

**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

Mark Greenberg for Congress

ADDRESS (number and street)

53 Peck Road

Check if different  
than previously  
reported. (ACC)

Torrington

CT

06790-6106

2. FEC IDENTIFICATION NUMBER ▼

C

C00493395

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CT

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 / 2014

in the  
State of

CT

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 2014

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

Type or Print Name of Treasurer J. Kenneth Nowell, CPA

Signature of Treasurer

J. Kenneth Nowell, CPA

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 29 / 2015

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

**Mark Greenberg for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

	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))....	20855	390029.86
(b) Total Contribution Refunds (from Line 20(d)) .....	0	22206.11
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	20855	367823.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	321857.65	1724441.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	321857.65	1724441.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	86.81	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1907776.6	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

## Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

**I. RECEIPTS****COLUMN A**  
Total this Period**COLUMN B**  
Election Cycle Total as of

M M	/	D D	/	Y Y Y Y
11		04		2014

(date of general election)

**COLUMN C**  
Total for

M M	/	D D	/	Y Y Y Y
11		05		2014

(date after general election)

## through

M M	/	D D	/	Y Y Y Y
11		24		2014

(last day of reporting period)

**11. CONTRIBUTIONS**

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

9000
------

263631.11
-----------

5200
------

(ii) Unitemized

1355
------

25368.75
----------

0
---

(iii) Total of contributions from individuals

10355
-------

288999.86
-----------

5200
------

(b) Political Party Committees

500
-----

5500
------

0
---

(c) Other Political Committees

5000
------

26500
-------

0
---

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
5000	69030	5000
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
20855	390029.86	10200
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
144000	1642900	0
(b) All Other Loans		
0	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
144000	1642900	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
50	1310.58	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
164905	2034240.44	10200

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Mark Greenberg for Congress

Report Covering the Period:

From:

10

16

2014

To:

11

24

2014

**II. DISBURSEMENTS****COLUMN A**  
**Total this Period****COLUMN B**  
**Election Cycle Total as of \***  
(date of general election)  
(\* See page 5 for date)**COLUMN C**  
**Total for \* (date after general election)**  
**through \* (last day of reporting period)**  
(\* See page 5 for dates)

## 17. OPERATING EXPENDITURES

321857.65

1724441.44

16006.05

## 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0

0

0

## 19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0

280000

0

(b) Of All Other Loans

0

0

0

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0

280000

0

## 20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0

22206.11

0

(b) Political Party Committees

0

0

0

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0

0

0

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0

22206.11

0

**21. OTHER DISBURSEMENTS**

0

0

0

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

321857.65

2026647.55

16006.05

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

20855.00

367823.75

10200.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

321857.65

1724441.44

16006.05

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

157039.46

164905

321944.46

321857.65

86.81

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

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

FOR LINE NUMBER:

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(check only one)

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

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)

A. Carleen B Falconer

Mailing Address 77 Judds Bridge Road

City

Roxbury

State

CT

Zip Code

06783-1012

FEC ID number of contributing federal political committee.

C

Name of Employer

US Bank

Occupation

Credit Officer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

285

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : A-CF3870

Amount of Each Receipt this Period

50

campaign contribution

Full Name (Last, First, Middle Initial)

B. Esther Friedman

Mailing Address 1630 53rd Street

City

Brooklyn

State

NY

Zip Code

11204-1420

FEC ID number of contributing federal political committee.

C

Name of Employer

6645 Equities LLC

Occupation

Real Estate Manager

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : A-CF3802

Amount of Each Receipt this Period

1000

campaign contribution

Full Name (Last, First, Middle Initial)

C. Robert Friedman

Mailing Address 1630 53rd Street

City

Brooklyn

State

NY

Zip Code

11204-1420

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : A-CF3801

Amount of Each Receipt this Period

1000

campaign contribution

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

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

2050.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**Leonard C Fuessenich****A.**

Mailing Address 56 Camp Dutton Road

City

Litchfield

State

CT

Zip Code

06759-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : A-CF3888**

Amount of Each Receipt this Period

250

campaign contribution

Full Name (Last, First, Middle Initial)

**Thomas McGee****B.**

Mailing Address 4 Westborough Drive

City

Weatogue

State

CT

Zip Code

06089-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMP Corporation

Occupation

CFO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : A-CF3830**

Amount of Each Receipt this Period

500

campaign contribution

Full Name (Last, First, Middle Initial)

**Redington Jahncke****C.**

Mailing Address PO Box 953

City

Greenwich

State

CT

Zip Code

06836-0953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Townsend Group Intl LLC

Occupation

consulting

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

**Transaction ID : A-CF3823**

Amount of Each Receipt this Period

250

campaign contribution

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**John W Lombard****A.**

Mailing Address 97 Buckwheat Hill Road

City

Watertown

State

CT

Zip Code

06795-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lombard Group

Occupation

Real Estate Investor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : A-CF3824**

Amount of Each Receipt this Period

250

campaign contribution

Full Name (Last, First, Middle Initial)

**Michele Pondi-Salik****B.**

Mailing Address 1620 Elm Street

City

Stratford

State

CT

Zip Code

06615-7066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : A-CF3813**

Amount of Each Receipt this Period

500

campaign contribution

Full Name (Last, First, Middle Initial)

**Micki Friedman****C.**

Mailing Address 510 E 80th Street

City

New York

State

NY

Zip Code

10075-0719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2014

**Transaction ID : A-CF3887**

Amount of Each Receipt this Period

2600

campaign contribution

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

3350.00

**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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

Robert G Friedman

A.

Mailing Address 510 E 80th Street

City

New York

State

NY

Zip Code

10075-0719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
York Resources LLCOccupation  
Real Estate

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2014

Transaction ID : A-CF3886

Amount of Each Receipt this Period

2600

campaign contribution

Full Name (Last, First, Middle Initial)

B.

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2600.00

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**Sharon Republican Town Committee**

Mailing Address 539 Cornwall Bridge Road

City

Sharon

State

CT

Zip Code

06069-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2014

Transaction ID : A-CF3827

Amount of Each Receipt this Period

500

campaign contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**GOP Generation Y Fund****A.**

Mailing Address PO Box 9055

City

Peoria

State

IL

Zip Code

61612-9055

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

C00448191

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : A-CF3826**

Amount of Each Receipt this Period

5000

campaign contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

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

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

FOR LINE NUMBER:

PAGE 13 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

Mark Greenberg

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing  
federal political committee.

C H0CT05150

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1656130

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2014

Transaction ID : A-CF3911

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. 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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

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

5000.00

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 94

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**Mark Greenberg**

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1656130

Date of Receipt

M M / D D / Y Y Y Y  
10 / 23 / 2014

Transaction ID : A-LL67

Amount of Each Receipt this Period

65000

loan from Mark Greenberg

Full Name (Last, First, Middle Initial)

**Mark Greenberg**

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1656130

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2014

Transaction ID : A-LL68

Amount of Each Receipt this Period

25000

loan from Mark Greenberg

Full Name (Last, First, Middle Initial)

**Mark Greenberg**

Mailing Address 184 Fern Avenue

City

Litchfield

State

CT

Zip Code

06759-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark Greenberg Real Estate

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1656130

Date of Receipt

M M / D D / Y Y Y Y  
10 / 29 / 2014

Transaction ID : A-LL69

Amount of Each Receipt this Period

33000

loan from Mark Greenberg

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

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

123000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 94

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mark Greenberg</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 184 Fern Avenue		<b>Transaction ID : A-LL70</b>	
City Litchfield	State CT	Zip Code 06759-2721	Amount of Each Receipt this Period 21000
FEC ID number of contributing federal political committee. C			
Name of Employer Mark Greenberg Real Estate	Occupation Real Estate Developer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1656130		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		21000.00	
<b>TOTAL</b> This Period (last page this line number only).....		144000.00	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Laura A Ferguson**

Mailing Address 26 Chimney Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

City	State	Zip Code
Bethel	CT	06801-1225

Amount of Each Disbursement this Period

422.75
--------

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3675**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. John E Houston**

Mailing Address 193 Newbury Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

City	State	Zip Code
Waterbury	CT	06705-1427

Amount of Each Disbursement this Period

23.08
-------

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3742**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Spencer K Rubin**

Mailing Address 6 Warren Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

City	State	Zip Code
Woodbridge	CT	06525-2333

Amount of Each Disbursement this Period

419.75
--------

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3674**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

865.58



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. American Viewpoint, Inc.**Mailing Address 300 N Lee Street  
Suite 400

City Alexandria State VA Zip Code 22314-2640

Purpose of Disbursement  
Polling: polling costs

005

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

Amount of Each Disbursement this Period

12500
-------

Transaction ID : B-E-3756

**B. Jamestown Associates**Mailing Address 5 Mapleton Road  
Suite 300

City Princeton State NJ Zip Code 08540-9646

Purpose of Disbursement  
Advertising: broadcast production tv ad

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

Amount of Each Disbursement this Period

100000
--------

Transaction ID : B-E-3750

**C. Litchfield Bancorp**Mailing Address 294 West Street  
# 997

City Litchfield State CT Zip Code 06759-3404

Purpose of Disbursement  
wire transfer fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

Amount of Each Disbursement this Period

20
----

Transaction ID : B-E-3751

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

112520.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Litchfield Bancorp**Mailing Address 294 West Street  
# 997

City Litchfield State CT Zip Code 06759-3404

Purpose of Disbursement  
Administrative/Salary/Overhead: wire fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	17	2014

Amount of Each Disbursement this Period

20
----

Transaction ID : B-E-3757

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2014

Amount of Each Disbursement this Period

2.88
------

Transaction ID : B-E-3759

**C. American Copy Service Center, Inc.**

Mailing Address 2095 S Main Street

City Waterbury State CT Zip Code 06706-2029

Purpose of Disbursement  
copier costs

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	21	2014

Amount of Each Disbursement this Period

119.03
--------

Transaction ID : B-E-3636

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

141.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Cablevision of Litchfield**

Mailing Address PO Box 9256

City	State	Zip Code
Chelsea	MA	02150-9256

Purpose of Disbursement  
telephone headquarters

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

183.48
--------

Transaction ID : B-E-3739

**B. Dartar Specialties, Inc.**

Mailing Address PO Box 188

City	State	Zip Code
Cheshire	CT	06410-0188

Purpose of Disbursement  
Paraphernalia: printed campaign shirts

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

878.45
--------

Transaction ID : B-E-3359

**c. Dartar Specialties, Inc.**

Mailing Address PO Box 188

City	State	Zip Code
Cheshire	CT	06410-0188

Purpose of Disbursement  
Paraphernalia: signs

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

143.57
--------

Transaction ID : B-E-3665

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

1205.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Darter Specialties, Inc.**

Mailing Address PO Box 188

City	State	Zip Code
Cheshire	CT	06410-0188

Purpose of Disbursement  
Paraphernalia: shirts with logos

006

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

268
-----

Transaction ID : B-E-3737

**B. Darter Specialties, Inc.**

Mailing Address PO Box 188

City	State	Zip Code
Cheshire	CT	06410-0188

Purpose of Disbursement  
Paraphernalia: signs

006

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

239.29
--------

Transaction ID : B-E-3738

**C. Litchfield Bancorp**Mailing Address 294 West Street  
# 997

City	State	Zip Code
Litchfield	CT	06759-3404

Purpose of Disbursement  
Administrative/Salary/Overhead: bank fee

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

15
----

Transaction ID : B-E-3789

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

522.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Verbatim Services**

Mailing Address PO Box 794

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
West Caldwell	NJ	07007-0794

Amount of Each Disbursement this Period

797.15
--------

Purpose of Disbursement  
printed invitations and envelopes with logo

001

**Transaction ID : B-E-3358**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Dora's Hope**

Mailing Address PO Box 7053

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

City	State	Zip Code
Prospect	CT	06712-0053

Amount of Each Disbursement this Period

250
-----

Purpose of Disbursement  
Advertising: print advertising

004

**Transaction ID : B-E-3804**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Dora's Hope**

Mailing Address PO Box 7053

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

City	State	Zip Code
Prospect	CT	06712-0053

Amount of Each Disbursement this Period

75
----

Purpose of Disbursement  
Travel: meals

002

**Transaction ID : B-E-3805**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1122.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

115
-----

Transaction ID : B-E-3803

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

2.88
------

Transaction ID : B-E-3832

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

5.75
------

Transaction ID : B-E-3835

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

123.63

# **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 23 OF 94

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

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Laura A Ferguson**

Mailing Address 26 Chimney Drive

City State Zip Code  
Bethel CT 06801-1225

Purpose of Disbursement  
Field staff wages and reimburse office water

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 23 2014

Amount of Each Disbursement this Period

426.94

Transaction ID : B-E-3744

**B. Laura A Ferguson**

Mailing Address 26 Chimney Drive

City State Zip Code  
Bethel CT 06801-1225

Purpose of Disbursement  
Travel: mileage reimbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 23 2014

Amount of Each Disbursement this Period

186.65

Transaction ID : B-E-3745

**c. Laura A Ferguson**

Mailing Address 26 Chimney Drive

City State Zip Code  
Bethel CT 06801-1225

Purpose of Disbursement  
Campaign Event: voter list costs

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 23 2014

Amount of Each Disbursement this Period

2.5

Transaction ID : B-E-3746

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

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

616.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Rebecca Karabus**

Mailing Address 233 Georgetown Drive

City	State	Zip Code
Watertown	CT	06795-3358

Purpose of Disbursement  
field staff wages

001

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

138.52
--------

Transaction ID : B-E-3747

Full Name (Last, First, Middle Initial)

**B. Spencer K Rubin**

Mailing Address 6 Warren Road

City	State	Zip Code
Woodbridge	CT	06525-2333

Purpose of Disbursement  
field staff wages

001

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

419.75
--------

Transaction ID : B-E-3748

Full Name (Last, First, Middle Initial)

**c. Spencer K Rubin**

Mailing Address 6 Warren Road

City	State	Zip Code
Woodbridge	CT	06525-2333

Purpose of Disbursement  
Travel: mileage reimbursement

002

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

209.72
--------

Transaction ID : B-E-3749

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

767.99





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

5.75
------

Transaction ID : B-E-3836

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2014

Amount of Each Disbursement this Period

0.58
------

Transaction ID : B-E-3839

**C. Jamestown Associates**Mailing Address 5 Mapleton Road  
Suite 300

City Princeton State NJ Zip Code 08540-9646

Purpose of Disbursement  
Advertising: Production TV Ad

004

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

15699.9
---------

Transaction ID : B-E-3723

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

15706.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Nature Outdoor, LLC**

Mailing Address 649 Captain Neville Drive

City	State	Zip Code
Waterbury	CT	06705-3826

Purpose of Disbursement  
Advertising: sign advertising

004

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

3150
------

Transaction ID : B-E-3841

**B. Jamestown Associates**Mailing Address 5 Mapleton Road  
Suite 300

City	State	Zip Code
Princeton	NJ	08540-9646

Purpose of Disbursement  
Advertising: broadcast radio advertising

004

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

16977.14
----------

Transaction ID : B-E-3862

**C. Litchfield Bancorp**Mailing Address 294 West Street  
# 997

City	State	Zip Code
Litchfield	CT	06759-3404

Purpose of Disbursement  
Administrative/Salary/Overhead: wire fee

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

20
----

Transaction ID : B-E-3863

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

20147.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

11.5
------

Transaction ID : B-E-3815

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

0.58
------

Transaction ID : B-E-3817

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

1.44
------

Transaction ID : B-E-3818

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

13.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	29	2014

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : B-E-3831

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	30	2014

Amount of Each Disbursement this Period

11.5
------

Transaction ID : B-E-3821

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
processing fee

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	30	2014

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : B-E-3822

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

54.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : B-E-3825

**B. Laura A Ferguson**

Mailing Address 26 Chimney Drive

City Bethel State CT Zip Code 06801-1225

Purpose of Disbursement  
field staff wages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

422.75
--------

Transaction ID : B-E-3843

**c. John E Houston**

Mailing Address 193 Newbury Street

City Waterbury State CT Zip Code 06705-1427

Purpose of Disbursement  
field staff wages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

46.18
-------

Transaction ID : B-E-3842

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

483.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Rebecca Karabus**

Mailing Address 233 Georgetown Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

City	State	Zip Code
Watertown	CT	06795-3358

Amount of Each Disbursement this Period

461.75
--------

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3844**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Spencer K Rubin**

Mailing Address 6 Warren Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

City	State	Zip Code
Woodbridge	CT	06525-2333

Amount of Each Disbursement this Period

419.75
--------

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3845**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Administrator Of Unemployment Compensation**

Mailing Address PO Box 2940

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

City	State	Zip Code
Hartford	CT	06104-2940

Amount of Each Disbursement this Period

2584.7
--------

Purpose of Disbursement  
State Unemployment Taxes

001

**Transaction ID : B-E-3908**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

3466.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. FTIN Strategies**Mailing Address 325 E Jimmie Leeds Road  
Suite 117

City Galloway State NJ Zip Code 08205-4126

Purpose of Disbursement  
Campaign Event: Get Our Vote Out

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

1257.17
---------

Transaction ID : B-E-3244

**B. FTIN Strategies**Mailing Address 325 E Jimmie Leeds Road  
Suite 117

City Galloway State NJ Zip Code 08205-4126

Purpose of Disbursement  
Campaign Event: Get Out Our Vote

007

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

1169.85
---------

Transaction ID : B-E-3736

**c. Litchfield Bancorp**Mailing Address 294 West Street  
# 997

City Litchfield State CT Zip Code 06759-3404

Purpose of Disbursement  
Bank charges

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

5
---

Transaction ID : B-E-3907

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

2432.02



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

2.88
------

Transaction ID : B-E-3811

**B. CRD Ventures, LLC d/b/a CR Marketing Group**

Mailing Address 302 Bantam Lake Road

City Morris State CT Zip Code 06763-1109

Purpose of Disbursement  
field management consultant

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

1000
------

Transaction ID : B-E-3846

**c. CRD Ventures, LLC d/b/a CR Marketing Group**

Mailing Address 302 Bantam Lake Road

City Morris State CT Zip Code 06763-1109

Purpose of Disbursement  
posts and cables for signs

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

133.55
--------

Transaction ID : B-E-3847

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

1136.43

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. CRD Ventures, LLC d/b/a CR Marketing Group**

Mailing Address 302 Bantam Lake Road

City	State	Zip Code
Morris	CT	06763-1109

Purpose of Disbursement  
Travel: mileage

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

293.34
--------

Transaction ID : B-E-3848

**B. Jamestown Associates**Mailing Address 5 Mapleton Road  
Suite 300

City	State	Zip Code
Princeton	NJ	08540-9646

Purpose of Disbursement  
Advertising: TV advertising

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

7973.9
--------

Transaction ID : B-E-3860

**C. Jamestown Associates**Mailing Address 5 Mapleton Road  
Suite 300

City	State	Zip Code
Princeton	NJ	08540-9646

Purpose of Disbursement  
Advertising: tv advertising

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

7533
------

Transaction ID : B-E-3861

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

15800.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
processing fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	03	2014

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : B-E-3812

**B. Anne M Dance**

Mailing Address 17 Ellsworth Avenue

City Danbury State CT Zip Code 06810-5946

Purpose of Disbursement  
field services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	03	2014

Amount of Each Disbursement this Period

250
-----

Transaction ID : B-E-3854

**c. Jeffrey Giegler**

Mailing Address 10 Old Hayrake Road

City Danbury State CT Zip Code 06811-3648

Purpose of Disbursement  
field director wages

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	03	2014

Amount of Each Disbursement this Period

1002.23
---------

Transaction ID : B-E-3849

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

1280.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Kathleen A Horsky**

Mailing Address 25 Woodlawn Terrace

City	State	Zip Code
Meriden	CT	06450-4444

Purpose of Disbursement  
office wages, reimburse paper, stamps, soda, snacks for office

001

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

1438.47

Transaction ID : B-E-3850

Full Name (Last, First, Middle Initial)

**B. Kathleen A Horsky**

Mailing Address 25 Woodlawn Terrace

City	State	Zip Code
Meriden	CT	06450-4444

Purpose of Disbursement  
drinks and snacks for event

007

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

57.9

Transaction ID : B-E-3851

Full Name (Last, First, Middle Initial)

**C. Kathleen A Horsky**

Mailing Address 25 Woodlawn Terrace

City	State	Zip Code
Meriden	CT	06450-4444

Purpose of Disbursement  
Travel: mileage reimbursement

002

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

29.12

Transaction ID : B-E-3852

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

1525.49

**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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. John Kleinhans**Mailing Address 60 Old Town Road  
Unit 151City State Zip Code  
Vernon CT 06066-6410Purpose of Disbursement  
Mileage, Airfare, Taxi Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

630.37
--------

Transaction ID : B-E-3729

**B. John Kleinhans**Mailing Address 60 Old Town Road  
Unit 151City State Zip Code  
Vernon CT 06066-6410Purpose of Disbursement  
Megaphone and labels for event

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

147.24
--------

Transaction ID : B-E-3730

**c. John Kleinhans**Mailing Address 60 Old Town Road  
Unit 151City State Zip Code  
Vernon CT 06066-6410Purpose of Disbursement  
field management consultant

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

666.67
--------

Transaction ID : B-E-3879

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

1444.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Lirjeta Klenja**

Mailing Address 33 Hungerford Avenue

City	State	Zip Code
Waterbury	CT	06705-1931

Purpose of Disbursement  
field services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

250
-----

Transaction ID : B-E-3855

**B. Andrew Lampart**

Mailing Address 115 Barnhill Road

City	State	Zip Code
Woodbury	CT	06798-2228

Purpose of Disbursement  
field services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

250
-----

Transaction ID : B-E-3853

**c. Maeve McHugh**

Mailing Address PO Box 507

City	State	Zip Code
Niantic	CT	06357-0507

Purpose of Disbursement  
field services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

250
-----

Transaction ID : B-E-3856

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Mark R Mnich**

Mailing Address 427 Blackstone Village

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

City	State	Zip Code
Meriden	CT	06450-2409

Amount of Each Disbursement this Period

250
-----

Purpose of Disbursement  
field services

001

**Transaction ID : B-E-3857**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Matthew Sherman**

Mailing Address 7 Perkins Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

City	State	Zip Code
Oxford	CT	06478-1812

Amount of Each Disbursement this Period

250
-----

Purpose of Disbursement  
field services

001

**Transaction ID : B-E-3858**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Zachary Strom**

Mailing Address 1 Misty Meadow Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

City	State	Zip Code
Enfield	CT	06082-3940

Amount of Each Disbursement this Period

250
-----

Purpose of Disbursement  
field services

001

**Transaction ID : B-E-3859**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Laura A Ferguson**

Mailing Address 26 Chimney Drive

City	State	Zip Code
Bethel	CT	06801-1225

Purpose of Disbursement  
Travel: mileage reimbursement

002

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

89.99

Transaction ID : B-E-3878

Full Name (Last, First, Middle Initial)

**B. Laura A Ferguson**

Mailing Address 26 Chimney Drive

City	State	Zip Code
Bethel	CT	06801-1225

Purpose of Disbursement  
field staff wages

001

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2014

Amount of Each Disbursement this Period

422.75

Transaction ID : B-E-3872

Full Name (Last, First, Middle Initial)

**c. Rebecca Karabus**

Mailing Address 233 Georgetown Drive

City	State	Zip Code
Watertown	CT	06795-3358

Purpose of Disbursement  
field staff wages

001

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2014

Amount of Each Disbursement this Period

346.31

Transaction ID : B-E-3871

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

859.05

**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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Spencer K Rubin**

Mailing Address 6 Warren Road

City	State	Zip Code
Woodbridge	CT	06525-2333

Purpose of Disbursement  
field staff wages

001

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2014

Amount of Each Disbursement this Period

419.75
--------

Transaction ID : B-E-3873

Full Name (Last, First, Middle Initial)

**B. Arrow Printers, Inc.**

Mailing Address 311 Main Street

City	State	Zip Code
Ansonia	CT	06401-2301

Purpose of Disbursement  
Paraphernalia: billboard material

006

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

Amount of Each Disbursement this Period

235.03
--------

Transaction ID : B-E-3829

Full Name (Last, First, Middle Initial)

**C. VoterTrove, Inc.**

Mailing Address 921 Cavalry Ride Trail

City	State	Zip Code
Austin	TX	78732-2370

Purpose of Disbursement  
Campaign Event: Get Out the Vote

007

Category/  
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

Amount of Each Disbursement this Period

117.6
-------

Transaction ID : B-E-3874

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

772.38

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. VoterTrove, Inc.**

Mailing Address 921 Cavalry Ride Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

City	State	Zip Code
Austin	TX	78732-2370

Amount of Each Disbursement this Period

1806.53
---------

Purpose of Disbursement  
Campaign Event: Get Out the Vote

007

**Transaction ID : B-E-3875**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Laura A Ferguson**

Mailing Address 26 Chimney Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2014

City	State	Zip Code
Bethel	CT	06801-1225

Amount of Each Disbursement this Period

403.66
--------

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3880**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Rebecca Karabus**

Mailing Address 233 Georgetown Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2014

City	State	Zip Code
Watertown	CT	06795-3358

Amount of Each Disbursement this Period

329
-----

Purpose of Disbursement  
field staff wages

001

**Transaction ID : B-E-3890**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

2539.19

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Mark Greenberg for Congress

Full Name (Last, First, Middle Initial)

**A. Spencer K Rubin**

Mailing Address 6 Warren Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2014

City	State	Zip Code
Woodbridge	CT	06525-2333

Purpose of Disbursement  
field staff wages

001

Amount of Each Disbursement this Period

338.4
-------

Transaction ID : B-E-3881

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Spencer K Rubin**

Mailing Address 6 Warren Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2014

City	State	Zip Code
Woodbridge	CT	06525-2333

Purpose of Disbursement  
Travel: mileage reimbursement

002

Amount of Each Disbursement this Period

207.2
-------

Transaction ID : B-E-3882

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. United States Treasury**

Mailing Address PO Box 804521

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

City	State	Zip Code
Cincinnati	OH	45280-4521

Purpose of Disbursement  
Payroll Taxes

001

Amount of Each Disbursement this Period

3358.92
---------

Transaction ID : B-E-3909

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

3904.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Giegler**

Mailing Address 10 Old Hayrake Road

City	State	Zip Code
Danbury	CT	06811-3648

Purpose of Disbursement  
field director wages

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2014

Amount of Each Disbursement this Period

1002.23
---------

Transaction ID : B-E-3891

**B. Brian Hamel**

Mailing Address 73 Sunset Avenue

City	State	Zip Code
Oakville	CT	06779-2111

Purpose of Disbursement  
political staff wages

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2014

Amount of Each Disbursement this Period

839.5
-------

Transaction ID : B-E-3885

**C. Kathleen A Horsky**

Mailing Address 25 Woodlawn Terrace

City	State	Zip Code
Meriden	CT	06450-4444

Purpose of Disbursement  
office staff wages

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2014

Amount of Each Disbursement this Period

401.45
--------

Transaction ID : B-E-3892

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

2243.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. Andrew B. Lautz**

Mailing Address 29 Highland Avenue

City	State	Zip Code
Bantam	CT	06750-1708

Purpose of Disbursement  
field staff wages

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2014

Amount of Each Disbursement this Period

461.75
--------

Transaction ID : B-E-3883

**B. Andrew B. Lautz**

Mailing Address 29 Highland Avenue

City	State	Zip Code
Bantam	CT	06750-1708

Purpose of Disbursement  
Travel: mileage reimbursement

002

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2014

Amount of Each Disbursement this Period

72.86
-------

Transaction ID : B-E-3884

**c. Darter Specialties, Inc.**

Mailing Address PO Box 188

City	State	Zip Code
Cheshire	CT	06410-0188

Purpose of Disbursement  
Paraphernalia: campaign signs

006

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 18 / 2014

Amount of Each Disbursement this Period

4331.1
--------

Transaction ID : B-E-3895

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

4865.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

Full Name (Last, First, Middle Initial)

**A. John Kleinhans**Mailing Address 60 Old Town Road  
Unit 151City State Zip Code  
Vernon CT 06066-6410Purpose of Disbursement  
mileage, lodging, and meal reimbursements

Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2014

Amount of Each Disbursement this Period

518.44
--------

Transaction ID : B-E-3893

Original vendors exceeding reporting threshold itemized as memo transactions.

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For:
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For:
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

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

518.44
--------

321464.08
-----------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 47 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L27

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2012

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000

2600

212400

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
03 / 31 / 2012M M / D D / Y Y Y Y  
/ / /D D / Y Y Y Y  
/ / /

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 48 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L28

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Primary 2012

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

650000

1000

79000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 30 / 2012M M / D D / Y Y Y Y  
/ / /D D / Y Y Y Y  
/ / /

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

79000.00

**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**

PAGE 49 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L29

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Primary 2012

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

75000

0

75000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
07 / 25 / 2012M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L30

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Primary 2012

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

95000

0

95000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
08 / 13 / 2012M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

95000.00

**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**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L32

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

17500

0

17500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
05 / 03 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L33

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000

0

10000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 04 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L34

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7500

0

7500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 18 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L35

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8000

0

8000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
08 / 06 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

8000.00

**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**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L36

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000

0

10000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
08 / 19 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L37

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

12500

0

12500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 04 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 57 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L38

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000

0

10000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 16 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 58 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L39

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000

0

15000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 27 / 2013M M / D D / Y Y Y Y  
/ / NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 59 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L40

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7500

0

7500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
11 / 02 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 60 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L41

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8000

0

8000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
11 / 13 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

8000.00

**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**

PAGE 61 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L42

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000

0

5000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
11 / 26 / 2013M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 62 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L44

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5500

0

5500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
12 / 04 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 63 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L46

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

12000

0

12000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M

D 11 D

Y 2013 Y

M M

D D

Y None Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 64 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L47

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000

0

2000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
12 17 / 2013M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 65 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L49

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000

0

10000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
01 / 28 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 66 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L50

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7500

0

7500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
02 / 06 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 67 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L51

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000

0

6000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
02 / 11 / 2014M M / D D / Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L52

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

97400

0

96000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
03 03 / 2014M M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
NoneM M / D D / Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

96000.00

**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**

PAGE 69 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L54

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Convention 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

10000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

10000

**TERMS**

Date Incurred

M M / D D / Y Y  
05 / 21 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L55

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

Primary 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000

0

5000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 03 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L56

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000

0

10000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 06 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L57

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

15000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

15000

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 16 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L58

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000

0

15000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 23 / 2014M M / D D / Y Y Y Y  
/ / /D D / Y Y Y Y  
/ / /Y Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L59

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

235000

105000

130000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 30 / 2014

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

130000.00

**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**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L60

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

175000

171400

3600

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
07 / 03 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

3600.00

**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**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L61

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000

0

5000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
08 09 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 77 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L62

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

12500

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

12500

**TERMS**

Date Incurred

M M / D D / Y Y  
08 / 15 / 2014

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L63

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300000

0

300000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
08 / 31 / 2014M M / D D / Y Y Y Y  
/ / /D D / Y Y Y Y  
/ / /

None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

300000.00

**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**

PAGE 79 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L64

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000

0

100000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 30 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L65

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150000

0

150000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 09 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L66

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200000

0

200000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
10 / 15 / 2014M M / D D / Y Y  
NoneY Y / Y Y / Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 82 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L67

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

65000

0

65000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 23 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L68

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000

0

25000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 28 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

25000.00

**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**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L69

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

33000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

33000

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 29 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

33000.00

**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**

PAGE 85 OF 94

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L70

Mark Greenberg for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mark Greenberg

☐ Primary☐ General☒ Other (specify) ▼

General 2014

Mailing Address  
184 Fern Avenue

City

State

ZIP Code

Litchfield

CT

06759-2721

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

21000

0

21000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
11 / 04 / 2014M M / D D / Y Y Y Y  
NoneY Y Y Y  
None

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ►

21000.00

**TOTALS** This Period (last page in this line only)..... ►

1811500.00

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

PAGE 86 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AT&T**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: u-verse  
internet service

Mailing Address PO Box 8110

City State

Zip Code

Aurora

IL

60507-8110

Outstanding Balance Beginning This Period

25.83

Transaction ID : SD10-DEBT3902

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

25.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Theroux, Nowell & Stoughton, LLC**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: accounting  
services

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

13934.75

Transaction ID : SD10-DEBT3899

Amount Incurred This Period

10730.5

Payment This Period

0

Outstanding Balance at Close of This Period

24665.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cooper Communications LLC**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Public  
Relations Consultant

Mailing Address 77 Ripley Hill Road

City

State

Zip Code

Coventry

CT

06238-1631

Outstanding Balance Beginning This Period

7443.5

Transaction ID : SD10-DEBT3930

Amount Incurred This Period

3721.75

Payment This Period

0

Outstanding Balance at Close of This Period

11165.25

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

35856.33

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 87 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**United States Treasury**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Federal  
Unemployment Tax Liability May/June 2014

Mailing Address PO Box 804521

City State

Zip Code

Cincinnati

OH

45280-4521

Outstanding Balance Beginning This Period

152.82

Transaction ID : SD10-DEBT2988

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

152.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Security First Insurance, Inc.**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: insurance

Mailing Address PO Box 1970

City State

Zip Code

Waterbury

CT

06722-1970

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3876

Amount Incurred This Period

408.72

Payment This Period

0

Outstanding Balance at Close of This Period

408.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**William J Evans**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: General  
Consultant

Mailing Address 325 Celia Drive

City

State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

550.55

Transaction ID : SD10-DEBT3915

Amount Incurred This Period

4500

Payment This Period

0

Outstanding Balance at Close of This Period

5050.55

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5612.09

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 88 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dey Smith Steele, LLC**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: legal fees

Mailing Address 9 Depot Street  
Floor 2City State Zip Code  
Milford CT 06460-3357

Outstanding Balance Beginning This Period

27868.75

Transaction ID : SD10-DEBT3926

Amount Incurred This Period

1625

Payment This Period

0

Outstanding Balance at Close of This Period

29493.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Copy Service Center, Inc.**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: copier costs

Mailing Address 2095 S Main Street

City State Zip Code  
Waterbury CT 06706-2029

Outstanding Balance Beginning This Period

119.03

Transaction ID : SD10-DEBT3636

Amount Incurred This Period

0

Payment This Period

119.03

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cablevision of Litchfield**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: telephone  
headquarters

Mailing Address PO Box 9256

City State Zip Code  
Chelsea MA 02150-9256

Outstanding Balance Beginning This Period

183.48

Transaction ID : SD10-DEBT3739

Amount Incurred This Period

0

Payment This Period

183.48

Outstanding Balance at Close of This Period

0

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

29493.75

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 89 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Watertown Main Street LLC**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Office Rent

Mailing Address PO Box 28

City State

Zip Code

Watertown

CT

06795-0028

Outstanding Balance Beginning This Period

1250

Transaction ID : SD10-DEBT3906

Amount Incurred This Period

1250

Payment This Period

0

Outstanding Balance at Close of This Period

2500

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Verbatim Services**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: printed  
invitations and envelopes with logo

Mailing Address PO Box 794

City State

Zip Code

West Caldwell

NJ

07007-0794

Outstanding Balance Beginning This Period

797.15

Transaction ID : SD10-DEBT3358

Amount Incurred This Period

0

Payment This Period

797.15

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Copy Service Center, Inc.**

Nature of Debt (Purpose):

Advertising: copy service

Mailing Address 2095 S Main Street

City

State

Zip Code

Waterbury

CT

06706-2029

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3898

Amount Incurred This Period

192.78

Payment This Period

0

Outstanding Balance at Close of This Period

192.78

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2692.78

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 90 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jamestown Associates**

Nature of Debt (Purpose):

Advertising: broadcast TV Advertising

Mailing Address 5 Mapleton Road  
Suite 300City State Zip Code  
Princeton NJ 08540-9646

Outstanding Balance Beginning This Period

15699.9

Transaction ID : SD10-DEBT3897

Amount Incurred This Period

1275

Payment This Period

15699.9

Outstanding Balance at Close of This Period

1275

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Red Maverick Media, LLC**

Nature of Debt (Purpose):

Advertising: direct mail advertising design fee

Mailing Address 403 N 2nd Street  
Suite 2City State Zip Code  
Harrisburg PA 17101-1377

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3896

Amount Incurred This Period

200

Payment This Period

0

Outstanding Balance at Close of This Period

200

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**David Derwin**

Nature of Debt (Purpose):

Advertising: production costs TV ad

Mailing Address 1313 Grand Street  
Apt. 205City State Zip Code  
Hoboken NJ 07030-2252

Outstanding Balance Beginning This Period

1500

Transaction ID : SD10-DEBT3731

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1500

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2975.00

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 91 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**J. Kenneth Nowell**

Nature of Debt (Purpose):

Campaign Event: event supplies, facility rental,  
catering, beverages

Mailing Address 53 Peck Road

City State

Zip Code

Torrington

CT

06790-6106

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3914

Amount Incurred This Period

4442.9

Payment This Period

0

Outstanding Balance at Close of This Period

4442.9

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Watertown Golf Club**

Nature of Debt (Purpose):

Campaign Event: golf tournament expenses

Mailing Address 246 Guernseytown Road

City State

Zip Code

Watertown

CT

06795-1819

Outstanding Balance Beginning This Period

6804.05

Transaction ID : SD10-DEBT3929

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

6804.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FTIN Strategies**

Nature of Debt (Purpose):

Campaign Event: Get Out Our Vote

Mailing Address 325 E Jimmie Leeds Road  
Suite 117

City

State

Zip Code

Galloway

NJ

08205-4126

Outstanding Balance Beginning This Period

2427.02

Transaction ID : SD10-DEBT3736

Amount Incurred This Period

0

Payment This Period

2427.02

Outstanding Balance at Close of This Period

0

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

11246.95

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**VoterTrove, Inc.**

Nature of Debt (Purpose):

Campaign Event: Get Out Our Vote

Mailing Address 921 Cavalry Ride Trail

City State

Zip Code

Austin

TX

78732-2370

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3901

Amount Incurred This Period

3727.22

Payment This Period

0

Outstanding Balance at Close of This Period

3727.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KB Strategic Group**

Nature of Debt (Purpose):

Fundraising: fundraising consultant

Mailing Address PO Box 101682

City State

Zip Code

Arlington

VA

22210-4682

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3904

Amount Incurred This Period

1850

Payment This Period

0

Outstanding Balance at Close of This Period

1850

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arrow Printers, Inc.**

Nature of Debt (Purpose):

Paraphernalia: signs

Mailing Address 311 Main Street

City

State

Zip Code

Ansonia

CT

06401-2301

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3925

Amount Incurred This Period

358.93

Payment This Period

0

Outstanding Balance at Close of This Period

358.93

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5936.15

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 93 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**William J Evans**

Nature of Debt (Purpose):

Paraphernalia: fence posts and cable ties

Mailing Address 325 Celia Drive

City State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

237.65

Transaction ID : SD10-DEBT3734

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

237.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Darter Specialties, Inc.**

Nature of Debt (Purpose):

Paraphernalia: signs

Mailing Address PO Box 188

City State

Zip Code

Cheshire

CT

06410-0188

Outstanding Balance Beginning This Period

1022.02

Transaction ID : SD10-DEBT3665

Amount Incurred This Period

0

Payment This Period

1022.02

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**William J Evans**

Nature of Debt (Purpose):

Travel: Parking, fuel for truck, meals, and lodging

Mailing Address 325 Celia Drive

City

State

Zip Code

Wolcott

CT

06705-3153

Outstanding Balance Beginning This Period

2147.05

Transaction ID : SD10-DEBT3733

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2147.05

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2384.70

2) **TOTALS** This Period (last page this line number only) ..... ▶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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 94 OF 94

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Mark Greenberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Maeve McHugh**

Nature of Debt (Purpose):

Travel: Mileage reimbursement

Mailing Address PO Box 507

City State

Zip Code

Niantic

CT

06357-0507

Outstanding Balance Beginning This Period

0

**Transaction ID : SD10-DEBT3905**

Amount Incurred This Period

78.85

Payment This Period

0

Outstanding Balance at Close of This Period

78.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

78.85

2) **TOTALS** This Period (last page this line number only) .....

96276.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

1811500.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

1907776.60