

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 <i>C</i>
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 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

5. COVERING PERIOD: FROM *08 03 2015*
THROUGH *09 29 2015*

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES *1442.48*

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 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

20151016 09:00:00

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Mary Graydon - Fontana

Full Name (Last, First, Middle Initial) of Payee <i>* Dr. Don's Buttons and Magnets</i>		Date of Public Distribution/Dissemination <i>08 04 2015</i>	
Mailing Address <i>3906 W. Morrow Dr.</i>		Amount <i>285.28</i>	
City <i>Glendale</i>	State <i>Arizona</i>	Zip Code <i>85308</i>	
Purpose of Expenditure <i>Buttons, bumper stickers, banners</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>Bernie Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>285.28</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 and Magnets</i>		Date of Public Distribution/Dissemination <i>08 11 2015</i>	
Mailing Address <i>3906 W. Morrow Dr.</i>		Amount <i>99.61</i>	
City <i>Glendale</i>	State <i>Arizona</i>	Zip Code <i>85308</i>	
Purpose of Expenditure <i>buttons</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>Bernie Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>384.89</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>University Copy</i>		Date of Public Distribution/Dissemination <i>08 28 2015</i>	
Mailing Address <i>428 Front St.</i>		Amount <i>97.88</i>	
City <i>Santa Cruz</i>	State <i>CA</i>	Zip Code <i>95060</i>	
Purpose of Expenditure <i>flyers</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>Bernie Sanders</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>482.77</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>482.77</i>
(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

PAGE 2 OF 3
FOR LINE 7 OF FORM 5

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 08 30 2015		
Mailing Address 3906 W. Morrow Dr.			Amount 140.42		
City Glendale	State Arizona	Zip Code 85308	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		
Purpose of Expenditure bumper stickers		Category/Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought 623.19			<input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Same -> Dr. Don's			Date of Public Distribution/Dissemination 09 03 2015		
Mailing Address same			Amount 267.00		
City same	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		
Purpose of Expenditure		Category/Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought 890.19			<input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Dr. Don's			Date of Public Distribution/Dissemination 09 11 2015		
Mailing Address same			Amount 102.01		
City same	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		
Purpose of Expenditure		Category/Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: Bernie Sanders			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought 992.20			<input type="checkbox"/> Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	992.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

2015-10-16 06:37 PM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Mary Graydon - Fontana

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

FedEx

Date of Public Distribution/Dissemination

09 26 2015

Mailing Address

105 Laurel St.

Amount

68.02

City State Zip Code
Santa Cruz CA 95060

Purpose of Expenditure

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

1,060.22

Disbursement For: Primary General
 Other (specify) _____

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

Dr. Don's Buttons and Magnets

Date of Public Distribution/Dissemination

09 30 2015

Mailing Address

3906 W. Morrow Dr.

Amount

198.82

City State Zip Code
Glendale Arizona 85308

Purpose of Expenditure

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

1,259.04

Disbursement For: Primary General
 Other (specify) _____

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

Party Standups

Date of Public Distribution/Dissemination

09 15 2015

Mailing Address

1195 Tallevast Rd

Amount

183.44

City State Zip Code
Sarasota FL 34243

Purpose of Expenditure

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

1,442.48

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 1,442.48

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

(c) TOTAL Independent Expenditures..... 1,442.48
(carry total from last page forward to Line 7)

2015 OCT 15 06:37 PM

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.

2015-10-16 09:00:00

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<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
<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

Other (Specify): _____ Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED
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