

Facsimile Cover Sheet

| | |
|---|---|
| Date: | |
| To: Department: Company: FAX Phone: | |
| Pages (Inclusive): | |
| From: Title: Company: Address: City: Phone: FAX: Email: Web: | Steven Przybylski President Verdande Group, Inc. 5630 Meadow Lane Ann Arbor, MI 48105 734/484-3574 734/484-3390 sp@verdande.com www.verdande.com |
| Comments: | |

COUNCIL ON THE ENVIRONMENT

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|---|--|--|
| 1. (a) Name of Individual, Organization or Corporation Steven Przybylski | | 3. FEC Identification Number C |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 5630 Meadow Lane | | |
| (c) City, State and ZIP Code Ann Arbor, MI 48105 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer Verdande Group, Inc. | Occupation Consultant |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
- 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y
 10 / 01 / 2015
 THROUGH
 M M / D D / Y Y Y Y
 12 / 31 / 2015

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 915.73

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Steven Przybylski

1/12/2016

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

12022190174

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 2 OF 3

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 FILER (In Full)

Steven Przybylski

A. 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

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

D. 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

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page carry total to Line 6) 0.00

CONFIDENTIAL - INTERNAL USE ONLY

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Steven Przybylski

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee UPrinting.com | Date M M / D D / Y Y Y Y 10 / 06 / 2015 |
| Mailing Address 8000 Haskell Ave. | Amount 915.73 |
| City State Zip Code Van Nuys, CA 91406 | |

| | | |
|---|--------------------------|--|
| Purpose of Expenditure Flyers | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Bernie Sanders | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 1230.91 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|--|--------|
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Mailing Address | Amount |
| City State Zip Code | |

| | | |
|--|-------------------|---|
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|--|--------|
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Mailing Address | Amount |
| City State Zip Code | |

| | | |
|--|-------------------|---|
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 915.28 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | 0.00 |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 915.28 |

NON-PROFIT CORPORATION

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED

(8/2013)

2013-01-14 10:00:00