PAGE 1 / 12

Image# 15951130995

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Con	nmittee			Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRII	•	xample: If typin ver the lines.	g, type	12FE4M5	
Dr. Brad Allen	for Congress		1 1 1 1 1		1 1 1 1 1	
ADDRESS (number an	PO Box 88					
Check if dif	forent					
than previous reported. (A	usly Summerland				CA S	93067
2. FEC IDENTIFIC	CATION NUMBER	CITY			STATE A	ZIP CODE
C C0055712	24	3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT ED CA 24
4. TYPE OF REI	PORT (Choose One)	(b) 12-Day PR	E -Election Repo	ort for the:		
			Primary (12P))	General (1	2G) Runoff (12R)
	Quarterly Report (Q1)		Convention (12C)	Special (12	2S)
July 15	Quarterly Report (Q2)		M M /	D D /	Y " Y " Y " Y	in the
October	r 15 Quarterly Report (Q3)	Election or	1			State of
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Rep	port for the:		
			General (30G	i)	Runoff (30	R) Special (30S)
Termina	ition Report (TER)	Election or	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M M / D D D O1	/ Y Y Y Y 2015	through	M M 03	31	Y Y Y Y Y 2015
I certify that I have e	xamined this Report and	to the best of my k	nowledge and	belief it is tro	ue, correct and	complete.
Type or Print Name of	of Treasurer Bryan Burch	1				
Signature of Treasure	er <u>Bryan Burch</u>		[Electronically 1	Filed] D	pate 04	14 2015
NOTE: Submission of	false, erroneous, or incomp	olete information may	subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 12

Schedule C and/or Schedule D).....

Write or Type Committee Name
Dr. Brad Allen for Congress

01 03 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 40521.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2600.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 37921.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 62.39 131817.23 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 62.39 131817.23 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 103.77 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 103780.00

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

0.00

134521.00

Write or Type Committee Name

Dr. Brad Allen for Congress

01 03 2015 01 2015 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 40521.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 40521.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 40521.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 94000.00 (b) All Other Loans..... TOTAL LOANS 0.00 94000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS

0.00

0.00

(Dividends, Interest, etc.)

(Carry Total to Line 24, page 4).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	62.39	131817.23
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2600.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	62.39	134417.23
	III. CASH SU	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	166.16
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		166.16
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	62.39
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	103.77

S

	CHEDULE B (FEC EMIZED DISBURSE	•	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: PAGE 5 OF 12 (check only one) X 17
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In F Dr. Brad Allen for C	- Full)	, ,		
Α.	Full Name (Last, First, Middle US Bank				Date of Disbursement
	Mailing Address 936 State S	treet			01 15 2015
	City Santa Barbara	State CA	Zip Code 93101		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees		30101	001	20.78
	Candidate Name			Category/ Type	Transaction ID : EXPB106
	Office Sought: Hous Senar President	te Primary	General	Турс	
_	State: District: Full Name (Last, First, Middle	a Initial)			
В.	US Bank Mailing Address 936 State S				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	Santa Barbara	CA	93101		
	Purpose of Disbursement Bank Fees			001	20.78 Transaction ID : EXPB107
	Candidate Name			Category/ Type	
	Office Sought: Hous Sena Presi	te Primary	General		
	State: District:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C.	Full Name (Last, First, Middle US Bank	e Initial)			Date of Disbursement
	Mailing Address 936 State S	treet			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code		Amount of Each Disbursement this Period
	Santa Barbara Purpose of Disbursement Bank Fees	CA 9	3101	001	20.83
	Candidate Name			Category/ Type	Transaction ID : EXPB108
	Office Sought: Hous Senar President	te Primary	General	×1	
	State: District:				
					62.39

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

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

62.39

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	13a
×	13b

OANS				nmary Page	(check only or	′ '	13a X 13b
AME OF COMMITTEE (In Full)				Transaction	ID : PAYC97		X 155
Or. Brad Allen for Congress							
LOAN SOURCE Full Name (Last, Brad Allen - Personal Fund)			ection: 2014 Primary General		
Mailing Address PO Box 88					Other (specify)	▼	
City	State	ZIP Cod	le				
Summerland	CA	93067					
Original Amount of Loan	Cumula	tive Payment To	Date	Balance	Outstanding at C	lose of Th	nis Period
20000	.00		0.00			20000	0.00
Date Incurred M05 ^M / D15 ^D / Y 2014	M M /	Date Due	In Y None	terest Rate 0.00	% (apr)	Secured	\times
List All Endorsers or Guarantors	if any) to Loan S	ource				Yes	No
1. Full Name (Last, First, Middle Ir	nitial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,			
2. Full Name (Last, First, Middle Ini	tial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:		7		
3. Full Name (Last, First, Middle Ini	tial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	,			
4. Full Name (Last, First, Middle Ini	tial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	, ,			
SUBTOTALS This Period This Page (c	ptional)			.	7 7	20000	0.00
TOTALS This Period (last page in this	line only)			·	, , ,		
Carry outstanding balance only to LIN	IE 3. Schedule D.	for this line. If n	o Schedule D.	carry forward	I to appropriate	ine of Su	ımmarv.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

OANS		for each category of the Detailed Summary Page (check	k only one) 13a
IAME OF COMMITTEE (In Fu	•	Transaction ID : PAY	
	ne (Last, First, Middle Initial)	Election	0044
Brad Allen - Person		Election: X Primary	
Mailing Address PO Box 88			(specify) \blacktriangledown
City	State ZIF	² Code	
Summerland	CA 93	067	
Original Amount of Loan	Cumulative Paymer		ding at Close of This Period
	25000.00	0.00	25000.00
Date Incurr	ed Date	Due Interest Rate Y . Y None 0.00 % (Secured:
List All Endorsers or Gua	arantors (if any) to Loan Source		Yes No
1. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First,	Viiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First,	Viiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period Thi	s Page (optional)	>	25000.00
FOTALS This Period (last pa	ge in this line only)	······	,
Carry outstanding balance o	nly to LINE 3, Schedule D, for this lin-	e. If no Schedule D, carry forward to appro	opriate line of Summary.

Use separate schedule(s) FOR LINE NUMBER:

PAGE

OANS	for each category of the Detailed Summary Page (check only one) 13a
AME OF COMMITTEE (In Full) Or. Brad Allen for Congress	Transaction ID : PAYC71
LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds Mailing Address PO Box 88	Election: 2014
City State	ZIP Code
Summerland CA	93067
Original Amount of Loan Cumulative Pa	ment To Date Balance Outstanding at Close of This Period 11000.00
Date Incurred MO5M / 23D / Y 2014 List All Endorsers or Guarantors (if any) to Loan Source	ate Due Interest Rate Secured: Output Output
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	11000.00
FOTALS This Period (last page in this line only)	· · · · · · · · · · · · · · · · · · ·

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	il.
	13a
\overline{v}	13h

OANS		Detailed Summary Page	
NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress		Transact	ion ID : PAYC73
LOAN SOURCE Full Name (Last, First, Middle Brad Allen - Personal Funds Mailing Address PO Box 88	e Initial)		Election: 2014 ✓ Primary General Other (specify) ▼
City S Summerland	tate ZIP Code CA 93067)	
Original Amount of Loan	Cumulative Payment To D	ate Balar	nce Outstanding at Close of This Period 28000.00
Date Incurred M 05 / P 27 / Y 2014 M List All Endorsers or Guarantors (if any) to		Interest Rate 0.00	Secured: % (apr) Yes No
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only). Carry outstanding balance only to LINE 3, Scheen			28000.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10

-	 13a	
Г	10-	

OANS			Detailed Summary I		(check only on	´ -	13a X 13b
AME OF COMMITTEE (In Full)			Trans	saction II	D : PAYC77	<u></u>	X 155
Or. Brad Allen for Congress							
LOAN SOURCE Full Name (Last, Find Allen - Personal Fund		tial)			tion: 2014 Primary General		
Mailing Address PO Box 88					Other (specify)	V	
City	State	ZIP Cod	de				
Summerland	CA	93067					
Original Amount of Loan	Cum	ulative Payment To	Date B	Balance O	utstanding at C	ose of Th	nis Period
3000	.00		0.00		9 9	3000).00
TERMS Date Incurred M05 ^M / D27 ^D / Y Ž014	Y M M M	Date Due	Interest F	Rate	% (apr)	Secured:	: No
List All Endorsers or Guarantors (if any) to Loar	Source				103	INO
1. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	-,	7		
2. Full Name (Last, First, Middle Ini	tial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	7	-	
3. Full Name (Last, First, Middle Ini	tial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	-,	,		
4. Full Name (Last, First, Middle Ini	tial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	,	7		
SUBTOTALS This Period This Page (o	ptional)		>		7	3000).00
TOTALS This Period (last page in this	line only)				7 7		
Carry outstanding balance only to LIN	IE 3, Schedule	D, for this line. If I	no Schedule D. carry f	orward to	o appropriate li	ne of Su	mmarv.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11

DANS			Detailed Sum		(check only or	, F	13a X 13b
AME OF COMMITTEE (In Full)		Transaction	ID : PAYC80		X 122		
Or. Brad Allen for Congress							
LOAN SOURCE Full Name (Last, First, Middle Initial) Brad Allen - Personal Funds					ection: 2014 Primary General		
Mailing Address PO Box 88					Other (specify)	▼	
City	State	ZIP Code	9	l			
Summerland	CA	93067					
Original Amount of Loan	Cumulativ	ve Payment To D	Date	Balance	Outstanding at C	lose of Th	nis Period
7000	.00	, ,	0.00		7 7	7000	.00
Date Incurred MO6 O2 Y Z014	M I M /	Date Due	Inte None	erest Rate 0.00	% (apr)	Secured:	X
List All Endorsers or Guarantors	if any) to Loan So	urce			(1)	Yes	<u>No</u>
1. Full Name (Last, First, Middle Ir			Name of Employ	/er			
Mailing Address			Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Ini	tial)		Name of Employ	/er			
Mailing Address			Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Ini	tial)		Name of Employ	/er			
Mailing Address			Occupation				
City	State ZIP Cod	le	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Ini	tial)		Name of Employ	/er			
Mailing Address			Occupation				
City	State ZIP Coo	le	Amount Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (c	ptional)				7	7000	0.00
FOTALS This Period (last page in this	line only)				7	94000	0.00
Carry outstanding balance only to LIN	IE 3. Schedule D. fo	or this line. If n	o Schedule D. o	carry forward	to appropriate	line of Su	mmary.

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE FOR L (check

INE NUMBER:		
only one)		9
	$\overline{}$	10

12 OF

|**X**|10 NAME OF COMMITTEE (In Full) Dr. Brad Allen for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Filing Fee Brad Allen - Personal Funds Mailing Address PO Box 88 Zip Code City 93067 Summerland CA **Transaction ID: PAYD56** Outstanding Balance Beginning This Period 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1050.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Ballot Statement Fees** Brad Allen - Personal Funds Mailing Address PO Box 88 Zip Code City State Summerland CA 93067 Outstanding Balance Beginning This Period **Transaction ID: PAYD57** 8730.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 8730.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9780.00 1) SUBTOTALS This Period This Page (optional)..... 9780.00 2) TOTALS This Period (last page this line number only)..... 94000.00 TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 103780.00 ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)