

# REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

**FEC FORM 3P**

1. **NAME OF COMMITTEE** (in full, type or print) Example: If typing, type over the lines. 12FE4M5

**Bernie 2016**

ADDRESS (number and street) PO Box 905

Check if different than previously reported. (ACC)

Burlington VT 05402

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** C C00577130 3. **THIS REPORT IS FOR** Primary  or General

4. **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)

Thirtieth day report following the General Election on MM / DD / YYYYYY

Twelfth day report preceding MM / DD / YYYYYY election on MM / DD / YYYYYY in the State of   .

Is this Report an Amendment?  yes  no

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 Susan Jackson

Signature of Treasurer Susan Jackson [Electronically Filed] 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. All previous versions of this form are obsolete and should no longer be used.

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