

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Dr. Brad Allen for Congress

ADDRESS (number and street)

PO Box 88

Check if different than previously reported. (ACC)

Summerland

CA

93067

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00557124

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

CA

24

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Burch, Bryan, , ,

Type or Print Name of Treasurer

Burch, Bryan, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Dr. Brad Allen for Congress

Report Covering the Period: From: / / To: / /

	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. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Dr. Brad Allen for Congress

Report Covering the Period: From: / / To: / /

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).....	103676.23	144197.23
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	103676.23	144197.23
(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
(e) TOTAL CONTRIBUTIONS (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.....	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) (Carry Total to Line 24, page 4)..... ▶	103676.23	238197.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9780.00	141597.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	94000.00	94000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	94000.00	94000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2600.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	103780.00	238197.23

III. CASH SUMMARY

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA111

Amount of Each Receipt this Period
946.23

Memo Item

B. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA118

Amount of Each Receipt this Period
20000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA116

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 23946.23

TOTAL This Period (last page this line number 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 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA112

Amount of Each Receipt this Period
8730.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA117

Amount of Each Receipt this Period
7000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA113

Amount of Each Receipt this Period
25000.00

Memo Item

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

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

40730.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA115

Amount of Each Receipt this Period
28000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Allen - Personal Funds, Brad, , ,

Mailing Address PO Box 88

City Summerland State CA Zip Code 93067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
207456.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : PAYA114

Amount of Each Receipt this Period
11000.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

39000.00

103676.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement Debt Forgiven		Amount of Each Disbursement this Period 946.23
Candidate Name	Category/ Type	Transaction ID : PAYB111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement Debt Forgiven		Amount of Each Disbursement this Period 8730.00
Candidate Name	Category/ Type	Transaction ID : PAYB112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement Filing Fee		Amount of Each Disbursement this Period 103.77
Candidate Name	Category/ Type 001	Transaction ID : EXPB109
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	9780.00
TOTAL This Period (last page this line number only).....▶	9780.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement		Amount of Each Disbursement this Period 25000.00
Candidate Name	Category/ Type	Transaction ID : PAYB113
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : PAYB116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement		Amount of Each Disbursement this Period 7000.00
Candidate Name	Category/ Type	Transaction ID : PAYB117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	35000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement		Amount of Each Disbursement this Period 28000.00
Candidate Name	Category/ Type	Transaction ID : PAYB115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement		Amount of Each Disbursement this Period 11000.00
Candidate Name	Category/ Type	Transaction ID : PAYB114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Allen - Personal Funds, Brad, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017
Mailing Address PO Box 88		FEC Identification Number C
City Summerland	State CA	Zip Code 93067
Purpose of Disbursement		Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/ Type	Transaction ID : PAYB118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	59000.00
TOTAL This Period (last page this line number only).....▶	94000.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC97**
 Dr. Brad Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88			
City Summerland	State CA	ZIP Code 93067	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 20000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS	Date Incurred M 05 / D 15 / Y 2014	Date Due M / D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	----------------------------	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:
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).....▶	0.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : PAYC64
 Dr. Brad Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Allen - Personal Funds, Brad, , ,		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88		<input type="checkbox"/> Personal Funds of the Candidate
City Summerland	State CA	
ZIP Code 93067		

Original Amount of Loan <input style="width: 90%;" type="text" value="25000.00"/>	Cumulative Payment To Date <input style="width: 90%;" type="text" value="25000.00"/>	Balance Outstanding at Close of This Period <input style="width: 90%;" type="text" value="0.00"/>
--	---	--

TERMS	Date Incurred <input style="width: 20px;" type="text" value="05"/> / <input style="width: 20px;" type="text" value="21"/> / <input style="width: 20px;" type="text" value="2014"/>	Date Due <input style="width: 20px;" type="text" value=""/> / <input style="width: 20px;" type="text" value=""/> / <input style="width: 20px;" type="text" value="None"/>	Interest Rate (If none, enter 0) <input style="width: 40px;" type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	--	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 80%;" type="text"/>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 90%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only).....▶	<input style="width: 90%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : PAYC71
 Dr. Brad Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Allen - Personal Funds, Brad, , ,			Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88			<input type="checkbox"/> Personal Funds of the Candidate
City Summerland	State CA	ZIP Code 93067	

Original Amount of Loan 11000.00	Cumulative Payment To Date 11000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

TERMS Date Incurred M 05 / D 23 / Y 2014	Date Due M M / D D / Y . None Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: []
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).....▶	0.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC73**

LOAN SOURCE Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88			
City Summerland	State CA	ZIP Code 93067	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 28000.00	Cumulative Payment To Date 28000.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 05 / D 27 / Y 2014	Date Due M M / D D / Y . None Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: []
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).....▶	[] 0.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : PAYC77
 Dr. Brad Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Allen - Personal Funds, Brad, , ,		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88		
City Summerland	State CA	ZIP Code 93067
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 3000.00	Cumulative Payment To Date 3000.00	Balance Outstanding at Close of This Period 0.00
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TERMS Date Incurred M 05 / D 27 / Y 2014	Date Due M M / D D / Y . None Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: []
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).....▶	0.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dr. Brad Allen for Congress** Transaction ID : **PAYC80**

LOAN SOURCE Full Name (Last, First, Middle Initial) Allen - Personal Funds, Brad, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 88			
City Summerland	State CA	ZIP Code 93067	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 7000.00	Cumulative Payment To Date 7000.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 06 / D 02 / Y 2014	Date Due M M / D D / Y . None Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: []
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).....▶	[] 0.00
TOTALS This Period (last page in this line only).....▶	[] 0.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allen - Personal Funds, Brad, , ,			Nature of Debt (Purpose): Filing Fee
Mailing Address PO Box 88			
City Summerland	State CA	Zip Code 93067	

Outstanding Balance Beginning This Period		Transaction ID : PAYD56	
1050.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
- 946.23	103.77	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allen - Personal Funds, Brad, , ,			Nature of Debt (Purpose): Ballot Statement Fees
Mailing Address PO Box 88			
City Summerland	State CA	Zip Code 93067	

Outstanding Balance Beginning This Period		Transaction ID : PAYD57	
8730.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
- 8730.00	0.00	0.00	

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

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

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