



Jeffrey Smedberg <unionize@calcentral.com> on 10/15/2015 03:47:39 PM

To: 2022190174@fec.gov,  
cc:

Subject: Form 5 filing



Form5-Q3-2015\_JSmedberg.pdf

2015-10-15 03:47:39 PM

# 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 <b>Jeffrey Smedberg</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>170 Hagemann Ave</b>	
(c) City, State and ZIP Code <b>Santa Cruz, CA 95062</b>	
2. Occupation and Name of Employer (for Individual Filers Only) <b>Retired</b>	3. FEC Identification Number <b>C</b> <b>First time filer</b>

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 **07 22 2015**  
THROUGH **09 30 2015**

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

**0**  
**542.85**

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

**Jeffrey Smedberg**

SIGNATURE

**Jeff Smedberg**

DATE

**10/15/15**

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

2015 NOV 10 10:01 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
*Jeffrey Smedberg*

Full Name (Last, First, Middle Initial) of Payee <i>Community Printers, Inc.</i>		Date of Public Distribution/Dissemination <i>07 23 2015</i>
Mailing Address <i>1827 Soquel Ave</i>		Amount <i>187.63</i>
City <i>Santa Cruz</i>	State <i>CA</i>	Zip Code <i>95062</i>
Purpose of Expenditure <i>printed flyer</i>	Category/Type <i>004</i>	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: <i>Bernard Sanders - <del>Pres</del></i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>187.63</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>Community Printers, Inc.</i>		Date of Public Distribution/Dissemination <i>08 18 2015</i>
Mailing Address <i>(see above)</i>		Amount <i>177.61</i>
City	State	Zip Code
Purpose of Expenditure <i>printed flyer</i>	Category/Type <i>004</i>	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: <i>Bernard Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>365.24</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 <i>Community Printers, Inc.</i>		Date of Public Distribution/Dissemination <i>09 30 2015</i>
Mailing Address <i>(see above)</i>		Amount <i>177.61</i>
City	State	Zip Code
Purpose of Expenditure <i>printed flyer</i>	Category/Type <i>004</i>	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: <i>Bernard Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>542.85</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>542.85</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>542.85</i>

2015-10-10 10:00:00

CONFIDENTIAL - NOT FOR PUBLICATION

# Via E-Mail

