

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 <i>Mary Graydon - Fontana</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>423 Marnell Ave.</i>	
(c) City, State and ZIP Code <i>Santa Cruz, CA 95062</i>	3. FEC Identification Number C
2. Occupation and Name of Employer (for Individual Filers Only) <i>retired teacher</i>	

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? No Yes, It amends the report filed on

5. COVERING PERIOD: FROM *01 01 2016*
THROUGH *03 31 2016*

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES *2796.51*

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

Mary Graydon - Fontana

Mary Graydon - Fontana

4/14/16

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 3-C
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Mary Graydon-Fontana

Full Name (Last, First, Middle Initial) of Payee Dr. Don's Buttons and Magnets		Date of Public Distribution/Dissemination 01 13 2016
Mailing Address 3906 W. Morrow Dr.		Amount 267.81
City Glendale	State Zip Code Arizona 85308	
Purpose of Expenditure buttons, bumperstickers	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders for President		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 267.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Dr. Don's Buttons		Date of Public Distribution/Dissemination 01 21 2016
Mailing Address same		Amount 353.00
City same	State Zip Code	
Purpose of Expenditure same	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 620.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Dr. Don's Buttons		Date of Public Distribution/Dissemination 02 11 2016
Mailing Address same		Amount 407.21
City same	State Zip Code	
Purpose of Expenditure same	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: same Bernie Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 888.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	888.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	888.62

2014-2016 NO. 140-0101

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Mary Graydon - Fontana

Full Name (Last, First, Middle Initial) of Payee Dr. Don's Buttons and Magnets		Date of Public Distribution/Dissemination 02 14 2016
Mailing Address 3906 W. Morrow Dr.		Amount 197.00
City Glendale	State Zip Code Arizona 85308	
Purpose of Expenditure buttons, bumper stickers	Category/Type 004	Office Sought: House _____ Senate _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders for President		Check One: <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1085.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Dr. Don's buttons		Date of Public Distribution/Dissemination 02 18 2016
Mailing Address Same		Amount 589.00
City Same	State Zip Code	
Purpose of Expenditure same + yard signs	Category/Type 004	Office Sought: House _____ Senate _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders		Check One: <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1674.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Dr. Don's buttons		Date of Public Distribution/Dissemination 03 29 2016
Mailing Address Same		Amount 197.00
City Same	State Zip Code	
Purpose of Expenditure same	Category/Type 004	Office Sought: House _____ Senate _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders		Check One: <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1871.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ **1871.62**

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

(c) TOTAL Independent Expenditures.....▶ **1871.62**
(carry total from last page forward to Line 7)

NON-PROFIT CORPORATION

**SCHEDULE 3-C
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Mary Graydon - Fontana

Full Name (Last, First, Middle Initial) of Payee <i>Dr. Don's Buttons</i>		Date of Public Distribution/Dissemination <i>03 29 2016</i>
Mailing Address <i>Same</i>		Amount <i>589.00</i>
City <i>Same</i>	State Zip Code	
Purpose of Expenditure <i>Same</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>same Bernie Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>2460.62</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Dr. Don's Buttons</i>		Date of Public Distribution/Dissemination <i>03 31 2016</i>
Mailing Address <i>Same</i>		Amount <i>335.89</i>
City <i>Same</i>	State Zip Code	
Purpose of Expenditure <i>Same</i>	Category/Type <i>004</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bernie Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>2796.51</i>		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
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 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.....	<i>2796.51</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>2796.51</i>

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NOTICE: THIS INFORMATION IS UNCLASSIFIED

Via E-Mail

