

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER

2016 JAN 28 AM 11:18

1. (a) Name of Individual, Organization or Corporation
Harvey P. Dosik

(b) Address (number and street) check if different than previously reported
1453 30th Ave.

(c) City, State and ZIP Code
Santa Cruz, CA 95062

2. Occupation and Name of Employer (for Individual Filers Only)
Sales Simple Measures

3. FEC Identification Number
First Full Quarter
C

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? No Yes, it amends the report filed on

M M / D D / Y Y Y Y

5. COVERING PERIOD:

FROM

10 / 01 / 2015

THROUGH

12 / 31 / 2015

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES.....

\$ 485

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Harvey P. Dosik

Harvey P. Dosik

1-15-16

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Harvey P. Dosik

Full Name (Last, First, Middle Initial) of Payee

Harvey P. Dosik

Date of Public Distribution/Dissemination

12 / 31 / 2015

Mailing Address

1453 30th Ave.

Amount

485.00

City

Santa Cruz

State

CA

Zip Code

95062

Purpose of Expenditure

Buttons & stickers

Category/
Type

004

Office Sought:

House State: _____

Senate District: _____

President

Check One:

Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders 2015

Calendar Year-To-Date Per Election
for Office Sought

485.00

Disbursement For:

Primary General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

House State: _____

Senate District: _____

President

Check One:

Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary General

Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

House State: _____

Senate District: _____

President

Check One:

Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary General

Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

485.00

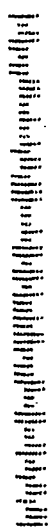
Mr. Harvey Dosik
1453 30th Ave.
Santa Cruz, CA 95062

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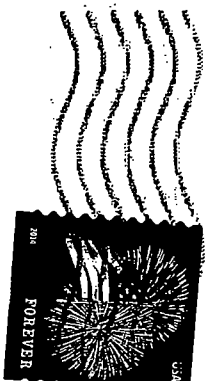
FEC

999 'E' ST. NW
Washington, DC 20463

20463



SAN JOSE CA 950
15 JAN 2016 PM 2 L



2016 01 28 AM 11:18

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.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)

[Handwritten Signature]

1/28/16
DATE PREPARED

NON-PROFIT CORPORATION