
| | Name of Employer | Occupation | ـــــــــــــــــــــــــــــــــــــ | 7 7 7 | | | | |
| | Self | Doctor | | Memo Item | | | | |
| | Receipt For: | Election Cy | ycle-to-Date 🚽 | | | | | |
| | Primary General | | T | 1 | | | | |
| | Other (specify) v | | 207456.23 | | | | | |
| | | | , | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | |
| В. | Allen - Personal Funds, Brad, , , | Date of Receipt | | | | | | |
| ۵. | Mailing Address PO Box 88 | | | | | | | |
| | | 12 20 2017 | | | | | | |
| | City | State | Zip Code | Transaction ID : PAYA114 | | | | |
| | Summerland | CA | 93067 | | | | | |
| | FEC ID number of contributing | | | | | | | |
| | federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| | | | | 11000.00 | | | | |
| | Name of Employer | Occupation | 1 | 7 | | | | |
| | Self | Doctor | | | | | | |
| | Receipt For: | Election C | ycle-to-Date | Memo Item | | | | |
| | Primary General | | • | 1 | | | | |
| | Other (specify) V | I | 207456.23 | | | | | |
| | | | 7 7 7 7 7 | " · · · · · · · · · · · · · · · · · · | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | |
| C. | | | | Date of Receipt | | | | |
| υ. | Mailing Address | | | M M / D D / Y Y Y Y | | | | |
| | | | | | | | | |
| | City | State | Zip Code | | | | | |
| | | | | | | | | |
| | FEC ID number of contributing | | | | | | | |
| | federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| | | | | | | | | |
| | Name of Employer | Occupation | 1 | 7 7 7 7 | | | | |
| | | | | | | | | |
| | Receipt For: | Election Cy | ycle-to-Date | Memo Item | | | | |
| | Primary General | | V | 1 | | | | |
| | Other (specify) | | | | | | | |
| | | | y y x | * | | | | |
| Г | | | | | | | | |
| . | SUBTOTAL of Receipts This Page (optional) | | | 39000.00 | | | | |
| Ľ | ODIVIAL OF NECERDIS THIS Page (optional) | | | | | | | |
| . | COTAL This Derived (least same this line survey a | nh () | | 103676.23 | | | | |
| 11 | TOTAL This Period (last page this line number o | n ny) | | | | | | |

| IT Ar | | | , | y of the y Page used by any | FOR LINE NUMBER: (check only one) PAGE 9 0F 18 X 17 18 19a 19b 20a 20b 20c 21 person for the purpose of soliciting contributions |
|-----------------|---|----------------------------------|---------------------------|---|---|
| or | for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress | ame and a | address of any poli | tical committ | ee to solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | Date of Disbursement |
| | Mailing Address PO Box 88 —————————————————————————————————— | State CA | Zip Code 93067 | | FEC Identification Number |
| | Purpose of Disbursement Debt Forgiven | 0,1 | 93007 | | C |
| | Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period |
| | Office Sought: House Disburst Senate President State: District: | ement For Primary Other (s | : General pecify) ▼ | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 946.23 Transaction ID : PAYB111 Memo Item |
| В. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , Mailing Address PO Box 88 | | | | Date of Disbursement |
| | City Summerland Purpose of Disbursement Debt Forgiven | State CA | Zip Code 93067 | · · · | FEC Identification Number |
| | Candidate Name Office Sought: House Senate President State: District: | ement For Primary Other (s | : General pecify) v | Category/ Type | Amount of Each Disbursement this Period 8730.00 Transaction ID : PAYB112 Memo Item |
| C. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | Date of Disbursement |
| | Mailing Address PO Box 88 | | | | 12 20 2017 |
| | City Summerland Purpose of Disbursement Filing Fee | State CA | Zip Code 93067 | 001 | FEC Identification Number |
| | Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period |
| | Office Sought: House Disburst Senate President State: District: | ement For Primary Other (s | General | .,,,,, | 103.77 Transaction ID : EXPB109 Memo Item |
| | SUBTOTAL of Disbursements This Page (optiona |) | | | 9780.00 |
| | TOTAL This Period (last page this line number or | nly) | | | 9780.00 |

| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: PAGE 10 OF 18 (check only one) 17 18 19a X 19b 20a 20b 20c 21 | | |
|---|--|----------------------------------|---|-------------------|--|--|--|
| | y information copied from such Reports and State for commercial purposes, other than using the na | | | | | | |
| | NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | Date of Disbursement | | |
| | Mailing Address PO Box 88 | | | | 12 20 2017 | | |
| | City Summerland | State CA | Zip Code 93067 | | FEC Identification Number | | |
| | Purpose of Disbursement | | | | | | |
| | Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period | | |
| | Office Sought: House Disburse Senate President | ment For: Primary Other (s | General General | | 25000.00 Transaction ID : PAYB113 Memo Item | | |
| в. | State: District: Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | | | |
| | Mailing Address PO Box 88 | | | | 12 20 2017 | | |
| | City Summerland | State CA | Zip Code 93067 | | FEC Identification Number | | |
| | Purpose of Disbursement | | | | C | | |
| | Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period | | |
| | Office Sought: House Disburse Senate President State: District: | ment For: Primary Other (s | General General General | | 3000.00 Transaction ID : PAYB116 Memo Item | | |
| c. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | Date of Disbursement | | |
| | Mailing Address PO Box 88 | | | | 12 20 / Y Y Y Y 20 2017 | | |
| | City Summerland | State CA | Zip Code 93067 | | FEC Identification Number | | |
| | Purpose of Disbursement Candidate Name | | | Category/ Type | C Amount of Each Disbursement this Period | | |
| | Office Sought: House Disburse | ment For: Primary | General | | 7000.00 | | |
| | State: District: | Other (s | | | Transaction ID : PAYB117 Memo Item | | |
| - | SUBTOTAL of Disbursements This Page (optional) | | | | > 35000.00 | | |
| • | TOTAL This Period (last page this line number on | ly) | | | | | |

| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: PAGE 11 OF 18 (check only one) 17 18 19a 19b 20a 20b 20c 21 | | |
|---|--|------------------------------------|---|-------------------|--|--|--|
| | for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | Date of Disbursement | | |
| | Mailing Address PO Box 88 City Summerland | State CA | Zip Code 93067 | | FEC Identification Number | | |
| | Purpose of Disbursement | 0,1 | 33007 | | С | | |
| | Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period | | |
| | Senate President | ement For: Primary Other (sj | : ☐ General pecify) ▼ | | 28000.00 Transaction ID : PAYB115 Memo Item | | |
| В. | State: District: Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , Mailing Address PO Box 88 | | | | Date of Disbursement | | |
| | City Summerland Purpose of Disbursement | State CA | Zip Code 93067 | | FEC Identification Number | | |
| | Candidate Name | | | Category/ Type | Amount of Each Disbursement this Period | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (sj | General General (General) | | 11000.00 Transaction ID : PAYB114 Memo Item | | |
| C. | Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | | Date of Disbursement | | |
| | Mailing Address PO Box 88 | State | Zip Code | | 12 20 2017 | | |
| | Summerland Purpose of Disbursement Candidate Name | CA | 93067 | Category/ | FEC Identification Number C Amount of Each Disbursement this Period | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (sj | General | Туре | 20000.00 Transaction ID : PAYB118 Memo Item | | |
| | SUBTOTAL of Disbursements This Page (optional |) | | | > 59000.00 | | |
| , | TOTAL This Period (last page this line number on | ıly) | | | | | |

| 0 | | | | | PAGE 12 OF 18 |
|--|-------------------|---------------|-------------------|--|--|
| SCHEDULE C (FEC Form 3) OANS | | | | Use separate schedule for each category of the Detailed Summary Page | e(s) FOR LINE NUMBER: he (check only one) 13a |
| ME OF COMMITTEE (In Full) r. Brad Allen for Cong | | | | Transac | tion ID : PAYC97 |
| LOAN SOURCE Full Name Allen - Personal Fun | | ddle Initial) | | Memo Item | Election: 2014 X Primary General |
| Mailing Address PO Box 88 | | | | | Other (specify) |
| City Summerland | | State CA | ZIP Code 93067 | e | Personal Funds of the Candidat |
| Original Amount of Loan | | Cumulative P | ayment To D | Date Bala | ance Outstanding at Close of This Perio |
| · · · · · · · · · | 20000.00 | · · · , | | 20000.00 | 0.00 |
| TERMS Date Incurred | t | | Date Due | Interest Rate (If none, enter | - 0) |
| ^M 05 ^M / ^D 15 ^D / ^Y | ž014 ^v | M M / D | D / Y | ^Y Nohe ^Y 0. | 00 % (apr) Yes 🗶 No |
| List All Endorsers or Guar | antors (if any) t | o Loan Source | е | | |
| 1. Full Name (Last, First, N | liddle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 2. Full Name (Last, First, M | iddle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y |
| 3. Full Name (Last, First, M | iddle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, M | iddle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| UBTOTALS This Period This OTALS This Period (last page | | | | L | 9.00 7 7 7 |

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

| CHEDULE C (FEC Form 3) DANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | |
|---|----------------|-------------------|---|--|--|--|
| AME OF COMMITTEE (In Full) Dr. Brad Allen for Congress | | | Transact | tion ID : PAYC64 | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | Memo Item Election: 2014 | | | |
| Mailing Address PO Box 88 | | | | Other (specify) V | | |
| City Summerland | State CA | ZIP Code 93067 | | Personal Funds of the Candidat | | |
| Original Amount of Loan 25000.00 | Cumulative Pa | ayment To Da | ate Balar 25000.00 | nce Outstanding at Close of This Perio | | |
| TERMS Date Incurred M05 ^M / D21 ^D / Y Ž014 | M M / D D | | Interest Rate (If none, enter None Y 0.0 | 0) | | |
| List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial) | to Loan Source | | lame of Employer | | | |
| Mailing Address | | | Dccupation | | | |
| City State | ZIP Code | | Amount Guaranteed Dutstanding: | g 1 g 1 m 1 | | |
| 2. Full Name (Last, First, Middle Initial) Mailing Address | | | Name of Employer | | | |
| City State | ZIP Code | | Amount Guaranteed Dutstanding: | y y | | |
| 3. Full Name (Last, First, Middle Initial) | | N | Name of Employer | | | |
| Mailing Address | | | Occupation | | | |
| City State | ZIP Code | | Guaranteed Dutstanding: | y | | |
| 4. Full Name (Last, First, Middle Initial) | | N | lame of Employer | | | |
| Mailing Address | | C | Decupation | | | |
| City State | ZIP Code | | Amount Guaranteed Dutstanding: | 9 1 9 1 1 1 | | |
| SUBTOTALS This Period This Page (optional) |) | | | 0.00 | | |
| TOTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, So | | | | and to appropriate line of Summory | | |

| -go0.000000 | | | | | PAGE 14 OF 18 | | |
|---|-------------------|---------------|---|--|--|--|--|
| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule for each category of t Detailed Summary Pag | e(s) FOR LINE NUMBER: he (check only one) 13a | | | |
| AME OF COMMITTEE (In Full) Dr. Brad Allen for Cong | ress | | | Transac | ction ID : PAYC71 | | |
| LOAN SOURCE Full Name Allen - Personal Func | | ddle Initial) | | Memo Item | Election: 2014 X Primary General | | |
| Mailing Address PO Box 88 | | | | | Other (specify) ▼ | | |
| City Summerland | | State CA | ZIP Code 93067 | e | Personal Funds of the Candidate | | |
| Original Amount of Loan | | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Period | | |
| <u> </u> | 11000.00 | | | 11000.00 | 0.00 | | |
| TERMS Date Incurred | | [| Date Due | Interest Rate (If none, enter | | | |
| ^M 05 ^M / ^D 23 ^D / Y | Ž014 ^Y | M M / D D |) / Y . | ^Y Nohe ^Y 0. | 00 % (apr) Yes X No | | |
| List All Endorsers or Guara | | o Loan Source | | Name of Employer | | | |
| 1. Full Name (Last, First, M | iddie miliai) | | | | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y | | |
| 2. Full Name (Last, First, Mic | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y | | |
| 3. Full Name (Last, First, Mic | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y | | |
| 4. Full Name (Last, First, Mic | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y | | |
| UBTOTALS This Period This F | | | | | | | |

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

| | | | | PAGE 15 OF 18 | |
|---|----------------|-------------------|---|--|--|
| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | |
| ME OF COMMITTEE (In Full) Pr. Brad Allen for Congress | | | Transac | tion ID : PAYC73 | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | 🗌 Memo Item | Election: 2014 X Primary General | |
| Mailing Address PO Box 88 | | | | Other (specify) | |
| , | | ZIP Code 93067 | 9 | Personal Funds of the Candidat | |
| Original Amount of Loan Cumulative Payment To | | yment To D | Date Bala | nce Outstanding at Close of This Peric | |
| 28000.00 | 2 | | 28000.00 | 0.00 | |
| TERMS Date Incurred | [| Date Due | Interest Rate (If none, enter | | |
| M05 ^M / D27 ^D / Y Ž014 Y | M M / D C |) / Y . Y | ^Y Nohe ^Y 0.0 | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | Name of Employer | | |
| 1. Full Name (Last, First, Middle Initial) | | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| City State | ZIP Code Gua | | Amount Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| City State | ZIP Code | | Amount Guaranteed Outstanding: | y y | |
| 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: | y | |
| UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line on | | | | 0.00 | |

| CHEDULE C (FEC Form 3) OANS | | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | |
|--|------|----------------|--------------------------|---|--|--|--|
| AME OF COMMITTEE (In Full) Dr. Brad Allen for Congress | | | | Transac | tion ID : PAYC77 | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , , | | | Memo Item Election: 2014 | | | | |
| Mailing Address PO Box 88 | | | | | Other (specify) | | |
| City Summerland | | State CA | ZIP Code 93067 | e | Personal Funds of the Candidat | | |
| Original Amount of Loan 3000.00 |) | Cumulative Pay | yment To D | Date Bala 3000.00 | nce Outstanding at Close of This Perio | | |
| TERMS Date Incurred M05 ^M / P27 ^D / Y Ž014 | М | M / D D | Date Due | Interest Rate (If none, enter None Y 0.0 | 0) | | |
| List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initia | | Loan Source | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City Sta | tate | ZIP Code | | Amount Guaranteed Outstanding: | ay 1 a ay 1 a ay 1 | | |
| 2. Full Name (Last, First, Middle Initial Mailing Address | l) | | | Name of Employer Occupation | | | |
| City Sta | ate | ZIP Code | | Amount Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · | | |
| 3. Full Name (Last, First, Middle Initial | l) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City Sta | ate | ZIP Code | | Amount Guaranteed Outstanding: | g = g = g = g = g | | |
| 4. Full Name (Last, First, Middle Initial | l) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | tate | ZIP Code | | Amount Guaranteed Outstanding: | | | |
| SUBTOTALS This Period This Page (opti | | | | H | 0.00 | | |
| TOTALS This Period (last page in this lin | | | | | vard to appropriate line of Summarv. | | |

| | | | | | PAGE 17 OF 18 | |
|---|--|--------------------|---|--|---|--|
| CHEDULE C (FEC Form 3) DANS | | | Use separate schedule for each category of t Detailed Summary Pag | e(s) FOR LINE NUMBER: he (check only one) 13a | | |
| AME OF COMMITTEE (In I Dr. Brad Allen for Co | , | | | Transad | ction ID : PAYC80 | |
| LOAN SOURCE Full Na Allen - Personal F | • | ddle Initial) | | Memo Item | Election: 2014 | |
| Mailing Address PO Box 88 | | | | | Other (specify) v | |
| City Summerland | | State CA | ZIP Code 93067 | e | Personal Funds of the Candidate | |
| Original Amount of Loar | n 7000.00 | Cumulative Pa | yment To D | Date Bala 7000.00 | ance Outstanding at Close of This Peric | |
| TERMS Date Incu M06 ^M / D02 ^D / | rred ^Y Ž014 ^Y | C | Date Due | NONC | | |
| List All Endorsers or G 1. Full Name (Last, Firs | | o Loan Source | | Name of Employer | | |
| Mailing Address | | | | Occupation | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | g | |
| 2. Full Name (Last, First | , Middle Initial) | | | Name of Employer | | |
| Mailing Address | | | | Occupation Amount | | |
| City | State | ZIP Code | | Guaranteed | y y | |
| 3. Full Name (Last, First | , Middle Initial) | | | Name of Employer | | |
| Mailing Address | | | | Occupation | | |
| City | 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: | y y | |
| UBTOTALS This Period T | his Page (optional). | | | ······ | 0.00 | |
| OTALS This Period (last p | bage in this line only | /) | | ······ • | 0.00 | |
| Carry outstanding balance | only to LINE 3, Sch | nedule D, for this | s line. If no | o Schedule D, carry forv | ward to appropriate line of Summary. | |

| SCHEDULE D (FEC Form 3) | | | (Use separate schedule(s) | PAGE 18 OF 18 FOR LINE NUMBER: |
|---|----------------------------|---------------------------------------|------------------------------|--|
| DEBTS AND OBLIGATIONS Excluding Loans | for each numbered line) | (check only one) 9 X 10 | | |
| NAME OF COMMITTEE (In Full) Dr. Brad Allen for Co | ongress | | | |
| A. Full Name (Last, First, Middle Initial) of Allen - Personal Funds, Brad | | or | Nature of D Filing Fee | ebt (Purpose): |
| Mailing Address PO Box 88 | | | | |
| City Summerland | State CA | Zip Code 93067 | | |
| Outstanding Balance Beginning This Period | od | | Transacti | on ID : PAYD56 |
| 1050.00 Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period |
| - 946.23 | | , 103.7 | | 0.00 |
| B. Full Name (Last, First, Middle Initial) of D Allen - Personal Funds, Brad | | r | | ebt (Purpose): ement Fees |
| Mailing Address PO Box 88 | | | | |
| City Summerland | State CA | Zip Code 93067 | | |
| Outstanding Balance Beginning This Perio | bd | | Transacti | on ID : PAYD57 |
| | 1 | | | |
| 8730.00 Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of This Period |
| 8730.00 |]] []] | Payment This Period | | ng Balance at Close of This Period 0.00 |
| 8730.00 Amount Incurred This Period | Debtor or Credito | 0.0 | 00 | |
| 8730.00 Amount Incurred This Period – 8730.00 | Debtor or Credit | 0.0 | 00 | 0.00 |
| 8730.00 Amount Incurred This Period - 8730.00 C. Full Name (Last, First, Middle Initial) of | Debtor or Credit | 0.0 | 00 | 0.00 |
| 8730.00 Amount Incurred This Period - 8730.00 C. Full Name (Last, First, Middle Initial) of Mailing Address | State | 0.(| 00 | 0.00 |
| 8730.00 Amount Incurred This Period – 8730.00 C. Full Name (Last, First, Middle Initial) of Mailing Address City | State | 0.(| Nature of D | 0.00 |
| 8730.00 Amount Incurred This Period - 8730.00 C. Full Name (Last, First, Middle Initial) of Mailing Address City Outstanding Balance Beginning This Period | State | 0.0 | Nature of D | 0.00 ebt (Purpose): |
| 8730.00 Amount Incurred This Period - 8730.00 C. Full Name (Last, First, Middle Initial) of Mailing Address City Outstanding Balance Beginning This Period | State | or Zip Code Payment This Period | Nature of D | 0.00 ebt (Purpose): |
| 8730.00 Amount Incurred This Period - 8730.00 C. Full Name (Last, First, Middle Initial) of Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period | State | Or Zip Code Payment This Period | Nature of D | 0.00 ebt (Purpose): |
| 8730.00 Amount Incurred This Period - 8730.00 C. Full Name (Last, First, Middle Initial) of Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (option | State | or Zip Code | OU Nature of D | 0.00 ebt (Purpose): |

FEC Schedule D (Form 3) (Revised 05/2016)