

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER
2016 FEB -2 AM 6:54

1. (a) Name of Individual, Organization or Corporation Kathy Yurista	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 Enos Lane	
(c) City, State and ZIP Code Corralitos	3. FEC Identification Number C
2. Occupation and Name of Employer (for Individual Filers Only) Agriculture - selfemployed	

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

M M / D D / Y Y Y Y

5. COVERING PERIOD: FROM **10th 01st 2015**
THROUGH **12th 31st 2015**

6. TOTAL CONTRIBUTIONS....., , **00.00**
7. TOTAL INDEPENDENT EXPENDITURES....., **430.00**

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

Kathy S. Yurista

Kathy S. Yurista

1/13/16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

20160202 10:00:00 AM

SCHEDULE 5-A
ITEMIZED RECEIPTS

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 FILER (In Full)
Kathy Yurista

A. Full Name (Last, First, Middle Initial) Kathy S. Yurista		Date of Receipt 12 04 2015
Mailing Address 700 Enos Lane		Amount of Each Receipt this Period 1,000.00
City Corralitos	State CA	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional)	▶
TOTAL This Period (last page carry total to Line 6)	▶

4 00000000 00000000 00000000 00000000

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Kathy

Full Name (Last, First, Middle Initial) of Payee
Dr. Don's

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination
11 / 09 / 2015

Amount
33000

Purpose of Expenditure
Buttons, bumper stickers

Category/Type

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Senator Bernie Sanders

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

Amount

Purpose of Expenditure

Category/Type

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

Amount

Purpose of Expenditure

Category/Type

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

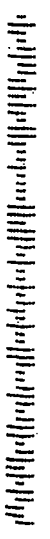
(a) SUBTOTAL of Itemized Independent Expenditures.....	10000
(b) SUBTOTAL of Unitemized Independent Expenditures	33000
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	43000

150013000 12 1 2015 10 10 10 10

KATHY YERUSA
700 Geros Lane
Comalitos, CA 95076

Federal Election Commission
999 E. Street, N.W.
Washington D.C.
20463

20463



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NO POSTAGE
NECESSARY
IF MAILED
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 12/24/15 Date of Receipt 2/2/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)



2/2/16
DATE PREPARED

NON-CONFIDENTIAL