



Roxanne Barber <roxanne.edits@gmail.com> on 01/14/2016 04:31:19 PM

To: 2022190174@fec.gov,
cc:

Subject: Amended Form 5 for C90015603

Hello. I've attached an amended Form 5 report, our 2015 October Quarterly Report, per a letter we received from Bradley Matheson dated December 15, 2015. We had failed to enter our state (NM) on each of the 5-E entries. No other data has changed except for the addition of the state in the box on the bottom right of each entry.

Sincerely,
Roxanne Barber and
Paul Gibson
4 Punta del Cazador
Santa Fe, NM 87506



505-982-6295 FEC Form 5 amendment 1-14-16.pdf

20160114104319

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>Paul Gibson</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>4 Punta del Cazador</i>	
(c) City, State and ZIP Code <i>Santa Fe, NM 87506</i>	
2. Occupation and Name of Employer (for Individual Filers Only) <i>Self-employed</i>	3. FEC Identification Number C 90015603

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 **10** / **15** / **2015**

5. COVERING PERIOD: FROM **05** / **19** / **2015**
THROUGH **09** / **30** / **2015**

6. TOTAL CONTRIBUTIONS..... **4,128.71**
7. TOTAL INDEPENDENT EXPENDITURES **4,128.71**

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: Paul Gibson
SIGNATURE: *Paul Gibson* DATE: 1/14/16

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 1 OF 1

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)
Paul Gibson

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

Mailing Address
4 Punta del Cazador

City *Santa Fe* State *NM* Zip Code *87506*

Date of Receipt
09 / 30 / 2015

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

Amount of Each Receipt this Period
334.24

Name of Employer *Self-employed* Occupation *Health Consultant*

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

Mailing Address
(Numerous, \$100 or less)

City _____ State _____ Zip Code _____

Date of Receipt
09 / 30 / 2015

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

Amount of Each Receipt this Period
3,794.47

Name of Employer _____ Occupation _____

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

Mailing Address

City _____ State _____ Zip Code _____

Date of Receipt

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)

Mailing Address

City _____ State _____ Zip Code _____

Date of Receipt

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) *4,128.71*

TOTAL This Period (last page carry total to Line 6) *4,128.71*

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <u>The Printers</u>		Date of Public Distribution/Dissemination <u>05</u> / <u>19</u> / <u>2015</u>	
Mailing Address <u>418 Cerrillos Rd.</u>		Amount <u>32.45</u>	
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>	
Purpose of Expenditure <u>Flyers</u>	Category/Type <u>003</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>32.45</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Fed Ex Office</u>		Date of Public Distribution/Dissemination <u>06</u> / <u>06</u> / <u>2015</u>	
Mailing Address <u>301 N. Guadalupe</u>		Amount <u>72.60</u>	
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>	
Purpose of Expenditure <u>Copy meeting handouts</u>	Category/Type <u>003</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>105.05</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Office Depot</u>		Date of Public Distribution/Dissemination <u>06</u> / <u>07</u> / <u>2015</u>	
Mailing Address <u>153 Paseo de Peralta</u>		Amount <u>58.39</u>	
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>	
Purpose of Expenditure <u>Office supplies</u>	Category/Type <u>001</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>163.44</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>163.44</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

NOTICE OF FINANCIAL DISCLOSURE

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <u>Office Depot</u>		Date of Public Distribution/Dissemination <u>06</u> <u>19</u> <u>2015</u>
Mailing Address <u>153 Paseo de Peralta</u>		Amount <u>1838</u>
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>
Purpose of Expenditure <u>Supplies</u>	Category/Type <u>001</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>18182</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>The Printers</u>		Date of Public Distribution/Dissemination <u>07</u> <u>02</u> <u>2015</u>
Mailing Address <u>418 Cerrillos Rd.</u>		Amount <u>34944</u>
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>
Purpose of Expenditure <u>Banner, bumper stickers</u>	Category/Type <u>006</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>53120</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Office Depot</u>		Date of Public Distribution/Dissemination <u>07</u> <u>03</u> <u>2015</u>
Mailing Address <u>153 Paseo de Peralta</u>		Amount <u>3234</u>
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>
Purpose of Expenditure <u>Pens + clipboards</u>	Category/Type <u>007</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>56360</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>56360</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <i>Go Daddy</i>		Date of Public Distribution/Dissemination <i>07/10/2015</i>	
Mailing Address <i>14455 North Hayden Rd. Ste 226</i>		Amount <i>89.97</i>	
City <i>Scottsdale</i>	State <i>AZ</i>	Zip Code <i>85260</i>	
Purpose of Expenditure <i>Web domain + hosting</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>6535.7</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>The Printers</i>		Date of Public Distribution/Dissemination <i>07/29/2015</i>	
Mailing Address <i>418 Cerrillos Rd.</i>		Amount <i>101.67</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	
Purpose of Expenditure <i>Flyers</i>	Category/Type <i>00.7</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>765.24</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 Adaptive <i>Sign-Up Genius</i>		Date of Public Distribution/Dissemination <i>07/29/2015</i>	
Mailing Address <i>7825 Ballantyne Commons Pkwy</i>		Amount <i>9.99</i>	
City <i>Charlotte</i>	State <i>NC</i>	Zip Code <i>28277</i>	
Purpose of Expenditure <i>Monthly fee for online volunteer sign-up platform</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>765.23</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>765.23</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

20150710 11:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <i>The Printers</i>		Date of Public Distribution/Dissemination <i>08 07 2015</i>	
Mailing Address <i>418 Cerrillos Rd.</i>		Amount <i>178.72</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	<i>178.72</i>
Purpose of Expenditure <i>Flyers for meeting</i>	Category/Type <i>007</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>9,957.3</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>Office Depot</i>		Date of Public Distribution/Dissemination <i>08 09 2015</i>	
Mailing Address <i>153 Paseo de Peratta</i>		Amount <i>64.98</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	
Purpose of Expenditure <i>Flipchart + markers</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>1,060.71</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>Mail Chimp</i>		Date of Public Distribution/Dissemination <i>08 29 2015</i>	
Mailing Address <i>675 Ponce de Leon NE Ste 5000</i>		Amount <i>20.00</i>	
City <i>Atlanta</i>	State <i>GA</i>	Zip Code <i>30308</i>	
Purpose of Expenditure <i>monthly fee for email newsletter platform</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>1,080.71</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>1,080.71</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

20150909 10:11:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <i>Go Daddy</i>		Date of Public Distribution/Dissemination <i>08/24/2015</i>	
Mailing Address <i>14455 North Hayden Rd. Ste. 226</i>		Amount <i>1834</i>	
City <i>Scottsdale</i>	State <i>AZ</i>	Zip Code <i>85260</i>	
Purpose of Expenditure <i>Web domain registration</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>1099.05</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>Sign-Up Genius</i>		Date of Public Distribution/Dissemination <i>08/22/2015</i>	
Mailing Address <i>7825 Ballantyne Commons Pkwy</i>		Amount <i>999</i>	
City <i>Charlotte</i>	State <i>NC</i>	Zip Code <i>28277</i>	
Purpose of Expenditure <i>Monthly fee for online volunteer sig-up platform</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>1109.04</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>The Printers</i>		Date of Public Distribution/Dissemination <i>08/29/2015</i>	
Mailing Address <i>418 Cerrillos Rd.</i>		Amount <i>400.75</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	
Purpose of Expenditure <i>Flyers in Spanish/English</i>	Category/Type <i>003</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>1509.79</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>1509.79</i>
(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)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <i>The Printers</i>		Date of Public Distribution/Dissemination <i>09' 02' 2015</i>	
Mailing Address <i>418 Cerrillos Rd.</i>		Amount <i>752.01</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	
Purpose of Expenditure <i>T-shirts</i>	Category/Type <i>00A</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>2261.80</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>Zia Pueblo</i>		Date of Public Distribution/Dissemination <i>09' 07' 2015</i>	
Mailing Address <i>135 Capitol Square Dr.</i>		Amount <i>100.00</i>	
City <i>Zia Pueblo</i>	State <i>NM</i>	Zip Code <i>87053</i>	
Purpose of Expenditure <i>Donation in thanks for use of Zia symbol on materials.</i>	Category/Type <i>011</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>2361.80</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>Northern New Mexico Central Labor Council</i>		Date of Public Distribution/Dissemination <i>09' 09' 2015</i>	
Mailing Address <i>1420 Cerrillos Rd.</i>		Amount <i>200.00</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87505</i>	
Purpose of Expenditure <i>Table fee at Labor Day Fair</i>	Category/Type <i>007</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>2561.80</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>2561.80</i>
(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)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <u>Go Daddy</u>		Date of Public Distribution/Dissemination <u>09</u> <u>09</u> <u>2015</u>	
Mailing Address <u>14455 North Hayden Rd. Ste 226</u>		Amount <u>2139</u>	
City <u>Scottsdale</u>	State <u>AZ</u>	Zip Code <u>85260</u>	
Purpose of Expenditure <u>Web domain registration</u>	Category/Type <u>001</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>258314</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>The Printers</u>		Date of Public Distribution/Dissemination <u>09</u> <u>11</u> <u>2015</u>	
Mailing Address <u>418 Cerrillos Rd.</u>		Amount <u>21663</u>	
City <u>Santa Fe</u>	State <u>NM</u>	Zip Code <u>87501</u>	
Purpose of Expenditure <u>Flyers</u>	Category/Type <u>007</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>279977</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Amazon</u>		Date of Public Distribution/Dissemination <u>09</u> <u>14</u> <u>2015</u>	
Mailing Address <u>1200 12th Ave. South Ste. 1200</u>		Amount <u>32574</u>	
City <u>Seattle</u>	State <u>WA</u>	Zip Code <u>98144</u>	
Purpose of Expenditure <u>DLP Projector + case</u>	Category/Type <u>001</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>NM</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Bernie Sanders</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>312551</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>312551</u>
(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**

PAGE 9 OF 10
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <i>The Printers</i>		Date of Public Distribution/Dissemination <i>09 18 2015</i>	
Mailing Address <i>418 Cerrillos Rd.</i>		Amount <i>368.26</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	
Purpose of Expenditure <i>Flyers for meeting</i>	Category/Type <i>007</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>3493.77</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>Santa Fe Hemp</i>		Date of Public Distribution/Dissemination <i>09 21 2015</i>	
Mailing Address <i>105 E. Water St.</i>		Amount <i>599.95</i>	
City <i>Santa Fe</i>	State <i>NM</i>	Zip Code <i>87501</i>	
Purpose of Expenditure <i>T-shirts</i>	Category/Type <i>006</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>4093.72</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>Sign-Up Genius</i>		Date of Public Distribution/Dissemination <i>09 23 2015</i>	
Mailing Address <i>7825 Ballantyne Commons Pkwy.</i>		Amount <i>99.9</i>	
City <i>Charlotte</i>	State <i>NC</i>	Zip Code <i>28277</i>	
Purpose of Expenditure <i>Monthly fee for online volunteer sign-up platform</i>	Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <i>NM</i> 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>4103.71</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>4103.71</i>
(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)
Paul Gibson

Full Name (Last, First, Middle Initial) of Payee <i>Mail Chimp</i>		Date of Public Distribution/Dissemination <i>09 30 2015</i>	
Mailing Address <i>675 Ponce de Leon NE Ste 5000</i>		Amount <i>2500</i>	
City <i>Atlanta</i>	State <i>GA</i>	Zip Code <i>30308</i>	
Purpose of Expenditure <i>Monthly fee for email newsletter platform</i>		Category/Type <i>001</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bernie Sanders</i>		State: <i>NM</i> District: _____	
Calendar Year-To-Date Per Election for Office Sought <i>412871</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 Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input 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 Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
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>412871</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>412871</i>

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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 type="checkbox"/> USPS First Class Mail	Date of Receipt
<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 checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>1/14/16</i>
<i>[Signature]</i> PREPARER	<i>1/15/16</i> DATE PREPARED

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