

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

12-Day Pre-Election Report for the Election on in the State of

30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes no

5. COVERING PERIOD

THROUGH

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

Signature of Treasurer [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

Bernie 2016

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

SUMMARY

| | |
|--|---|
| 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | <input type="text" value="4755341.22"/> |
| 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) | <input type="text" value="5401.29"/> |
| 8. SUBTOTAL (Lines 6 and 7) | <input type="text" value="4760742.51"/> |
| 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) | <input type="text" value="66845.92"/> |
| 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)..... | <input type="text" value="4693896.59"/> |
| 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)..... | <input type="text" value="0.00"/> |
| 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)..... | <input type="text" value="449409.01"/> |
| 13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)..... | <input type="text" value="0.00"/> |

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

| | |
|---|---|
| 14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3)..... | <input type="text" value="226597784.37"/> |
| 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)..... | <input type="text" value="223351591.97"/> |

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

Form/Schedule: F3PA

Transaction ID :

The Committee is in receipt of the Commission's letter dated April 7, 2017 and has corrected the Summary, and Detail Summary Page Totals on this amended report.

Form/Schedule:

Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report Of Receipts And Disbursements

FEC Form 3P

* 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 14 and 15 on the Report of Receipts and Disbursements (Summary Page) and Page 2 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

NAME OF COMMITTEE (in Full)
Bernie 2016

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

| | COLUMN B Election Cycle Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 08"/> / <input type="text" value="YYYY 2016"/> | COLUMN C Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 09"/> / <input type="text" value="YYYY 2016"/> (date after general election) through <input type="text" value="MM 11"/> / <input type="text" value="DD 28"/> / <input type="text" value="YYYY 2016"/> (last day of reporting period) |
|--|---|--|
| COLUMN A Total This Period | | |
| I. RECEIPTS | | |
| 16. FEDERAL FUNDS (Itemize on Schedule A-P) | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 17. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized | | |
| <input type="text" value="2075.00"/> | <input type="text" value="97144567.13"/> | <input type="text" value="500.00"/> |
| (ii) Unitemized | | |
| <input type="text" value="965.00"/> | <input type="text" value="134669254.89"/> | <input type="text" value="591.00"/> |
| (iii) Total Contributions | | |
| <input type="text" value="3040.00"/> | <input type="text" value="231813822.02"/> | <input type="text" value="1091.00"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="5621.92"/> | <input type="text" value="0.00"/> |
| (d) The Candidate | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) | | |
| <input type="text" value="3040.00"/> | <input type="text" value="231819443.94"/> | <input type="text" value="1091.00"/> |
| 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| <input type="text" value="0.00"/> | <input type="text" value="1500000.00"/> | <input type="text" value="0.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report Of Receipts And Disbursements

| COLUMN A Total This Period | COLUMN B Election Cycle Total as of* (date of general election) | COLUMN C Total for* (date after general election) through* (last day of reporting period) |
|--|---|---|
| * - See page 3 for date | | |
| 19. LOANS RECEIVED: | | |
| (a) Loans Received From or Guaranteed by Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOANS (Add 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.): | | |
| (a) Operating | | |
| 2361.29 | 3421246.11 | 2127.97 |
| (b) Fundraising | | |
| 0.00 | 0.00 | 0.00 |
| (c) Legal and Accounting | | |
| 0.00 | 0.00 | 0.00 |
| (d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) | | |
| 2361.29 | 3421246.11 | 2127.97 |
| 21. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| 0.00 | 56751.68 | 0.00 |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) | | |
| 5401.29 | 236797441.73 | 3218.97 |

II. DISBURSEMENTS

| | | |
|---|--------------|---------|
| 23. OPERATING EXPENDITURES | | |
| 63240.92 | 226772838.08 | 9615.16 |
| 24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 25. FUNDRAISING DISBURSEMENTS | | |
| 0.00 | 0.00 | 0.00 |
| 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS | | |
| 0.00 | 0.00 | 0.00 |

POST-ELECTION DETAILED SUMMARY PAGE

Report Of Receipts And Disbursements

FEC Form 3P

PAGE 6 / 67

| COLUMN A Total This Period | COLUMN B Election Cycle Total as of* (date of general election) | COLUMN C Total for* (date after general election) through* (last day of reporting period) |
|---|---|---|
| 27. LOAN REPAYMENTS MADE: | | * - See page 3 for date |
| (a) Repayments of Loans Made or Guaranteed by Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Other Repayments | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 28. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 3605.00 | 5221659.57 | 1423.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |
| (c) Other Political Committees | | |
| 0.00 | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) | | |
| 3605.00 | 5221659.57 | 1423.00 |
| 29 OTHER DISBURSEMENTS | | |
| 0.00 | 125197.83 | 0.00 |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) | | |
| 66845.92 | 232119695.48 | 11038.16 |

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #14 on Summary Page for this report only; subtract Line 28(d) from Line 17(e))

| | | |
|---------|--------------|---------|
| -565.00 | 226597784.37 | -332.00 |
|---------|--------------|---------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #15 on Summary Page for this report only; subtract Line 20(a) from Line 23)

| | | |
|----------|--------------|---------|
| 60879.63 | 223351591.97 | 7487.19 |
|----------|--------------|---------|

V. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)

| | | |
|------|--|--|
| 0.00 | | |
|------|--|--|

FEC FORM 3P
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00577130

Bernie 2016

ADDRESS (number and street)

PO Box 905

Burlington

CITY

VT

STATE

05402

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

| STATE | ALLOCATION This Period | TOTAL ALLOCATION To Date |
|----------------------|------------------------|--------------------------|
| Alabama | 0.00 | 0.00 |
| Alaska | 0.00 | 0.00 |
| Arizona | 0.00 | 0.00 |
| Arkansas | 0.00 | 0.00 |
| California | 0.00 | 0.00 |
| Colorado | 0.00 | 0.00 |
| Connecticut | 0.00 | 0.00 |
| Delaware | 0.00 | 0.00 |
| District of Columbia | 0.00 | 0.00 |
| Florida | 0.00 | 0.00 |
| Georgia | 0.00 | 0.00 |
| Hawaii | 0.00 | 0.00 |
| Idaho | 0.00 | 0.00 |
| Illinois | 0.00 | 0.00 |

| <i>STATE</i> | <i>ALLOCATION This Period</i> | <i>TOTAL ALLOCATION To Date</i> |
|----------------|-------------------------------|---------------------------------|
| Indiana | 0.00 | 0.00 |
| Iowa | 0.00 | 0.00 |
| Kansas | 0.00 | 0.00 |
| Kentucky | 0.00 | 0.00 |
| Louisiana | 0.00 | 0.00 |
| Maine | 0.00 | 0.00 |
| Maryland | 0.00 | 0.00 |
| Massachusetts | 0.00 | 0.00 |
| Michigan | 0.00 | 0.00 |
| Minnesota | 0.00 | 0.00 |
| Mississippi | 0.00 | 0.00 |
| Missouri | 0.00 | 0.00 |
| Montana | 0.00 | 0.00 |
| Nebraska | 0.00 | 0.00 |
| Nevada | 0.00 | 0.00 |
| New Hampshire | 0.00 | 0.00 |
| New Jersey | 0.00 | 0.00 |
| New Mexico | 0.00 | 0.00 |
| New York | 0.00 | 0.00 |
| North Carolina | 0.00 | 0.00 |
| North Dakota | 0.00 | 0.00 |
| Ohio | 0.00 | 0.00 |
| Oklahoma | 0.00 | 0.00 |
| Oregon | 0.00 | 0.00 |
| Pennsylvania | 0.00 | 0.00 |

| <i>STATE</i> | <i>ALLOCATION This Period</i> | <i>TOTAL ALLOCATION To Date</i> |
|----------------|-------------------------------|---------------------------------|
| Rhode Island | 0.00 | 0.00 |
| South Carolina | 0.00 | 0.00 |
| South Dakota | 0.00 | 0.00 |
| Tennessee | 0.00 | 0.00 |
| Texas | 0.00 | 0.00 |
| Utah | 0.00 | 0.00 |
| Vermont | 0.00 | 0.00 |
| Virginia | 0.00 | 0.00 |
| Washington | 0.00 | 0.00 |
| West Virginia | 0.00 | 0.00 |
| Wisconsin | 0.00 | 0.00 |
| Wyoming | 0.00 | 0.00 |
| Puerto Rico | 0.00 | 0.00 |
| Guam | 0.00 | 0.00 |
| Virgin Islands | 0.00 | 0.00 |
| TOTALS | 0.00 | 0.00 |

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <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)
Bernie 2016

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Alcock, Susan, , , | | Transaction ID : VPF7BQ9AXE0 | |
| Mailing Address 525 Woodward Ave 525 Woodward Ave | | Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2016 | |
| City Seekonk | State MA | Zip Code 02771-2903 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Memo Item | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Cutting, Dorothy, , , | | Transaction ID : VPF7BQ9CK20 | |
| Mailing Address 7683 SE 27th St # 323 | | Date of Receipt M M / D D / Y Y Y Y 11 / 11 / 2016 | |
| City Mercer Island | State WA | Zip Code 98040-2804 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Information Requested | Occupation Information Requested | <input type="checkbox"/> Memo Item | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Davis, Robert, , , | | Transaction ID : VPF7BQ9AXM7 | |
| Mailing Address 210 Crocker Ave | | Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2016 | |
| City Piedmont | State CA | Zip Code 94610-1215 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer None | Occupation Not Employed | <input type="checkbox"/> Memo Item | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2655.00 | | |

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <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)
Bernie 2016

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

Nefedyev, Sergey, , ,

Mailing Address 16036 NE 106th St

City
Redmond

State
WA

Zip Code
98052-2685

FEC ID number of contributing federal political committee.

C

Name of Employer
IntellectSpace Inc

Occupation
Full time

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Transaction ID : VPF7BQ9CJJ4

Date of Receipt

M M / D D / Y Y Y Y
11 / 05 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

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

Riehl, Joe, , ,

Mailing Address 109 Floridian Ln

City
Lafayette

State
LA

Zip Code
70506-5862

FEC ID number of contributing federal political committee.

C

Name of Employer
U. Of La.

Occupation
Professor

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

581.67

Transaction ID : VPF7BQ9AXD2

Date of Receipt

M M / D D / Y Y Y Y
10 / 21 / 2016

Amount of Each Receipt this Period

25.00

Memo Item

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

Spencer, edward, , ,

Mailing Address 57 Mears Ave

City
Quincy

State
MA

Zip Code
02169-3152

FEC ID number of contributing federal political committee.

C

Name of Employer
self employed

Occupation
jeweler

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Transaction ID : VPF7BQ9AXP3

Date of Receipt

M M / D D / Y Y Y Y
10 / 26 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

Subtotal Of Receipts This Page (optional).....

325.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <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)
Bernie 2016

A. Full Name (Last, First, Middle Initial)
Unitemized total

Mailing Address n/a

| | | |
|-------------|-------------|-------------------|
| City n/a | State DC | Zip Code 00000 |
|-------------|-------------|-------------------|

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
965.00

Transaction ID : AAAAAA1

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 28 / 2016 |

Amount of Each Receipt this Period

| |
|--------|
| 965.00 |
|--------|

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
|---------------------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
|---------------------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

Subtotal Of Receipts This Page (optional).....▶

| |
|------|
| 0.00 |
|------|

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

| |
|---------|
| 2075.00 |
|---------|

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 16, 17a, 17b, 17c, 17d, 18, 19a, 19b, 20a, 20b, 20c, 21. Line 17b is selected.

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NAME OF COMMITTEE (In Full)

Bernie 2016

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

Belardi Ostroy

Mailing Address 3030 Bridgeway Ste 222

City Sausalito

State CA

Zip Code 94965-3813

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General Other (specify)

Election Cycle-to-Date

1395.17

Transaction ID : VPF7BQ9CH76

Date of Receipt

11 / 11 / 2016

Amount of Each Receipt this Period

1395.17

Memo Item

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

Paychex, Inc

Mailing Address 911 Panorama Trl S

City Rochester

State NY

Zip Code 14625-2311

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General Other (specify)

Election Cycle-to-Date

41317.31

Transaction ID : VPF7BQ9CJB8

Date of Receipt

11 / 03 / 2016

Amount of Each Receipt this Period

115.01

Memo Item Alaska Department of Labor

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

Paychex, Inc

Mailing Address 911 Panorama Trl S

City Rochester

State NY

Zip Code 14625-2311

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General Other (specify)

Election Cycle-to-Date

668.24

Transaction ID : VPF7BQ9CK88

Date of Receipt

11 / 18 / 2016

Amount of Each Receipt this Period

668.24

Memo Item Payroll Taxes

Subtotal Of Receipts This Page (optional)

2178.42

Total This Period (last page this line number only)

2178.42

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. Authorize.net | | | Date of Disbursement MM / DD / YYYY 11 / 02 / 2016 | | |
| Mailing Address PO Box 8999 | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94128-8999 | Transaction ID : VPE83A22TV5 | | |
| Purpose of Disbursement Internet Services | | Category/ Type | Amount of Each Disbursement this Period 99.00 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. Authorize.net | | | Date of Disbursement MM / DD / YYYY 11 / 02 / 2016 | | |
| Mailing Address PO Box 8999 | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94128-8999 | Transaction ID : VPE83A22TW3 | | |
| Purpose of Disbursement Internet Services | | Category/ Type | Amount of Each Disbursement this Period 99.00 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

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|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) c. Blue State Digital | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 | | |
| Mailing Address 1341 Connecticut Ave NW | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20036-1843 | Transaction ID : VPE83A22S68 | | |
| Purpose of Disbursement Internet Services | | Category/ Type | Amount of Each Disbursement this Period 4016.90 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 4214.90

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Blue Wave Political Partners, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2016 | | |
| Mailing Address 119 1st Ave S Ste 320 | | | FEC Identification Number C | | |
| City Seattle | State WA | Zip Code 98104-3424 | Transaction ID : VPE83A22X91 | | |
| Purpose of Disbursement Consulting/Accounting/Compliance | | Category/ Type | Amount of Each Disbursement this Period 15000.00 | | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Colorado Department of Revenue | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2016 | | |
| Mailing Address 1375 Sherman St | | | FEC Identification Number C | | |
| City Denver | State CO | Zip Code 80261-2200 | Transaction ID : VPE83A22V46 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 598.00 | | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Coppersmith Brockelman PLC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | | |
| Mailing Address 2800 N Central Ave Ste 1200 | | | FEC Identification Number C | | |
| City Phoenix | State AZ | Zip Code 85004-1009 | Transaction ID : VPE83A22S34 | | |
| Purpose of Disbursement Legal Fees | | Category/ Type | Amount of Each Disbursement this Period 4860.33 | | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 20458.33

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. DC Department of Employment Services | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2016 | | |
| Mailing Address 4058 Minnesota Ave NE | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20019-3540 | Transaction ID : VPE83A22V87 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 3096.42 | | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Indiana Department of Revenue | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2016 | | |
| Mailing Address PO Box 595 | | | FEC Identification Number C | | |
| City Indianapolis | State IN | Zip Code 46206-0595 | Transaction ID : VPE83A22TR1 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 487.57 | | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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| Full Name (Last, First, Middle Initial) c. Michigan Department of Revenue | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016 | | |
| Mailing Address PO Box 30199 | | | FEC Identification Number C | | |
| City Lansing | State MI | Zip Code 48909-7699 | Transaction ID : VPE83A22VD7 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 430.97 | | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 4014.96

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Missouri Dept of Revenue | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2016 | | |
| Mailing Address PO Box 3375 | | | FEC Identification Number C | | |
| City Jefferson City | State MO | Zip Code 65102-3375 | Transaction ID : VPE83A22V38 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 234.47 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) B. NV Department of Employment, Training & Rehabilitation | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016 | | |
| Mailing Address 2800 E Saint Louis Ave | | | FEC Identification Number C | | |
| City Las Vegas | State NV | Zip Code 89104-4267 | Transaction ID : VPE83A22S76 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 4472.83 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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| Full Name (Last, First, Middle Initial) c. NY State Department of Taxation and Finance | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016 | | |
| Mailing Address PO Box 15012 | | | FEC Identification Number C | | |
| City Albany | State NY | Zip Code 12212-5012 | Transaction ID : VPE83A22V62 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 441.89 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 5149.19

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. NY State Department of Taxation and Finance | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016 | | |
| Mailing Address PO Box 15012 | | | FEC Identification Number C | | |
| City Albany | State NY | Zip Code 12212-5012 | Transaction ID : VPE83A22V79 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 241.39 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. NY State Department of Taxation and Finance | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2016 | | |
| Mailing Address PO Box 15012 | | | FEC Identification Number C | | |
| City Albany | State NY | Zip Code 12212-5012 | Transaction ID : VPE83A22V95 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 412.67 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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| Full Name (Last, First, Middle Initial) c. Paychex, Inc | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016 | | |
| Mailing Address 911 Panorama Trl S | | | FEC Identification Number C | | |
| City Rochester | State NY | Zip Code 14625-2311 | Transaction ID : VPE83A22V12 | | |
| Purpose of Disbursement Payroll | | Category/ Type | Amount of Each Disbursement this Period 12232.74 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 12886.80

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 67

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| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. Weaver, Jeffrey, , , | | | Date of Disbursement MM / DD / YYYY 10 / 31 / 2016 | | |
| Mailing Address 425 Lincoln Ave | | | FEC Identification Number C | | |
| City Falls Church | State VA | Zip Code 22046-2619 | Transaction ID : VPE83A22VC9 | | |
| Purpose of Disbursement Payroll | | Category/ Type | Amount of Each Disbursement this Period 12232.74 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input checked="" type="checkbox"/> | | |
| State: | District: | | | | |

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|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex, Inc | | | Date of Disbursement MM / DD / YYYY 10 / 31 / 2016 | | |
| Mailing Address 911 Panorama Trl S | | | FEC Identification Number C | | |
| City Rochester | State NY | Zip Code 14625-2311 | Transaction ID : VPE83A22VB1 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 7136.25 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: | District: | | | | |

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|---|--|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex, Inc | | | Date of Disbursement MM / DD / YYYY 11 / 01 / 2016 | | |
| Mailing Address 911 Panorama Trl S | | | FEC Identification Number C | | |
| City Rochester | State NY | Zip Code 14625-2311 | Transaction ID : VPE83A22TS9 | | |
| Purpose of Disbursement Payroll Fees | | Category/ Type | Amount of Each Disbursement this Period 177.24 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> | | |
| State: | District: | | | | |

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| Subtotal Of Receipts This Page (optional)..... | 7313.49 |
| Total This Period (last page this line number only)..... | |

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex, Inc | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016 | | |
| Mailing Address 911 Panorama Trl S | | | FEC Identification Number C | | |
| City Rochester | State NY | Zip Code 14625-2311 | Transaction ID : VPE83A22TT7 | | |
| Purpose of Disbursement Payroll Fees | | Category/ Type | Amount of Each Disbursement this Period 210.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) B. People's Bank | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016 | | |
| Mailing Address 2 Burlington Sq | | | FEC Identification Number C | | |
| City Burlington | State VT | Zip Code 05401-4412 | Transaction ID : VPE83A22TX0 | | |
| Purpose of Disbursement Bank Service Charges | | Category/ Type | Amount of Each Disbursement this Period 1250.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) c. People's Bank | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016 | | |
| Mailing Address 2 Burlington Sq | | | FEC Identification Number C | | |
| City Burlington | State VT | Zip Code 05401-4412 | Transaction ID : VPE83A22TY8 | | |
| Purpose of Disbursement Bank Service Charges | | Category/ Type | Amount of Each Disbursement this Period 1000.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 2460.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Bernie 2016

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. People's Bank | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016 | | |
| Mailing Address 2 Burlington Sq | | | FEC Identification Number C | | |
| City Burlington | State VT | Zip Code 05401-4412 | Transaction ID : VPE83A22TZ6 | | |
| Purpose of Disbursement Bank Service Charges | | Category/ Type | Amount of Each Disbursement this Period 767.90 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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| Full Name (Last, First, Middle Initial) B. People's Bank | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016 | | |
| Mailing Address 2 Burlington Sq | | | FEC Identification Number C | | |
| City Burlington | State VT | Zip Code 05401-4412 | Transaction ID : VPE83A22V04 | | |
| Purpose of Disbursement Bank Service Charges | | Category/ Type | Amount of Each Disbursement this Period 422.05 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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| Full Name (Last, First, Middle Initial) c. State of Michigan | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016 | | |
| Mailing Address PO Box 33598 | | | FEC Identification Number C | | |
| City Detroit | State MI | Zip Code 48232-5598 | Transaction ID : VPE83A22S84 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 169.39 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
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| Subtotal Of Receipts This Page (optional)..... | 1359.34 |
| Total This Period (last page this line number only)..... | |

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. State of Michigan | | | Date of Disbursement MM / DD / YYYY 11 / 02 / 2016 | | |
| Mailing Address PO Box 33598 | | | FEC Identification Number C | | |
| City Detroit | State MI | Zip Code 48232-5598 | Transaction ID : VPE83A22S92 | | |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | Amount of Each Disbursement this Period 113.67 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. Stripe.com | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22T79 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 0.58 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) c. Stripe.com | | | Date of Disbursement MM / DD / YYYY 10 / 25 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22T87 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 32.84 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 147.09

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Stripe.com | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22T94 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 9.53 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Stripe.com | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22TA2 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 3.50 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Stripe.com | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22TG0 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 1.03 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 14.06

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Stripe.com | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22TK3 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 1.32 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Stripe.com | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2016 | | |
| Mailing Address 3180 18th St | | | FEC Identification Number C | | |
| City San Francisco | State CA | Zip Code 94110-2043 | Transaction ID : VPE83A22TM1 | | |
| Purpose of Disbursement Merchant Fees | | Category/ Type | Amount of Each Disbursement this Period 1.03 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. The Law Offices of John Franco | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | | |
| Mailing Address 110 Main St Ste 208 | | | FEC Identification Number C | | |
| City Burlington | State VT | Zip Code 05401-8451 | Transaction ID : VPE83A22S26 | | |
| Purpose of Disbursement Legal Fees | | Category/ Type | Amount of Each Disbursement this Period 3725.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 3727.35

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. The UPS Store | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 | | |
| Mailing Address 1127 North Ave Ste 27 | | | FEC Identification Number C | | |
| City Burlington | State VT | Zip Code 05408-2798 | Transaction ID : VPE83A22S18 | | |
| Purpose of Disbursement Postage & Delivery | | Category/ Type | Amount of Each Disbursement this Period 115.26 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. USPS | | | Date of Disbursement MM / DD / YYYY 11 / 08 / 2016 | | |
| Mailing Address 2 Massachusetts Ave NE | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20002-4945 | Transaction ID : VPE83A22S42 | | |
| Purpose of Disbursement Postage | | Category/ Type | Amount of Each Disbursement this Period 771.65 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

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|---|--|---|--|--|--|
| Full Name (Last, First, Middle Initial) c. Unitemized total | | | Date of Disbursement MM / DD / YYYY 11 / 28 / 2016 | | |
| Mailing Address n/a | | | FEC Identification Number C | | |
| City n/a | State DC | Zip Code 00000 | Transaction ID : BBBB1 | | |
| Purpose of Disbursement | | Category/ Type | Amount of Each Disbursement this Period 608.50 | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 886.91

Total This Period (last page this line number only)..... 62632.42

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | |
|---|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Adolf, George, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 | |
| Mailing Address PO Box 635 | | | FEC Identification Number C | |
| City Welches | State OR | Zip Code 97067-0635 | Transaction ID : VPE83A22K57 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 250.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Alcock, Susan, , , | | | Date of Disbursement MM / DD / YYYY 10 / 27 / 2016 | |
| Mailing Address 525 Woodward Ave 525 Woodward Ave | | | FEC Identification Number C | |
| City Seekonk | State MA | Zip Code 02771-2903 | Transaction ID : VPE83A22RQ9 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1000.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) c. Carvalho, Salo, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 | |
| Mailing Address Prudente de Moraes St., 494/202 Rio De Janeiro Rio De Janeiro 2242 | | | FEC Identification Number C | |
| City 0 Brazil | State ZZ | Zip Code 00000 | Transaction ID : VPE83A22XA9 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 50.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

Subtotal Of Receipts This Page (optional)..... 1300.00

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22K57

Refund of Contributions on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22RQ9

Refund of Contribution on 10/26

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Cutting, Dorothy, , , | | | Date of Disbursement MM / DD / YYYY 11 / 22 / 2016 | |
| Mailing Address 7683 SE 27th St # 323 | | | FEC Identification Number C | |
| City Mercer Island | State WA | Zip Code 98040-2804 | Transaction ID : VPE83A22SW2 | |
| Purpose of Disbursement Contribution Refund | | | Amount of Each Disbursement this Period 500.00 | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | |

| | | | | |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Davis, Robert, , , | | | Date of Disbursement MM / DD / YYYY 10 / 31 / 2016 | |
| Mailing Address 210 Crocker Ave | | | FEC Identification Number C | |
| City Piedmont | State CA | Zip Code 94610-1215 | Transaction ID : VPE83A22RY5 | |
| Purpose of Disbursement Contribution Refund | | | Amount of Each Disbursement this Period 250.00 | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | |

| | | | | |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial) c. Hammersmith, Gabe, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22J13 | |
| Purpose of Disbursement Contribution Refund | | | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | |

Subtotal Of Receipts This Page (optional)..... **751.00**

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22RY5

Refund of contribution on 10/31/2016

Form/Schedule:

Transaction ID:

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) A. Hammersmith, Gabe, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20036-3101 | |
| Purpose of Disbursement Contribution Refund | | Candidate Name | Transaction ID : VPE83A22J21 Amount of Each Disbursement this Period 1.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type | <input type="checkbox"/> Memo Item |
| State: | District: | | |

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Hammersmith, Gabe, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20036-3101 | |
| Purpose of Disbursement Contribution Refund | | Candidate Name | Transaction ID : VPE83A22J39 Amount of Each Disbursement this Period 1.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type | <input type="checkbox"/> Memo Item |
| State: | District: | | |

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) c. Hammersmith, Gabe, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C |
| City Washington | State DC | Zip Code 20036-3101 | |
| Purpose of Disbursement Contribution Refund | | Candidate Name | Transaction ID : VPE83A22J47 Amount of Each Disbursement this Period 1.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type | <input type="checkbox"/> Memo Item |
| State: | District: | | |

Subtotal Of Receipts This Page (optional)..... 3.00

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22J47

Refund of Contribution on 10/20

Form/Schedule:

Transaction ID:

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22J54 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22J62 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22J70 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

Subtotal Of Receipts This Page (optional)..... 3.00

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22J54

Refund of contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22J62

Contribution of refund 10/20

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

Form/Schedule: SB28A

Transaction ID : VPE83A22J70

Refund of Contribution on 10/20

Form/Schedule:

Transaction ID:

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22JK5 | | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22JM3 | | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22JN1 | | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: | District: | | | | |

Subtotal Of Receipts This Page (optional)..... 3.00

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22JK5

Refund of Contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22JM3

Refund of contribution on 10/20

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

Form/Schedule: SB28A

Transaction ID : VPE83A22JN1

Refund of Contribution on 10/20

Form/Schedule:

Transaction ID:

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22JP9 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22JQ7 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Hammersmith, Gabe, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW Ste 310 | | | FEC Identification Number C | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VPE83A22JR5 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Amount of Each Disbursement this Period 1.00 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

Subtotal Of Receipts This Page (optional)..... 3.00

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22JP9

Refund of Contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22JQ7

Refund of Contribution on 10/20

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

Form/Schedule: SB28A

Transaction ID : VPE83A22JR5

Contribution of refund on 10/20

Form/Schedule:

Transaction ID:

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | | |
|---|--|------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ibrahim, Arslan, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 |
| Mailing Address 2478 Goodwin Ave | | | FEC Identification Number C |
| City Redwood City | State CA | Zip Code 94061-2506 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Transaction ID : VPE83A22K73 Amount of Each Disbursement this Period 100.00 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item |
| State: District: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. Nefedev, Sergey, , , | | | Date of Disbursement MM / DD / YYYY 11 / 22 / 2016 |
| Mailing Address 16036 NE 106th St | | | FEC Identification Number C |
| City Redmond | State WA | Zip Code 98052-2685 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Transaction ID : VPE83A22SH5 Amount of Each Disbursement this Period 50.00 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. Preisser, Meenakshi, , , | | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 |
| Mailing Address Hoheluftchausee 37 | | | FEC Identification Number C |
| City Hamburg 20253 Germany | State ZZ | Zip Code 00000 | |
| Purpose of Disbursement Contribution Refund | | Category/ Type | Transaction ID : VPE83A22K49 Amount of Each Disbursement this Period 50.00 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item |
| State: District: | | | |

Subtotal Of Receipts This Page (optional)..... 200.00

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

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

Form/Schedule: SB28A

Transaction ID : VPE83A22K73

Refund of contributions on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22K49

Refund of Contribution on 10/20

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27a |
| <input type="checkbox"/> 27b | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Bernie 2016

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Riehl, Joe, , , | | Date of Disbursement MM / DD / YYYY 10 / 27 / 2016 |
| Mailing Address 109 Floridian Ln | | FEC Identification Number C |
| City Lafayette | State LA | |
| Purpose of Disbursement Contribution Refund | | Transaction ID : VPE83A22RP2 Amount of Each Disbursement this Period 25.00 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: | District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Spencer, edward, , , | | Date of Disbursement MM / DD / YYYY 10 / 31 / 2016 |
| Mailing Address 57 Mears Ave | | FEC Identification Number C |
| City Quincy | State MA | |
| Purpose of Disbursement Contribution Refund | | Transaction ID : VPE83A22S01 Amount of Each Disbursement this Period 250.00 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: | District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. White, Susan, , , | | Date of Disbursement MM / DD / YYYY 10 / 20 / 2016 |
| Mailing Address 107 Primrose Dr | | FEC Identification Number C |
| City Weatherford | State TX | |
| Purpose of Disbursement Contribution Refund | | Transaction ID : VPE83A22K65 Amount of Each Disbursement this Period 25.00 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: | District: | |

Subtotal Of Receipts This Page (optional)..... 300.00

Total This Period (last page this line number only)..... 2563.00

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

Form/Schedule: SB28A

Transaction ID : VPE83A22RP2

Contribution refunded on 10/27

Form/Schedule: SB28A

Transaction ID: VPE83A22S01

Refund of Contribution on 10/31/2016

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

Form/Schedule: SB28A

Transaction ID : VPE83A22K65

Refund of contributions on 10/20

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 200 E L St

City
 Benecia

State
 CA

Zip Code
 94510-3239

Outstanding Balance Beginning This Period

4337.63

Transaction ID : VPC9K9H8ZT1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4337.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brown County Sherrif's Office

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 2684 Development Dr

City
 Green Bay

State
 WI

Zip Code
 54311-6274

Outstanding Balance Beginning This Period

2883.39

Transaction ID : VPC9K9H8ZC0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2883.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
City of Fairfield Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 1000 Webster St

City
 Fairfield

State
 CA

Zip Code
 94533-4836

Outstanding Balance Beginning This Period

8428.87

Transaction ID : VPC9K9H8ZR5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8428.87

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

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZT1

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZR5

Disputed Debt

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 100 N Jefferson St
 Rm 106

City Green Bay State WI Zip Code 54301-5006

Outstanding Balance Beginning This Period

4099.21

Transaction ID : VPC9K9H8ZD8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4099.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 City of Irvine Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address PO Box 19575

City Irvine State CA Zip Code 92623-9575

Outstanding Balance Beginning This Period

67000.00

Transaction ID : VPC9K9H8ZP9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 City of Rio Vista Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 1 Main St

City Rio Vista State CA Zip Code 94571-1842

Outstanding Balance Beginning This Period

674.40

Transaction ID : VPC9K9H8ZS3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

674.40

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

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZD8

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZP9

Disputed Debt

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZS3

Disputed Debt

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 650 Merchant St

City
 Vacaville

State
 CA

Zip Code
 95688-6908

Outstanding Balance Beginning This Period

7718.39

Transaction ID : VPC9K9H90R8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7718.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 City of Vallejo Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 111 Amador St

City
 Vallejo

State
 CA

Zip Code
 94590-6301

Outstanding Balance Beginning This Period

5870.77

Transaction ID : VPC9K9H8ZJ8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5870.77

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 555 Santa Clara St

City
 Vallejo

State
 CA

Zip Code
 94590-5922

Outstanding Balance Beginning This Period

28702.68

Transaction ID : VPC9K9H8ZH0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28702.68

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

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

Form/Schedule: SD12

Transaction ID : VPC9K9H90R8

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZJ8

Disputed Debt

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZH0

Disputed Debt

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address PO Box 99

| | | |
|-----------------|-------------|------------------------|
| City Ventura | State CA | Zip Code 93002-0099 |
|-----------------|-------------|------------------------|

Outstanding Balance Beginning This Period

7086.63

Transaction ID : VPC9K9H90S6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7086.63

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 116 W Boardman St

| | | |
|--------------------|-------------|------------------------|
| City Youngstown | State OH | Zip Code 44503-1304 |
|--------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

5996.89

Transaction ID : VPC9K9H9119

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5996.89

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 112 Broad St

| | | |
|--------------------|-------------|------------------------|
| City Cloverdale | State CA | Zip Code 95425-3313 |
|--------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

23014.42

Transaction ID : VPC9K9H8ZW7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23014.42

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

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

Form/Schedule: SD12

Transaction ID : VPC9K9H90S6

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H9119

Disputed Debt

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZW7

Disputed Debt

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

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

Nature of Debt (Purpose):
 Legal Fees

Mailing Address 2800 N Central Ave
 Ste 1200

City Phoenix State AZ Zip Code 85004-1009

Outstanding Balance Beginning This Period

4860.33

Transaction ID : VPC9K9H9127

Amount Incurred This Period

0.00

Payment This Period

4860.33

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cordelia Fire Protection District

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 2155 Cordelia Rd

City Fairfield State CA Zip Code 94534-1667

Outstanding Balance Beginning This Period

2351.84

Transaction ID : VPC9K9H8ZV9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2351.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
National City Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 1243 National City Blvd

City National City State CA Zip Code 91950-4301

Outstanding Balance Beginning This Period

28337.28

Transaction ID : VPC9K9H8ZN1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28337.28

- 1) **SUBTOTALS** This Period This Page (optional)
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZV9

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZN1

Disputed Debt

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
San Joaquin County Sherrif's Office

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 7000 Michael Canlis Way

| | | |
|---------------------|-------------|------------------------|
| City French Camp | State CA | Zip Code 95231-9781 |
|---------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

2356.31

Transaction ID : VPC9K9H8ZG2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2356.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Santa Monica Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 333 Olympic Dr

| | | |
|----------------------|-------------|------------------------|
| City Santa Monica | State CA | Zip Code 90401-3360 |
|----------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

117047.29

Transaction ID : VPC9K9H8ZQ7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117047.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Solano County Sheriff's Office

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 530 Union Ave
 Ste 100

| | | |
|-------------------|-------------|------------------------|
| City Fairfield | State CA | Zip Code 94533-6305 |
|-------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

11518.78

Transaction ID : VPC9K9H8ZK6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11518.78

- 1) **SUBTOTALS** This Period This Page (optional)
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZG2

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZQ7

Disputed Debt

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZK6

Disputed Debt

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Solano County Sheriff's Office

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 530 Union Ave
 Ste 100

| | | |
|-------------------|-------------|------------------------|
| City Fairfield | State CA | Zip Code 94533-6305 |
|-------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

10674.85

Transaction ID : VPC9K9H8ZM4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10674.85

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 1100 W Mallon Ave

| | | |
|-----------------|-------------|------------------------|
| City Spokane | State WA | Zip Code 99260-2043 |
|-----------------|-------------|------------------------|

Outstanding Balance Beginning This Period

33318.73

Transaction ID : VPC9K9H8ZB2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33318.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Suisun City Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 701 Civic Center Blvd

| | | |
|---------------------|-------------|------------------------|
| City Suisun City | State CA | Zip Code 94585-2617 |
|---------------------|-------------|------------------------|

Outstanding Balance Beginning This Period

1986.65

Transaction ID : VPC9K9H8ZX5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1986.65

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

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZM4

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZB2

Disputed Debt

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZX5

Disputed Debt

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Bernie 2016

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 260 S Church Ave

City
 Tucson

State
 AZ

Zip Code
 85701-1614

Outstanding Balance Beginning This Period

44013.00

Transaction ID : VPC9K9H8ZA5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44013.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
University of Pittsburgh Police Department

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 3412 Forbes Ave
 Bldg

City
 Pittsburgh

State
 PA

Zip Code
 15213-3203

Outstanding Balance Beginning This Period

6371.00

Transaction ID : VPC9K9H8ZF4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6371.00

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

Nature of Debt (Purpose):
 Event Security (Disputed Debt)

Mailing Address 1286 Black Rock Rd

City
 Oaks

State
 PA

Zip Code
 19456

Outstanding Balance Beginning This Period

25620.00

Transaction ID : VPC9K9H8ZE6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25620.00

| | | |
|--|---|-----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 76004.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | 449409.01 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) | ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 449409.01 |

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZA5

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZF4

Disputed Debt

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZE6

Disputed Debt

Form/Schedule:

Transaction ID: