

**FEC
FORM 3X**

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

RECEIVED
2015 FEB -5 AM 11:39
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12 FEB 4 15 MAIL CENTER

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

Election on

MM / DD / YYYY in the State of

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

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

Election on

MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY

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

Chris Pearson

Date

MM / DD / YYYY

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

Office Use Only								
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FEC FORM 3X
Rev. 12/2004

**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: / / To: / /

	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="207.58"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="2612.65"/>	<input type="text" value="6820.07"/>
(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="2820.23"/>	<input type="text" value="6820.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1091.68"/>	<input type="text" value="5121.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1728.55"/>	<input type="text" value="1728.55"/>
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:

/ /

To:

/ /

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).....

(ii) Unitemized.....

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

(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).....▶

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)).....▶

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

DETAILED SUMMARY PAGE

of Disbursements

FINANCIAL REPORT

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	1091.68	2449.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1091.68	2449.41
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)) ..	1091.68	5121.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1091.68	5121.84

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)	2612.65	6820.07
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2612.65	6820.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1091.68	2449.41
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1091.68	2449.41

1-800-N-UNIT-1-NEUT-1

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
BRUCE, STEPHEN, R

Mailing Address
1667 K STREET NW, STE. 410

City **WASHINGTON** State **DC** Zip Code **20006-1653**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) **DRAFT CAMPAIGN**

Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 23 / 2014**

Amount of Each Receipt this Period **2500.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

1-800-424-9547

**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 7 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

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NAME OF COMMITTEE (In Full)
BERNIE DRAFT

Full Name (Last, First, Middle Initial)

A. BURLINGTON MAIN POST OFFICE

Date of Disbursement

Mailing Address
11 ELMWOOD AVE

M M / D D / Y Y	12 / 31 / 2014
-----------------	----------------

City **BURLINGTON** State **VT** Zip Code **05401**

Purpose of Disbursement
POST OFFICE BOX FEE

001

Amount of Each Disbursement this Period

Candidate Name
BERNARD SANDERS

Category/
Type

88.00

Office Sought: House
 Senate
 President
State: District:

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

M M / D D / Y Y	12 / 10 / 2014
-----------------	----------------

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

Purpose of Disbursement
ONLINE PAYMENT PROCESSING

003

Amount of Each Disbursement this Period

Candidate Name
BERNARD SANDERS

Category/
Type

21.50

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) **DRAFT CAMPAIGN**

Full Name (Last, First, Middle Initial)

C. MICKENBERG, DUNN, LACHS & SMITH, PLC

Date of Disbursement

Mailing Address
29 PINE STREET

M M / D D / Y Y	12 / 31 / 2014
-----------------	----------------

City **BURLINGTON** State **VT** Zip Code **05401**

Purpose of Disbursement
LEGAL ADVICE

001

Amount of Each Disbursement this Period

Candidate Name
BERNARD SANDERS

Category/
Type

822.50

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) **DRAFT CAMPAIGN**

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

932.00

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 11 / 31 / 2014
Mailing Address PO BOX 347		Amount of Each Disbursement this Period 15.00
City NORTHFIELD	State VT	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) DRAFT CAMPAIGN	State: District:	

Full Name (Last, First, Middle Initial) B. NORTHFIELD SAVINGS BANK		Date of Disbursement 12 / 31 / 2014
Mailing Address PO BOX 347		Amount of Each Disbursement this Period 15.00
City NORTHFIELD	State VT	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) DRAFT CAMPAIGN	State: District:	

Full Name (Last, First, Middle Initial) C. NAT WHITE-JOYAL		Date of Disbursement 12 / 31 / 2014
Mailing Address 34 PROCTOR AVE.		Amount of Each Disbursement this Period 130.13
City S. BURLINGTON	State VT	
Purpose of Disbursement FUNDRAISING	Category/Type 003	Amount of Each Disbursement this Period 130.13
Candidate Name BERNARD SANDERS	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) DRAFT CAMPAIGN	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	160.13
TOTAL This Period (last page this line number only).....	1091.68

11-11-2014

DRAFT

X 605

WINGTON, VT 05402

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD ALONG DOTTED LINE.

CERTIFIED MAIL



7013 2250 0002 3272 5016



1000



20463

U.S. POSTAGE
PAID
FIRST CLASS
JAN 31 11 15
AMHERST

\$4.91
00037502-09

FEC

999 E STREET NW

WASHINGTON, DC

20463

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Federal Election Commission
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1/31/15

USPS Priority Mail Postmarked

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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

ASL
PREPARER
(8/2013)

2/5/15
DATE PREPARED

FORM 1001-10-15