

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. 12FE4M5

Bernie 2016

ADDRESS (number and street)

PO Box 905

Check if different than previously reported. (ACC)

Burlington

CITY

VT

STATE

05402

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00577130

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

11 / 29 / 2016 THROUGH 12 / 31 / 2016

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 Jackson, Susan, , ,

Signature of Treasurer Jackson, Susan, , , [Electronically Filed] Date 01 / 31 / 2017

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="4711737.01"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="850799.13"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="5562536.14"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="89527.82"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="5473008.32"/>
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="-11482.50"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="-733204.25"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Receipts

NAME OF COMMITTEE (in Full)

Bernie 2016

Report Covering the Period: From:

11 / 29 / 2016

To:

12 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	500.00
(ii) unitemized	95.00	686.00
(iii) Total contributions	95.00	1186.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	95.00	1186.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	819628.13	821874.41
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	819628.13	821874.41
21. OTHER RECEIPTS (Dividends, Interest, etc.)	31076.00	31076.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	850799.13	854136.41

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Bernie 2016

Report Covering the Period: From:

M M / D D / Y Y Y Y
11 / 29 / 2016

To:

M M / D D / Y Y Y Y
12 / 31 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	78282.32	88670.16
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	11245.50	12668.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	11245.50	12668.50
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	89527.82	101338.66

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
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)

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 VT 05402

CITY

STATE

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

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
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

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
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)
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 ▼
95.00

Transaction ID : AAAAAA1

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2016

Amount of Each Receipt this Period

95.00

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).....▶ 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 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 checked="" 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)
Blue Cross Blue Shield Of Vermont

Mailing Address PO Box 1950

City Brattleboro	State VT	Zip Code 05302-1950
---------------------	-------------	------------------------

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 15411.63

Transaction ID : VPF7BQ9MHQ3

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2016

Amount of Each Receipt this Period
 15411.63

Memo Item
Refund/Insurance

B. Full Name (Last, First, Middle Initial)
Devine Mulvey Longabaugh Inc

Mailing Address 2141 Wisconsin Ave NW
Ste H

City Washington	State DC	Zip Code 20007-2275
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 800489.01

Transaction ID : VPF7BQ9PXM1

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2016

Amount of Each Receipt this Period
 800489.01

Memo Item
Refund/Media Advertising

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

Mailing Address PO Box 677458

City Dallas	State TX	Zip Code 75267-7458
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 513.54

Transaction ID : VPF7BQ9MHP5

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 29 / 2016

Amount of Each Receipt this Period
 513.54

Memo Item
Refund/Insurance

Subtotal Of Receipts This Page (optional).....▶ 816414.18

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 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 checked="" 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)
People's Bank

Mailing Address 2 Burlington Sq

City
Burlington

State
VT

Zip Code
05401-4412

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2672.05

Transaction ID : VPF7BQ9PX94

Date of Receipt

M M / D D / Y Y Y Y
12 / 21 / 2016

Amount of Each Receipt this Period

422.05

Memo Item
Bank Service Charges

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).....

422.05

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

819541.10

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Bernie 2016

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

Revalue Tech LLC

Mailing Address PO Box 99

City

Florham Park

State

NJ

Zip Code

07932-0099

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

31076.00

Transaction ID : VPF7BQ9MHN7

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2016			

Amount of Each Receipt this Period

29446.00

Memo Item
 Sale of Equipment

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

Revalue Tech LLC

Mailing Address PO Box 99

City

Florham Park

State

NJ

Zip Code

07932-0099

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

31076.00

Transaction ID : VPF7BQ9PXH8

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2016			

Amount of Each Receipt this Period

1630.00

Memo Item
 Sale of Equipment

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).....

31076.00

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

31076.00

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. American Express			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address PO Box 1270			FEC Identification Number C		
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : VPE83A231N3		
Purpose of Disbursement Credit Card Payment		Category/ Type	Amount of Each Disbursement this Period 14633.44		
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. Amazon.Com HDQT			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 410 Terry Ave N			FEC Identification Number C		
City Seattle	State WA	Zip Code 98109-5210	Transaction ID : VPE83A231Q9		
Purpose of Disbursement Internet Services		Category/ Type	Amount of Each Disbursement this Period 3255.90		
Candidate Name		Memo Item <input checked="" 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. Heap Analytics			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 116 Natoma St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94105-3745	Transaction ID : VPE83A23218		
Purpose of Disbursement Telephones		Category/ Type	Amount of Each Disbursement this Period 249.00		
Candidate Name		Memo Item <input checked="" 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)..... 14633.44

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. Heroku			Date of Disbursement MM / DD / YYYY 12 / 19 / 2016		
Mailing Address 650 7Th St			FEC Identification Number C Transaction ID : VPE83A23200 Amount of Each Disbursement this Period 8997.84		
City San Francisco	State CA	Zip Code 94103-4911			
Purpose of Disbursement Software		Candidate Name	Category/ Type		
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:		<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Heroku			Date of Disbursement MM / DD / YYYY 12 / 19 / 2016		
Mailing Address 650 7Th St			FEC Identification Number C Transaction ID : VPE83A23226 Amount of Each Disbursement this Period 812.20		
City San Francisco	State CA	Zip Code 94103-4911			
Purpose of Disbursement Software		Candidate Name	Category/ Type		
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:		<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) c. Rollbar			Date of Disbursement MM / DD / YYYY 12 / 19 / 2016		
Mailing Address 414 Brannan St			FEC Identification Number C Transaction ID : VPE83A23291 Amount of Each Disbursement this Period 298.00		
City San Francisco	State CA	Zip Code 94107-1714			
Purpose of Disbursement Software		Candidate Name	Category/ Type		
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:		<input checked="" type="checkbox"/> Memo Item			

Subtotal Of Receipts This Page (optional)..... 0.00

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)

<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 State Digital			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 1341 Connecticut Ave NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20036-1843	Transaction ID : VPE83A23006		
Purpose of Disbursement Internet Services		Category/ Type	Amount of Each Disbursement this Period 4014.50		
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:				

Full Name (Last, First, Middle Initial) B. Blue Wave Political Partners, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2016		
Mailing Address 119 1St Ave S Ste 320			FEC Identification Number C		
City Seattle	State WA	Zip Code 98104-3424	Transaction ID : VPE83A23014		
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) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) c. Blue Wave Political Partners, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 119 1St Ave S Ste 320			FEC Identification Number C		
City Seattle	State WA	Zip Code 98104-3424	Transaction ID : VPE83A23022		
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) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 34014.50

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. Blue Wave Political Partners, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 119 1st Ave S Ste 320			FEC Identification Number C		
City Seattle	State WA	Zip Code 98104-3424	Transaction ID : VPE83A23030 Amount of Each Disbursement this Period 7455.25		
Purpose of Disbursement Consulting/Accounting/Compliance		Category/ Type	Memo Item <input type="checkbox"/>		
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Century Link			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2016		
Mailing Address PO Box 91154			FEC Identification Number C		
City Seattle	State WA	Zip Code 98111-9254	Transaction ID : VPE83A23071 Amount of Each Disbursement this Period 691.33		
Purpose of Disbursement Telecommunications		Category/ Type	Memo Item <input type="checkbox"/>		
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. DC Department Of Employment Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address 4058 Minnesota Ave NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20019-3540	Transaction ID : VPE83A230J8 Amount of Each Disbursement this Period 540.53		
Purpose of Disbursement Payroll Taxes		Category/ Type	Memo Item <input type="checkbox"/>		
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) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 8687.11

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. Garvey Schubert Barer			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 1000 Potomac St NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20007-3592	Transaction ID : VPE83A2ZZZ8		
Purpose of Disbursement Legal Fees		Category/ Type	Amount of Each Disbursement this Period 18732.16		
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. Paychex, Inc			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VPE83A230E7		
Purpose of Disbursement Payroll Fees		Category/ Type	Amount of Each Disbursement this Period 210.75		
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. People's Bank			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address 2 Burlington Sq			FEC Identification Number C		
City Burlington	State VT	Zip Code 05401-4412	Transaction ID : VPE83A230D9		
Purpose of Disbursement Bank Service Charges		Category/ Type	Amount of Each Disbursement this Period 409.72		
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)..... 19352.63

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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2016
Mailing Address 11 Elmwood Ave			FEC Identification Number C
City Burlington	State VT	Zip Code 05401-4366	Transaction ID : VPE83A23064 Amount of Each Disbursement this Period 470.00
Purpose of Disbursement Postage		Category/ Type	<input type="checkbox"/> Memo Item
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) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2016
Mailing Address 11 Elmwood Ave			FEC Identification Number C
City Burlington	State VT	Zip Code 05401-4366	Transaction ID : VPE83A23056 Amount of Each Disbursement this Period 470.00
Purpose of Disbursement Postage		Category/ Type	<input type="checkbox"/> Memo Item
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) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) c. Unitemized total			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2016
Mailing Address n/a			FEC Identification Number C
City n/a	State DC	Zip Code 00000	Transaction ID : BBBB1 Amount of Each Disbursement this Period 654.64
Purpose of Disbursement		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
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)..... 940.00

Total This Period (last page this line number only)..... 77627.68

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. Forczek, Casse, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016	
Mailing Address PO Box 32			FEC Identification Number C	
City Kelseyville	State CA	Zip Code 95451-0032	Transaction ID : VPE83A22Z45	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 270.00	
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. Hofstede, Rene, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016	
Mailing Address 2 Horatio St Apt 12S			FEC Identification Number C	
City New York	State NY	Zip Code 10014-1634	Transaction ID : VPE83A22ZB0	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 2700.00	
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. Hornback, Bert, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016	
Mailing Address Karcherstrasse 7			FEC Identification Number C	
City Kansas City	State KS	Zip Code 66111	Transaction ID : VPE83A22Z11	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 400.00	
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)..... 3370.00

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)

<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. Hunter, Amy, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016
Mailing Address 4636 Cahuenga Blvd			FEC Identification Number C
City Toluca Lake	State CA	Zip Code 91602-1566	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VPE83A22Z03 Amount of Each Disbursement this Period 579.59
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. Kassel, Doug, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016
Mailing Address 564 Central Ave Apt 211			FEC Identification Number C
City Alameda	State CA	Zip Code 94501-3744	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VPE83A22Z61 Amount of Each Disbursement this Period 500.00
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. Leeves, Jane, Ann, ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016
Mailing Address 1860 White Oak Dr Apt 383			FEC Identification Number C
City Houston	State TX	Zip Code 77009-7554	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : VPE83A22Z87 Amount of Each Disbursement this Period 500.00
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)..... 1579.59

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 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. Ogilvie, Lyle, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address 115 S Livingston St			FEC Identification Number C		
City Whitehall	State MI	Zip Code 49461-1035			
Purpose of Disbursement Contribution Refund		Candidate Name		Category/ Type	
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:				

Full Name (Last, First, Middle Initial) B. Pierce, Jonmark, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 14145 Wilds Path NW			FEC Identification Number C		
City Prior Lake	State MN	Zip Code 55372-4467			
Purpose of Disbursement Contribution Refund		Candidate Name		Category/ Type	
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:				

Full Name (Last, First, Middle Initial) c. Pulju, Dan, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 441 E 17Th Ave Apt 11			FEC Identification Number C		
City Eugene	State OR	Zip Code 97401-4242			
Purpose of Disbursement Contribution Refund		Candidate Name		Category/ Type	
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:				

Subtotal Of Receipts This Page (optional)..... 3659.92

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 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. Rosen, Candice, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 5235 Castle Rd			FEC Identification Number C		
City La Canada Flintridge	State CA	Zip Code 91011-1317	Transaction ID : VPE83A22Z37		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 2000.00		
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.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
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)..... 2000.00

Total This Period (last page this line number only)..... 10609.51

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

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

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

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

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

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

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 `F9DCFH`G7 <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

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

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

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

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

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

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)
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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 : 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
Cordelia Fire Protection District

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

- 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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZG2

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
 Santa Monica Police Department

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

- 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 : VPC9K9H8ZQ7

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZK6

Disputed Debt

: 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:

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
Spokane Police Department

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

- 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)
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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 : VPC9K9H8ZB2

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZX5

Disputed Debt

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

Form/Schedule: SD12

Transaction ID : VPC9K9H8ZA5

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
 University Of Pittsburgh Police Department

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):
 Event Security

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

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	31991.00
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 : VPC9K9H8ZF4

Disputed Debt

Form/Schedule: SD12

Transaction ID: VPC9K9H8ZE6

Disputed Debt