

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

B E R N I E D R A F T

ADDRESS (number and street) P O B O X 6 0 5

Check if different than previously reported. (ACC) B U R L I N G T O N V T 0 5 4 0 2

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00555615

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:


- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHRISTOPHER PEARSON

Signature of Treasurer  Date 10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BERNIE DRAFT

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		<input type="text" value="0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="678.51"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="160.00"/>	<input type="text" value="4181.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="838.51"/>	<input type="text" value="4181.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="621.60"/>	<input type="text" value="3964.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="216.91"/>	<input type="text" value="216.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BERNIE DRAFT

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0

3050.92

(ii) Unitemized.....

160.00

1130.50

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

160.00

4181.42

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

160.00

4181.42

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

160.00

4181.42

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

160.00

4181.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	621.60	1292.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	621.60	1292.08
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	0	2672.43
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	621.60	3964.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	621.60	3964.51

DUPLICATE COPY

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	160.00	4181.42
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	160.00	4181.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	621.60	1292.08
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	621.60	1292.08

150001141110011

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 8					
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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 COMMITTEE (In Full)
BERNIE DRAFT

Full Name (Last, First, Middle Initial) A. BURLINGTON MAIN POST OFFICE		Date of Disbursement MM / DD / YYYY 07 / 14 / 2014
Mailing Address 11 ELMWOOD AVE		Amount of Each Disbursement this Period 4.91
City BURLINGTON	State VT	
Zip Code 05401		Category/ Type 001
Purpose of Disbursement POSTAGE		
Candidate Name BERNARD SANDERS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. CLICK AND PLEDGE		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 12202 AIRPORT WAY, STE. 100		Amount of Each Disbursement this Period 21.50
City BLOOMFIELD	State CO	
Zip Code 80021		Category/ Type 003
Purpose of Disbursement ONLINE PAYMENT PROCESSING		
Candidate Name BERNARD SANDERS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. PEARSON & COMPANY		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 12 BROOKES AVE		Amount of Each Disbursement this Period 280.84
City BURLINGTON	State VT	
Zip Code 05401		Category/ Type 006
Purpose of Disbursement REIMBURSEMENT FOR STICKERS		
Candidate Name BERNARD SANDERS		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	307.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BERNIE DRAFT

Full Name (Last, First, Middle Initial)

A. NORTHFIELD SAVINGS BANK

Date of Disbursement

Mailing Address
PO BOX 347

MM / DD / YYYY
08 / 31 / 2014

City **NORTHFIELD** State **VT** Zip Code **05663**

Purpose of Disbursement
BANK FEE

001
Category/
Type

Amount of Each Disbursement this Period
15.00

Candidate Name
BERNARD SANDERS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **DRAFT CAMPAIGN**

Full Name (Last, First, Middle Initial)

B. CLICK AND PLEDGE

Date of Disbursement

Mailing Address
12202 AIRPORT WAY, STE 100

MM / DD / YYYY
08 / 31 / 2014

City **BLOOMFIELD** State **CO** Zip Code **80021**

Purpose of Disbursement
ONLINE PAYMENT PROCESSING

003
Category/
Type

Amount of Each Disbursement this Period
22.70

Candidate Name
BERNARD SANDERS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **DRAFT CAMPAIGN**

Full Name (Last, First, Middle Initial)

C. CLICK AND PLEDGE

Date of Disbursement

Mailing Address
12202 AIRPORT WAY, STE 100

MM / DD / YYYY
09 / 30 / 2014

City **BLOOMFIELD** State **CO** Zip Code **80021**

Purpose of Disbursement
ONLINE PAYMENT PROCESSING

003
Category/
Type

Amount of Each Disbursement this Period
23.15

Candidate Name
BERNARD SANDERS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **DRAFT CAMPAIGN**

SUBTOTAL of Disbursements This Page (optional)..... ▶

60.85

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 8 OF 8				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
BERNIE DRAFT

Full Name (Last, First, Middle Initial) A. NORTHFIELD SAVINGS BANK		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address PO BOX 347		
City NORTHFIELD	State VT	Zip Code 05663
Purpose of Disbursement BANK FEE	Category/Type 001	Amount of Each Disbursement this Period 15.00
Candidate Name BERNARD SANDERS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST STEP PRINT SHOP		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address PO BOX 311		
City UNDERHILL	State VT	Zip Code 05489
Purpose of Disbursement LETTERHEAD & ENVELOPES	Category/Type 003	Amount of Each Disbursement this Period 238.50
Candidate Name BERNARD SANDERS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN	
State: District:		

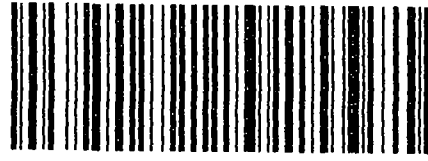
Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	253.50
TOTAL This Period (last page this line number only).....	621.60

2014-11-11 11:11:11

Bernie Draft
PO Box 605
Burlington, VT 05402

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
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10/15/14

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

10/20/14
DATE PREPARED

2014-10-20 11:11:11