

# 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 X Wendy Dwyer		RECEIVED FEC MAIL CENTER 2015 OCT 20 AM 6:56
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported X 2529 Rt 295		
(c) City, State and ZIP Code X Canaan, N.Y. 12029		
2. Occupation and Name of Employer (for Individual Filers Only) X RN St Peters Hospital		3. FEC Identification Number C

### 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

M M / D D / Y Y Y Y

### 5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y  
7 15 2015

THROUGH

M M / D D / Y Y Y Y  
10 15 2015

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

\$ 452.00

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

Wendy J. Dwyer

Wendy Dwyer 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

NOV 11 10 20 AM 0000001111

ITEMIZED RECEIPTS

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 FILER (In Full)  
 Wendy J Dwyer

~~A. Full Name (Last, First, Middle Initial)  
 Wendy J Dwyer  
 Mailing Address  
 2529 Rt 295  
 City Canaan NY State Zip Code 12029  
 Date of Receipt 10 15 2015  
 Amount of Each Receipt this Period  
 Name of Employer Occupation~~

error  
 up

B. Full Name (Last, First, Middle Initial)  
 Spartan Copies Inc  
 Mailing Address  
 31 James St  
 City Albany NY State Zip Code 12207  
 Date of Receipt Sept 2015  
 Amount of Each Receipt this Period  
 Name of Employer Occupation  
 C have more

C. Full Name (Last, First, Middle Initial)  
 Donnelly Colt  
 Mailing Address  
 Box 188  
 City Hampton Ct State Zip Code 06247  
 Date of Receipt 8-29-2015  
 Amount of Each Receipt this Period  
 Name of Employer Occupation  
 C

D. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Date of Receipt  
 Amount of Each Receipt this Period  
 Name of Employer Occupation  
 C

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page carry total to Line 6)	452.00

11-10-2013 10:00:00 AM

*Receipt*

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Full Name (Last,

Mailing Address

City

Purpose of Expe

Name of Federal

Calendar

Full Name (Last,

Mailing Address

City

Purpose of Expenditure

Name of Federal Candidate Supported

Calendar Year-To-Date Per Electio  
for Office Soug

Full Name (Last, First, Middle Initial) of

Mailing Address

City

Purpose of Expenditure

Name of Federal Candidate Supporter

Calendar Year-To-Date Per Elect  
for Office Sou

**Thank You for your order!**

We appreciate this opportunity to be of service to you. Your satisfaction is our goal. As further needs arise, please consult with us. We'll be very happy to serve you again.

**ORDER ACKNOWLEDGEMENT**

DATE RECEIVED 31 AUG 15	YOUR ORDER NO. ---	YOUR ORDER DATE 31 AUG 15	OUR ORDER NO. DC082815	INVOICE NO. ---
VIA UPS 3 DAY AIR	PREPAID VISA	C.O.D.	WILL SHIP ON/ABOUT Tuesday 1 Sept. 15	
REMARKS 250 3 x 11 1/2" 2 Color Bumperstickers "Bernie 2016" (union label)				

**Donnelly/Colt**  
P.O. Box 188 - Hampton - CT 06247  
(860) 455-9621  
www.donnellycolt.com  
email: info@donnellycolt.com

*Clay Colt*

2015101201000000114

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ict: \_\_\_\_\_

Oppose

General

mination

Y Y Y

DONNELLYCOLT.COM  
P.O. BOX 188  
HAMPTON, CT 06247  
860-455-9621

Merchant ID: 810305102  
Term ID: 8608

**Sale**

VISA  
XXXXXXXXXXXX0227  
Entry Method: Manual  
Apprvd: Online Batch#: 000003  
08/29/15 14:40:56  
Inv#: 00000002 Appr Code: 029280  
Total: \$ 294.00

Customer Copy

THANK YOU

Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
President

Check One: Support Oppose

Disbursement For: Primary General  
Other (specify) \_\_\_\_\_

Date of Public Distribution/Dissemination  
M M / D D / Y Y Y Y

Amount

Office Sought: House State: \_\_\_\_\_  
Senate District: \_\_\_\_\_  
President

Check One: Support Oppose

Disbursement For: Primary General  
Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent

(b) SUBTOTAL of Unitemized Independent Expenditures

*Clayman*

51 JAMES STREET  
 Albany, NY 12207  
 518-436-1801

email: spartancopies@hotmail.com  
 Federal ID #16-1524984

Address		
City	State	Zip
Phone No.		

#Originals	Quantity	Job Description	Total
		9/3 copier for Bernie Sanders flyers	25 <sup>93</sup>
		9/30 copies for Bernie Sanders flyers	27 <sup>78</sup>
		9/17 copies for Bernie Sanders flyers	92 <sup>60</sup>

Prices are calculated on a cash with order basis. All orders are to be paid in cash unless credit has been previously established.

For accounts w/ established credit

Net on presentation. Balances unpaid after 15 days from date of invoice are subject to a late payment charge of 2% per month, together with expenses incidental to collection, including reasonable attorney's fees.

Date of Order SEPTEMBER 2015

Due Date	Day	Time

Ordered By: Wendy Dwyer

Received By: \_\_\_\_\_

Cash  Check  Charge

Other \_\_\_\_\_

Subtotal	146 <sup>30</sup>
Tax	11 <sup>70</sup>
Total	158 <sup>00</sup>
Deposit	
Balance	

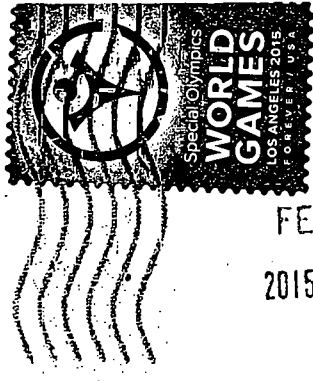
**INVOICE #**  
**22057**

**- Please Pay From This Invoice -**

11-11-11 10:00:00 AM

W Dwyer  
2529 Rt 295  
Canaan ny 12029

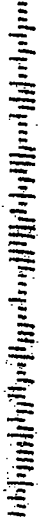
011-01-0000 1ND 1 ON 1 O H 1 U H 1 ON  
ALBANY NY 120  
15 OCT 2015 PM 11



RECEIVED  
FEC MAIL CENTER  
2015 OCT 20 AM 6:56

Federal Election Commission

999 E Street N.W.  
Washington, D.C. 20463



20463

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt  
10/15/15 10/20/15

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

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  
(3/2015)

10/20/15  
DATE PREPARED

NON-FUNCTIONAL