

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Bernie 2016

A. Full Name (Last, First, Middle Initial)
Carol Mckee

Mailing Address 6045 Whispering Ln

City	State	Zip Code
Titusville	FL	32780-7417

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

Name of Employer	Occupation
Not employed	Not employed

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 295.00

Transaction ID : VPF7BG0W700

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	05	/	2015

Amount of Each Receipt this Period
 _____ 25.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City	State	Zip Code
West Somerville	MA	02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 25344425.49

Transaction ID : VPF7BG0W700E

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	05	/	2015

Amount of Each Receipt this Period
 _____ 25.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 270 Highland Ave
 Apt 31

City	State	Zip Code
Somerville	MA	02143-1331

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

Name of Employer	Occupation
Symbiota, Inc.	research associate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : VPF7BG0QNH4

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	05	/	2015

Amount of Each Receipt this Period
 _____ 250.00

* Earmarked Contribution: See Below

Subtotal Of Receipts This Page (optional).....▶ _____ 275.00

Total This Period (last page this line number only).....▶ _____