

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 Democratic Socialists of America, Inc.			3. FEC Identification Number C 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

M M M	/	D D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

THROUGH

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	575.92

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
Svart, Maria, , ,	Svart, Maria, , ,	10/12/2016
	<i>[Electronically Filed]</i>	

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 Blanc, Elena, , ,		Date of Public Distribution/Dissemination 08 / 15 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 0.52	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6344
Purpose of Expenditure Salary (plus tax and benefit costs) for work producing independent expenditures	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Blanc, Elena, , ,		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 3.12	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6353
Purpose of Expenditure Salary (plus tax and benefit costs) for work producing independent expenditures	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 561.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Cahill, MaryEllen, Claudia, ,		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 2.56	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6357
Purpose of Expenditure Salary (plus tax and benefit costs) for work producing independent expenditures	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 557.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6.20
(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 Cahill, MaryEllen, Claudia, ,		Date of Public Distribution/Dissemination 09 / 15 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 14.82	
City New York	State NY	Zip Code 10038	
Purpose of Expenditure Salary (plus tax and benefit costs) for work producing independent expenditures		Category/Type	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 575.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6358

Full Name (Last, First, Middle Initial) of Payee Direct Marketing Answers		Date of Public Distribution/Dissemination 08 / 27 / 2016	
Mailing Address PO BOX 20951		Amount 66.00	
City New York	State NY	Zip Code 10129	
Purpose of Expenditure Est 8% of \$825 total cost of mail house handling for periodical		Category/Type	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 465.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6354

Full Name (Last, First, Middle Initial) of Payee Ed Handemann Desktop Publishing		Date of Public Distribution/Dissemination 08 / 27 / 2016	
Mailing Address 123 Garfield Pl		Amount 44.80	
City Brooklyn	State NY	Zip Code 11215	
Purpose of Expenditure Est 8% of \$560 total cost of design work for periodical		Category/Type	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 51.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.6349

(a) SUBTOTAL of Itemized Independent Expenditures.....	125.62
(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 Frank Reynoso Comics and Illustration		Date of Public Distribution/Dissemination 08 / 27 / 2016	
Mailing Address 467 E. 21st St. Apt 2		Amount 8.00	
City Brooklyn	State NY	Zip Code 11226	Transaction ID : F57.6350
Purpose of Expenditure Est 8% of \$100 total cost of design work for periodical cover	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 59.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Pitney Bowes		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address Attn: Box 371887, 500 Ross St. Suite 154-0470		Amount 89.95	
City Pittsburgh	State PA	Zip Code 15262	Transaction ID : F57.6356
Purpose of Expenditure postage for mailing organizing materials	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 555.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Post Office		Date of Public Distribution/Dissemination 08 / 27 / 2016	
Mailing Address 421 8th Avenue		Amount 174.88	
City New York	State NY	Zip Code 10199	Transaction ID : F57.6352
Purpose of Expenditure Est 8% of \$2186.04 total cost for postage for periodical	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 399.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	272.83
(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 Svart, Maria, , ,		Date of Public Distribution/Dissemination 08 / 15 / 2016	
Mailing Address 75 Maiden Lane Suite 702		Amount 6.15	
City New York	State NY	Zip Code 10038	Transaction ID : F57.6346
Purpose of Expenditure Salary (plus tax and benefit costs) for work producing independent expenditures	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Tri-Star Offset Corp.		Date of Public Distribution/Dissemination 08 / 27 / 2016	
Mailing Address 60- 20 59th Place		Amount 165.12	
City Maspeth	State NY	Zip Code 11378	Transaction ID : F57.6351
Purpose of Expenditure Est %8 of \$2064 total cost for printing periodical	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 224.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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.....	171.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	575.92