

**FEC
FORM 3X**

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

RECEIVED
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FEC MAIL CENTER

Office Use Only

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

MM / DD / YYYY

in the State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
01 / 01 / 2014

MM / DD / YYYY

MM / DD / YYYY
03 / 31 / 2014

through

MM / DD / YYYY

MM / DD / YYYY

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
04 / 15 / 2014

MM / DD / YYYY

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

FEC FORM 3X
Rev. 12/2004

14031223628

**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: / /

14031223629

	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="0"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="3538.42"/>	<input type="text" value="3538.42"/>
(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="3538.42"/>	<input type="text" value="3538.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3010.11"/>	<input type="text" value="3010.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="647.98"/>	<input type="text" value="647.98"/>
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:

01 / 01 / 2014

To:

03 / 31 / 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).....

3050.92

3050.92

(ii) Unitemized.....

487.50

487.50

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

3538.42

3538.42

(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).....▶

3538.42

3538.42

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 HS).....

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

(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)).....▶

3538.42

3538.42

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

3538.42

3538.42

14031223630

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)	3538.42	3538.42
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3538.42	3538.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3010.11	3010.11
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3010.11	3010.11

14031223632

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 10					
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

14031223633

A. Full Name (Last, First, Middle Initial) PEARSON, CHRISTOPHER A			Date of Receipt 01 / 03 / 2014		
Mailing Address 12 BROOKES AVE					
City BURLINGTON	State VT	Zip Code 05401	Amount of Each Receipt this Period 500		
FEC ID number of contributing federal political committee. C					
Name of Employer PEARSON & COMPANY		Occupation CONSULTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN		Aggregate Year-to-Date ▼ 3050.92			

B. Full Name (Last, First, Middle Initial) PEARSON, CHRISTOPHER A			Date of Receipt 02 / 15 / 2014		
Mailing Address 12 BROOKES AVE					
City BURLINGTON	State VT	Zip Code 05401	Amount of Each Receipt this Period 2550.92		
FEC ID number of contributing federal political committee. C					
Name of Employer PEARSON & COMPANY		Occupation CONSULTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN		Aggregate Year-to-Date ▼ 3050.92			

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

SUBTOTAL of Receipts This Page (optional).....	3050.92
TOTAL This Period (last page this line number only).....	3050.92

**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 10					
	<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

14031223634

A. NORTHFIELD SAVINGS BANK Full Name (Last, First, Middle Initial) Mailing Address PO BOX 347 City NORTHFIELD State VT Zip Code 05663 Purpose of Disbursement CHECKS 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 <input type="checkbox"/> Other (specify) DRAFT CAMPAIGN State: District:		Date of Disbursement 01 / 05 / 2014 Amount of Each Disbursement this Period 14.00 Category/Type 001
B. VERMONT SECRETARY OF STATE Full Name (Last, First, Middle Initial) Mailing Address 128 STATE STREET City MONTPELIER State VT Zip Code 05633 Purpose of Disbursement INCORPORATION FEE 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 <input type="checkbox"/> Other (specify) DRAFT CAMPAIGN State: District:		Date of Disbursement 02 / 04 / 2014 Amount of Each Disbursement this Period 125 Category/Type 001
C. RITE AID Full Name (Last, First, Middle Initial) Mailing Address 158 CHERRY STREET City BURLINGTON State VT Zip Code 05401 Purpose of Disbursement OFFICE SUPPLIES 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:		Date of Disbursement 02 / 10 / 2014 Amount of Each Disbursement this Period 8.54 Category/Type 001

SUBTOTAL of Disbursements This Page (optional).....	147.54
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 10				
	<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. FEDEX OFFICE		Date of Disbursement 02 / 10 / 2014
Mailing Address 199 MAIN STREET		Amount of Each Disbursement this Period 45.75
City BURLINGTON	State VT	
Zip Code 05401		Category/ Type 003
Purpose of Disbursement COPIES FOR FUNDRAISING		
Candidate Name BERNARD SANDERS		Disbursement For: <input checked="" 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. PEARSON & COMPANY		Date of Disbursement 02 / 14 / 2014
Mailing Address 12 BROOKES AVENUE		Amount of Each Disbursement this Period 2550.92
City BURLINGTON	State VT	
Zip Code 05401		Category/ Type 004
Purpose of Disbursement FACEBOOK ADS		
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. CLICK AND PLEDGE		Date of Disbursement 02 / 28 / 2014
Mailing Address 12202 AIRPORT WAY, STE 100		Amount of Each Disbursement this Period 37.04
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:	

SUBTOTAL of Disbursements This Page (optional).....	2633.71
TOTAL This Period (last page this line number only).....	

14031223635

**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 9 OF 10
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
BERNIE DRAFT

A. CLICK AND PLEDGE

Full Name (Last, First, Middle Initial)
CLICK AND PLEDGE

Date of Disbursement
03 / 31 / 2014

Mailing Address
12202 AIRPORT WAY, STE. 100

City BLOOMFIELD State CO Zip Code 80021

Purpose of Disbursement
ONLINE PAYMENT PROCESSING

Candidate Name
BERNARD SANDERS

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

State: District:

Amount of Each Disbursement this Period
24.15

B. CHRISTOPHER PEARSON

Full Name (Last, First, Middle Initial)
CHRISTOPHER PEARSON

Date of Disbursement
03 / 31 / 2014

Mailing Address
12 BROOKES AVE.

City BURLINGTON State VT Zip Code 05401

Purpose of Disbursement
WEBSITE & PO BOX FEE REIMBURSEMENT

Candidate Name
BERNARD SANDERS

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

State: District:

Amount of Each Disbursement this Period
204.71

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... **228.86**

TOTAL This Period (last page this line number only)..... **3010.11**

14031223636

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

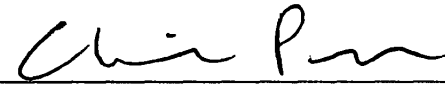
NAME OF COMMITTEE (In Full) BERNIE DRAFT	FEC IDENTIFICATION NUMBER C 00555615
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PEARSON & COMPANY	Date of Public Distribution/Dissemination 02 / 14 / 2014
Mailing Address 12 BROOKES AVENUE	Amount 2550.92
City BURLINGTON State VT Zip Code 05401	Date of Disbursement or Obligation 02 / 14 / 2014
Purpose of Expenditure FACEBOOK ADS Category/Type 004	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2550.92	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DRAFT CAMPAIGN

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	2550.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....	459.19
(c) TOTAL Independent Expenditures.....	3010.11

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 (if the reporting entity is not a political party committee) any political party committee or its agent.


 Signature _____ Date **04 / 15 / 2014**

14031223637

14031223638

Draft Bernie
PO Box 605 | Burlington, VT 05402



7013 2250 0001 5118 4871



1000



20463

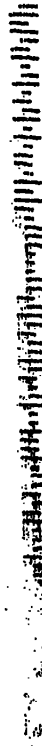
U.S. POSTAGE
PAID
MONTPELIER, VT
05602
APR 15, 14
AMOUNT

\$4.00

00089058-10


FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON, DC 20463

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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.

174031223639

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/15/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	4/21/14 DATE PREPARED