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FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

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	Office Use Offiy
NAME OF COMMITTEE (in full, type or print)	Example: If typing, type over the lines. 12FE4M5
Bernie 2016	
ADDRESS (south to and stort)	
ADDRESS (number and street) PO Box 391	
Check if different	
reported. (ACC) Burlington	CITY STATE ZIP CODE
2. FEC IDENTIFICATION NUMBER C C0057	7130
3. TYPE OF REPORT (Choose One)	Check here if this is a Termination Report (TER)
Quarterly Reports:	Monthly Reports:
April 15 (Q1) October 15 (Q3)	Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
July 15 (Q2) January 31 Year-End Report (YE)	Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10)) Jan 31 (YE)
4. IS THIS REPORT AN AMENDMENT? yes no	
5. COVERING PERIOD 01 01 Y	2022 THROUGH 03 / 31 / Y 2022
I certify that I have examined this Report and to the best	t of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jackson, Susan, , ,	
Signature of Treasurer Jackson, Susan, , , [Electronically Filed] Date Date	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109 All previous versions of this form are obsolete and should no longer be used.	
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