

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 JUL 16 AM 11:23
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 **FEC MAIL CENTER**

B E R N I E D R A F T

ADDRESS (number and street) P O B O X 6 0 5

Check if different than previously reported. (ACC) B U R L I N G T O N V T 0 5 4 0 2

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00555615

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Convention (12C)	Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
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Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04 01 2014 through 06 30 2014

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 **CHRISTOPHER PEARSON**

Signature of Treasurer *Chris Pearson*

Date 07 12 2014

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

Office Use Only								
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
BERNIE DRAFT

Report Covering the Period: From: ^M04 / ^D01 / ^Y2014 To: ^M06 / ^D30 / ^Y2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^Y 0	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	528.31	
(c) Total Receipts (from Line 19).....	483.00	4021.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1011.31	4021.42
7. Total Disbursements (from Line 31).....	332.80	3342.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	678.51	678.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BERNIE DRAFT

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	3050.92
(ii) Unitemized.....	483.00	970.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	483.00	4021.42
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	483.00	4021.42
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	483.00	4021.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	483.00	4021.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	211.29	670.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	211.29	670.48
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....	121.51	2672.43
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))..... ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	332.80	3342.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... ▶	332.80	3342.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	483.00	4021.42
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	483.00	4021.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	211.29	670.48
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	211.29	670.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 DRAFT

<p>A. PEARSON & COMPANY</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>06 / 30 / 2014</p>	
<p>Mailing Address</p> <p>12 BROOKES AVE</p>			
<p>City</p> <p>BURLINGTON</p>	<p>State</p> <p>VT</p>	<p>Zip Code</p> <p>05401</p>	
<p>Purpose of Disbursement</p> <p>REIMBURSEMENT FOR FACEBOOK ADS</p>		<p>Category/Type</p> <p>004</p>	<p>Amount of Each Disbursement this Period</p> <p>121.51</p>
<p>Candidate Name</p> <p>BERNARD SANDERS</p>			
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN</p>		
<p>State:</p>	<p>District:</p>		
<p>B. CLICK AND PLEDGE</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>06 / 30 / 2014</p>	
<p>Mailing Address</p> <p>12202 AIRPORT WAY, STE. 100</p>			
<p>City</p> <p>BLOOMFIELD</p>	<p>State</p> <p>CO</p>	<p>Zip Code</p> <p>80021</p>	
<p>Purpose of Disbursement</p> <p>ONLINE PAYMENT PROCESSING</p>		<p>Category/Type</p> <p>003</p>	<p>Amount of Each Disbursement this Period</p> <p>22.30</p>
<p>Candidate Name</p> <p>BERNARD SANDERS</p>			
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN</p>		
<p>State:</p>	<p>District:</p>		
<p>C. NORTHFIELD SAVINGS BANK</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>06 / 27 / 2014</p>	
<p>Mailing Address</p> <p>PO BOX 347</p>			
<p>City</p> <p>NORTHFIELD</p>	<p>State</p> <p>VT</p>	<p>Zip Code</p> <p>05663</p>	
<p>Purpose of Disbursement</p> <p>FEE</p>		<p>Category/Type</p> <p>001</p>	<p>Amount of Each Disbursement this Period</p> <p>30.00</p>
<p>Candidate Name</p> <p>BERNARD SANDERS</p>			
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN</p>		
<p>State:</p>	<p>District:</p>		
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		<p>173.81</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BERNIE DRAFT

Full Name (Last, First, Middle Initial)

A. BURLINGTON MAIN POST OFFICE		Date of Disbursement
Mailing Address 11 ELMWOOD AVE		06 / 25 / 2014
City	State	Zip Code
BURLINGTON	VT	05401
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
PO BOX FEE	001	
Candidate Name	Category/Type	88.00
BERNARD SANDERS		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN	
State: District:		

B. CLICK AND PLEDGE		Date of Disbursement
Mailing Address 12202 AIRPORT WAY, STE 100		05 / 31 / 2014
City	State	Zip Code
BLOOMFIELD	CO	80021
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
ONLINE PAYMENT PROCESSING	003	
Candidate Name	Category/Type	27.64
BERNARD SANDERS		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN	
State: District:		

C. CLICK AND PLEDGE		Date of Disbursement
Mailing Address 12202 AIRPORT WAY, STE 100		04 / 30 / 2014
City	State	Zip Code
BLOOMFIELD	CO	80021
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
ONLINE PAYMENT PROCESSING	003	
Candidate Name	Category/Type	23.45
BERNARD SANDERS		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....

139.09

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 8 OF 9				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<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 DRAFT

Full Name (Last, First, Middle Initial) A. NORTHFIELD SAVINGS BANK		Date of Disbursement 04 ^M / 28 ^D / 2014 ^Y	
Mailing Address PO BOX 347		Amount of Each Disbursement this Period 15.90	
City NORTHFIELD	State VT		Zip Code 05663
Purpose of Disbursement CHECKS	Category/ Type 001		
Candidate Name BERNARD SANDERS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN		
State: District:			

Full Name (Last, First, Middle Initial) B. MONTPELIER POST OFFICE		Date of Disbursement 04 ^M / 15 ^D / 2014 ^Y	
Mailing Address 87 STATE STREET		Amount of Each Disbursement this Period 4.00	
City MONTPELIER	State VT		Zip Code 05602
Purpose of Disbursement CERTIFIED MAIL	Category/ Type 001		
Candidate Name BERNARD SANDERS			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement	Category/ Type		
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 Disbursements This Page (optional).....	19.90
TOTAL This Period (last page this line number only).....	332.80

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) BERNIE DRAFT	FEC IDENTIFICATION NUMBER C 00555615
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PEARSON & COMPANY		Date of Public Distribution/Dissemination 06 / 30 / 2014	
Mailing Address 12 BROOKES AVE.		Amount 121.51	
City BURLINGTON	State VT	Date of Disbursement or Obligation 06 / 30 / 2014	
Purpose of Expenditure REIMBURSEMENT FOR FACEBOOK ADS		Category/Type 004	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2672.43		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► DRAFT CAMPAIGN	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

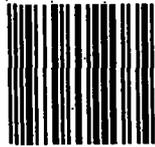
(a) SUBTOTAL of Itemized Independent Expenditures.....	121.51
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	121.51

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature:  Date: **07 / 12 / 2014**

BERNIE DRAFT
PO BOX 605
BURLINGTON, VT 05402

U.S. POSTAGE
PAID
BURLINGTON, VT
05401
JUL 12, 14
AMOUNT
\$4.91
00030490-02



1000 20463

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7013 1710 0000 8411 0916

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999 E STREET NW
WASHINGTON, DC 20463

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2014 JUN 16 AM 11:23
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