

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Democratic Socialists of America, Inc.</b>			3. FEC Identification Number <b>C</b> C90015413
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 75 Maiden Lane Suite 702			
(c) City, State and ZIP Code New York NY 10038			
2. Occupation and Name of Employer (for Individual Filers Only)			

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  /  /

5. COVERING PERIOD: FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  1241.26

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Maria Svart	<i>Maria Svart</i>	02/24/2016

[Electronically Filed]

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee 100 William Garage Corp.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 100 William St. #301		Amount 1.90	
City New York	State NY	Zip Code 10038	
Purpose of Expenditure parking for event		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2090.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6175

Full Name (Last, First, Middle Initial) of Payee Bergen Bagels		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 536 Myrtle Avenue		Amount 31.69	
City Brooklyn	State NY	Zip Code 11205	
Purpose of Expenditure food for event		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2088.31		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6176

Full Name (Last, First, Middle Initial) of Payee Bergen Bagels		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 536 Myrtle Avenue		Amount 35.75	
City Brooklyn	State NY	Zip Code 11205	
Purpose of Expenditure food for event		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2033.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6177

(a) SUBTOTAL of Itemized Independent Expenditures.....	69.34
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee Elena Blanc		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 55.32	
City New York	State NY	Zip Code 10038	
Purpose of Expenditure salary (w/ taxes & benefits) for work producing IEs		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2016 2638.45	

Transaction ID : F57.6182

Full Name (Last, First, Middle Initial) of Payee Bushwick Workshop Space		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 354 Troutman St. #1		Amount 92.00	
City Brooklyn	State NY	Zip Code 11237	
Purpose of Expenditure venue for event		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2016 1997.57	

Transaction ID : F57.6178

Full Name (Last, First, Middle Initial) of Payee Cheltenham Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 518 Ryers Avenue Building #2		Amount 59.36	
City Cheltenham	State PA	Zip Code 19012	
Purpose of Expenditure promotional signs printing		Category/ Type	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2016 1905.57	

Transaction ID : F57.6179

(a) SUBTOTAL of Itemized Independent Expenditures.....	206.68
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee CVS Pharmacy		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 341 Ninth St.		Amount 4.41	
City Brooklyn	State NY	Zip Code 11215	Transaction ID : F57.6180
Purpose of Expenditure food and supplies for event	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2094.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee David Duhalde		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 320.38	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6183
Purpose of Expenditure salary (w/ taxes & benefits) for work producing IEs	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2415.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Elizabeth Mahony		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 449.02	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6185
Purpose of Expenditure salary (w/ taxes & benefits) for work producing IEs	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3087.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	773.81
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Democratic Socialists of America, Inc.

Full Name (Last, First, Middle Initial) of Payee Montazo		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 2016 Wyckoff Avenue		Amount 23.30	
City Brooklyn	State NY	Zip Code 11237	Transaction ID : F57.6181
Purpose of Expenditure food for event	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2056.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Maria Svart		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 168.13	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6184
Purpose of Expenditure salary (w/ taxes & benefits) for work producing IEs	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: SC District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2583.13		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 of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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.....	191.43
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1241.26