FEC FORM 3	AND DIS	FOFREC SBURSEN uthorized Commi	IENTS		ECRETARY PUBLIC	EIVED OF THE SENATE DECORDS 3 AH 11: 02 Office Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAIL OR TYPE OR P		mple:If typing, t er the lines	ype		and the second
Friends of Bernie	Sanders					
ADDRESS (number a	and street) [P.O. Box 39				<u></u>	
Check if diff than previor reported. (A	usly LBurlington			L		05402
2. FEC IDENTIFIC	ATION NUMBER				STATE	ZIP CODE 🔺
C0041133	0 0	3. IS THIS REPORT	NEW (N)	OR		• • • • • • • • • • • • • • • • • • • •
4. TYPE OF REF (a) Quarterly R	PORT (Choose One)	(b) 12-Day PRE	-Election Repor Primary (12P)		General (12G) Runoff (12R)
	5 Quarterly Report (Q1) 6 Quarterly Report (Q2)		Convention (1	B	Special (
X Octobe	er 15 Quarterly Report (Q3)	Election on				in the State of
Januar	y 31 Year-End Report (YE)	(c) 30-Day POS	T-Election Repo	ort for the:		
Termir	ation Report (TER)	Election on	General (30G) [] [Runoff (3	0R) Special (30S) in the State of
5. Covering Period	07 01	2013	through	09	30	2013
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 Martha Abbott						
Signature of Treasure	er Electronically Filed by	Martha Abbott			Date 10	1 4 2 0 1 3
Office				son orginity		FEC FORM 3
Use Only						(Revised 02/2003)

			IARY PAGE and Disbursements				0 / 40
-	FEC Form 3 (Revised 02/2003) Write or Type Committee Name						2 / 42
	Friends of Bernie Sanders						
F	Report Covering the Period: From: 0	7 D D 7 01	2013	To:	09	^D 30	2013
			COLUMN A This Period			COLUMN E n Cycle-to	
6.	Net Contributions (other than loans)						
	 (a) Total Contributions (other than loans) (from Line 11(e)) 	<u>.</u>	32570.37] [**-*	60975.62
	(b) Total Contribution Refunds (from Line 20(d))		90.00] [90.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		32480.37] [enenginstaatogutationganum	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	60885.62
7.	Net Operating Expenditures						
	(a) Total Operating Expenditures (from Line 17)	and the second	34721.61			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	278062.42
	(b) Total Offsets to Operating Expenditures (from Line 14)		222.57] [4551.13
	 (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) 		34499.04] [273511.29
8.	Cash on Hand at Close of Reporting Period (from Line 27)		4057581.25				
9.	Debts and Obligations Owed TO		an a				
	the Committee (Itemize all on Schedule C and/or Schedule D)		0.00				
10.	Debts and Obligations Owed BY			•			
	the Committee (Itemize all on Schedule C and/or Schedule D)		0.00				
		For further i	nformation contact:				
			ection Commission E Street, NW				

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

3020503689

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|              |                          |                                                                                 | DETAILED SUMMARY PAGE<br>of Receipts | 3 / 42                             |
|--------------|--------------------------|---------------------------------------------------------------------------------|--------------------------------------|------------------------------------|
|              | rite or Ty               | C Form 3 (Revised 12/2003)<br>pe Committee Name<br>f Bernie Sanders             |                                      |                                    |
| R            | eport Cov                | vering the Period: From:                                                        |                                      | To: 09 30 2013                     |
| •            |                          | I. RECEIPTS                                                                     | COLUMN A<br>Total This Period        | COLUMN B<br>Election Cycle-to-Date |
| 11.          | CONTR                    | BUTIONS (other than loans) FROM:                                                |                                      |                                    |
|              | Pol                      | ividuals/Persons Other Than<br>itical Committees<br>Itemized (use Schedule A)   | 1405.00                              | 2486086.44                         |
|              |                          | Unitemized                                                                      | 26165.37                             | 4135294.93                         |
|              |                          | TOTAL of contributions                                                          | 27570.37                             | 53975.62                           |
|              |                          | from individuals                                                                | 0.00                                 | 0.00                               |
|              |                          | itical Party Committees                                                         | 5000.00                              | 7000.00                            |
|              |                          | ch as PACS)                                                                     |                                      | 0.00                               |
|              | N - 1                    | e Candidate                                                                     | 0.00                                 | 0.00                               |
|              | (ot                      | TAL CONTRIBUTIONS<br>her than loans)<br>Id Lines 11(a)(iii), (b), (c), and (d)) | 32570.37                             | 60975.62                           |
| 12.          |                          | FERS FROM OTHER<br>RIZED COMMITTEES                                             | 0.00                                 | 0.00                               |
| 13.          | LOANS                    |                                                                                 |                                      |                                    |
|              |                          | de or Guaranteed by the ndidate                                                 | 0.00                                 | 0.00                               |
|              |                          | Other Loans                                                                     | 0.00                                 | 0.00                               |
|              | (c) TO                   | TAL LOANS<br>Id Lines 13(a) and (b))                                            | 0.00                                 | 0.00                               |
| 1 <b>4</b> . | OFFSE                    | TS TO OPERATING                                                                 |                                      |                                    |
|              |                          | DITURES<br>Is, Rebates, etc.)                                                   | 222.57                               | 4551.13                            |
| 15.          |                          | RECEIPTS<br>nds, Interest, etc.)                                                | 444.06                               | 2382.22                            |
| 16.          | <b>TOTAL</b><br>11(e), 1 | RECEIPTS (add Lines<br>2, 13(c), 14, and 15)<br>Total to Line 24, page 4)       | 33237.00                             | 67908.97                           |

FE5AN018

## DETAILED SUMMARY PAGE

of Disbursements

|     | FEC Form 3 (Revised 02/2003)                                                               | 4 / 42                        |                                    |
|-----|--------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
|     |                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
| 17. |                                                                                            | 34721.61                      | 278062.42                          |
| 18. | TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES                                                | 0.00                          | 0.00                               |
| 19. | LOAN REPAYMENTS:<br>(a) Of Loans Made or Guaranteed                                        | 0.00                          | 0.00                               |
|     | by the Candidate                                                                           | 0.00                          | 0.00                               |
|     | (b) Of all Other Loans<br>(c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b))           | 0.00                          | 0.00                               |
| 20. | REFUNDS OF CONTRIBUTIONS TO:<br>(a) Individuals/Persons Other<br>Than Political Committees | 90.00                         | 90.00                              |
|     | (b) Political Party Committees                                                             | 0.00                          | 0.00                               |
|     | (c) Other Political Committees<br>(such as PACs)                                           | 0.00                          | 0.00                               |
|     | (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c))                          | 90.00                         | 90.00                              |
| 21. | OTHER DISBURSEMENTS                                                                        | 0.00                          | 5049.98                            |
| 22. | TOTAL DISBURSEMENTS<br>(add Lines 17, 18, 19(c), 20(d), and 21) >                          | 34811.61                      | 283202.40                          |
|     | III. CASH SUMM                                                                             | ARY                           | <u></u>                            |
| 23. | CASH ON HAND AT BEGINNING OF REPORTING                                                     | PERIOD                        | 4059155.86                         |
| 24. | TOTAL RECEIPTS THIS PERIOD (from Line 16, pa                                               | ge3)                          | 33237.00                           |
| 25. | SUBTOTAL (add Line 23 and Line 24)                                                         |                               | 4092392.86                         |

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

(subtract Line 26 from Line 25).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

34811.61

4057581.25

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|    | SCHEDULE A (FEC Form 3 )<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)                                                                                                                                                                                                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>atements may not be sold or used by any per<br>name and address of any political committee | FOR LINE NUMBER:       PAGE 5/42         (check only one)       X         X       11a         12       13a         13b       14         15         rson for the purpose of soliciting contributions to solicit contributions from such committee. |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Friends of Bernie Sanders                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                                                                                                                                                                                                                   |
| Α. | Full Name (Last, First, Middle Initial)         George W. Clark         Mailing Address         367 Newton St         City         Chestnut Hill         FEC ID number of contributing federal political committee.         Name of Employer retired         Receipt For:       2018         X       Primary         General         Other (specify) ♥                                  | State Zip Code<br>MA 02467-2716<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C                                                                            | Date of Receipt                                                                                                                                                                                                                                   |
| В. | Full Name (Last, First, Middle Initial)         Madeleine A Cooley         Mailing Address       1621 Hall St         City         Downers Grove         FEC ID number of contributing federal political committee.         Name of Employer Info Requested         Receipt For:       2018         X       Primary         Other (specify) ▼                                           | State Zip Code<br>IL 60516-3745<br>C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                  | Date of Receipt                                                                                                                                                                                                                                   |
| C. | Full Name (Last, First, Middle Initial)         Madeleine A Cooley         Mailing Address         Mailing Address         1621 Hall St         City         Downers Grove         FEC ID number of contributing federal political committee.         Name of Employer Info Requested         Receipt For:       2018         X       Primary         General         Other (specify) ▼ | State     Zip Code       IL     60516-3745       C     IL       Occupation       Election Cycle-to-Date       300.00                                                        | Date of Receipt<br>0 8 / 2 8 / 2 0 1 3<br>Transaction ID: C8353998<br>Amount of Each Receipt this Period<br>30.00<br>Info Requested                                                                                                               |
|    | SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             | 560.00                                                                                                                                                                                                                                            |
|    | TOTAL This Period (last page this line number of                                                                                                                                                                                                                                                                                                                                        | only)                                                                                                                                                                       |                                                                                                                                                                                                                                                   |

| :  | SCHEDULE A (FEC Form 3)                                                                       |              | Use separate schedule(s)                                           | FOR LINE NUMBER: PAGE 6 / 42<br>(check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----|-----------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | ITEMIZED RECEIPTS                                                                             |              | for each category of the<br>Detailed Summary Page                  | X 11a 11b 11c 11d<br>12 13a 13b 14 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ſ  | Any information copied from such Reports and or for commercial purposes, other than using the | Statements m | ay not be sold or used by any pendoness of any political committee | erson for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Ì  | NAME OF COMMITTEE (In Full)                                                                   |              | · · · · · ·                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Friends of Bernie Sanders                                                                     |              |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Α. | Full Name (Last, First, Middle Initial)<br>Madeleine A Cooley                                 |              |                                                                    | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Mailing Address 1621 Hall St                                                                  |              |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | City                                                                                          | State        | Zip Code                                                           | Transaction ID: C8375863                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Downers Grove                                                                                 | IL           | 60516-3745                                                         | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | FEC ID number of contributing<br>federal political committee.                                 | c            |                                                                    | 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Name of Employer<br>Info Requested                                                            | Occupatio    | n                                                                  | Info Requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Receipt For: 2018                                                                             | Election C   | Cycle-to-Date V                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | X Primary General                                                                             |              | 300.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Other (specify) ▼                                                                             |              |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| в. | Full Name (Last, First, Middle Initial)<br>Gabriel Jackson                                    |              |                                                                    | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Mailing Address 901 Larkin Ln                                                                 |              |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | City                                                                                          | State        | Zip Code                                                           | Transaction ID: C8331930                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Ashland                                                                                       | OR           | 97520-2987                                                         | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | FEC ID number of contributing<br>federal political committee.                                 | C            |                                                                    | 25.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Name of Employer<br>retired professor                                                         | Occupatio    | n                                                                  | University of CA, San Die-<br>go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | Receipt For: 2018                                                                             | Election C   | Cycle-to-Date ▼                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | X Primary General<br>Other (specify) ▼                                                        |              | 275.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| с. | Full Name (Last, First, Middle Initial)<br>Gabriel Jackson                                    |              |                                                                    | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 0. | Mailing Address 901 Larkin Ln                                                                 |              |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | City                                                                                          | State        | Zip Code                                                           | Transaction ID: C8349952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Ashland                                                                                       | OR           | 97520-2987                                                         | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | FEC ID number of contributing<br>federal political committee.                                 | <b>c</b>     | ·····                                                              | 25.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Name of Employer<br>retired professor                                                         | Occupatio    | n                                                                  | University of CA, San Die-<br>go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | Receipt For: 2018                                                                             | Election C   | Cycle-to-Date 🖤                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | X Primary General<br>Other (specify) ♥                                                        |              | 275.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| [  | SUBTOTAL of Receipts This Page (optional)                                                     | I            |                                                                    | 80.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ł  |                                                                                               |              |                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | TOTAL This Period (last page this line number                                                 | er oniy)     |                                                                    | Permanenter and the second se<br>Second second sec |

|    |                                                                                                    | -                                                                                                               |                                                                                               |
|----|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|    | SCHEDULE A (FEC Form 3)                                                                            | Use separate schedule(s)                                                                                        | FOR LINE NUMBER: PAGE 7/42                                                                    |
|    |                                                                                                    | for each category of the                                                                                        | (check only one)                                                                              |
|    | ITENNIZED RECEIPTS                                                                                 | Detailed Summary Page                                                                                           | X 11a 11b 11c 11d                                                                             |
|    |                                                                                                    |                                                                                                                 | 12   13a   13b   14   15                                                                      |
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be sold or used by any per<br>name and address of any political committee                     | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)                                                                        |                                                                                                                 |                                                                                               |
|    | Friends of Bernie Sanders                                                                          |                                                                                                                 |                                                                                               |
| Α. | Full Name (Last, First, Middle Initial)<br>Gabriel Jackson                                         |                                                                                                                 | Date of Receipt                                                                               |
|    | Mailing Address 901 Larkin Ln                                                                      |                                                                                                                 |                                                                                               |
|    | City                                                                                               | State Zip Code                                                                                                  | Transaction ID: C8375499                                                                      |
|    | Ashland                                                                                            | OR 97520-2987                                                                                                   | Amount of Each Receipt this Period                                                            |
|    | FEC ID number of contributing federal political committee.                                         |                                                                                                                 | 25.00                                                                                         |
|    | Name of Employer<br>retired professor                                                              | Occupation                                                                                                      | <ul> <li>University of CA, San Die-<br/>go</li> </ul>                                         |
|    | Receipt For: 2018                                                                                  | Election Cycle-to-Date                                                                                          | 1                                                                                             |
|    | X Primary General                                                                                  | <u> </u>                                                                                                        |                                                                                               |
|    | Other (specify) ▼                                                                                  | 275.00                                                                                                          |                                                                                               |
| в. | Full Name (Last, First, Middle Initial)<br>Carolyn Pirillo                                         |                                                                                                                 | Date of Receipt                                                                               |
|    | Mailing Address 7208 Rio Tarnega Dr                                                                |                                                                                                                 | 07 / <u>30</u> / <u>2013</u>                                                                  |
|    | City                                                                                               | State Zip Code                                                                                                  | Transaction ID: C8337525                                                                      |
|    | Elk Grove                                                                                          | CA 95757                                                                                                        | Amount of Each Receipt this Period                                                            |
|    | FEC ID number of contributing<br>federal political committee.                                      | C                                                                                                               | 30.00                                                                                         |
|    | Name of Employer<br>Attorney                                                                       | Occupation                                                                                                      | State of California                                                                           |
|    | Receipt For: 2018                                                                                  | Election Cycle-to-Date V                                                                                        |                                                                                               |
|    | X Primary General<br>Other (specify) ▼                                                             | 400.00                                                                                                          |                                                                                               |
|    | Full Name (Last, First, Middle Initial)                                                            |                                                                                                                 |                                                                                               |
| C. | Carolyn Pirillo                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                           |                                                                                               |
|    | Mailing Address 7208 Rio Tamega Dr                                                                 |                                                                                                                 | 08 30 2013                                                                                    |
|    | City                                                                                               | State Zip Code                                                                                                  | Transaction ID: C8354426                                                                      |
|    | Elk Grove                                                                                          | CA 95757                                                                                                        | Amount of Each Receipt this Period                                                            |
|    | FEC ID number of contributing                                                                      |                                                                                                                 | 30.00                                                                                         |
|    | federal political committee.                                                                       | C                                                                                                               | - State of California                                                                         |
|    | Name of Employer<br>Attorney                                                                       | Occupation                                                                                                      |                                                                                               |
|    | Receipt For: 2018                                                                                  | Election Cycle-to-Date V                                                                                        |                                                                                               |
|    | X Primary General                                                                                  | 400.00                                                                                                          |                                                                                               |
|    | Other (specify) <b>▼</b>                                                                           | larmastanan tainan t |                                                                                               |
|    | SUBTOTAL of Receipts This Page (optional)                                                          |                                                                                                                 | 85.00                                                                                         |
|    | TOTAL This Period (last page this line number                                                      | only)                                                                                                           |                                                                                               |

|            | SCHEDULE A (FEC Form 3 )<br>ITEMIZED RECEIPTS                                                                                                                                                                                                                                                                                                                                      | Use separate sched<br>for each category of<br>Detailed Summary P<br>tatements may not be sold or used b<br>name and address of any political c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|            | NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>Carolyn Pirillo<br>Mailing Address 7208 Rio Tamega Dr<br>City<br>Elk Grove<br>FEC ID number of contributing<br>federal political committee.                                                                                                                                                                                             | State Zip Code<br>CA 95757                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Receipt Date of Receipt D 9 2013 Transaction ID: C8389124 Amount of Each Receipt this Period 30.00                                   |
|            | Name of Employer<br>Attorney<br>Receipt For: 2018<br>X Primary General<br>Other (specify) ▼                                                                                                                                                                                                                                                                                        | Occupation<br>Election Cycle-to-Date ▼<br>400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State of California                                                                                                                          |
| В.         | Full Name (Last, First, Middle Initial)         Deborah A. Richter, MD         Mailing Address       161 State St         City         Montpelier         FEC ID number of contributing federal political committee.         Name of Employer phycian         Receipt For:       2018         X       Primary         General         Other (specify) ▼                            | State     Zip Code       VT     05602-3301       C     Image: state | Date of Receipt Date of Receipt D 7 29 2013 Transaction ID: C8337091 Amount of Each Receipt this Period 25.00 CVAM                           |
| с.         | Full Name (Last, First, Middle Initial)         Deborah A. Richter, MD         Mailing Address         Mailing Address         161 State St         City         Montpelier         FEC ID number of contributing federal political committee.         Name of Employer phycican         Receipt For:       2018         X       Primary         General         Other (specify) ▼ | State     Zip Code       VT     05602-3301       C     Image: Comparison       Occupation     Image: Comparison       Election Cycle-to-Date     ▼       300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Receipt<br>Date of Receipt<br>0 8 ' 2 3 ' 2 0 1 3<br>Transaction ID: C8352115<br>Amount of Each Receipt this Period<br>25.00<br>CVAM |
|            | SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80.00                                                                                                                                        |
|            | TOTAL This Period (last page this line number                                                                                                                                                                                                                                                                                                                                      | only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |

|    | SCHEDULE A (FEC Form 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                        | FOR LINE NUMBER: PAGE 9/42                                                                                         |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Use separate schedule(s)                                                                               | (check only one)                                                                                                   |
|    | ITEMIZED RECEIPTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | for each category of the                                                                               |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Detailed Summary Page                                                                                  |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ~            |                                                                                                        |                                                                                                                    |
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statements m | nay not be sold or used by any pe                                                                      | rson for the purpose of soliciting contributions                                                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e name and a | address of any political committee                                                                     |                                                                                                                    |
|    | NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                        |                                                                                                                    |
|    | > Friends of Bernie Sanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                        |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        |                                                                                                                    |
|    | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                        |                                                                                                                    |
| Α. | Deborah A. Richter, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                        | Date of Receipt                                                                                                    |
|    | Mailing Address 161 State St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                        |                                                                                                                    |
|    | intering a control of the of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                        | 08 29 2013                                                                                                         |
|    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State        | Zip Code                                                                                               | Transaction ID: C8354237                                                                                           |
|    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | •                                                                                                      | March                                                                                                              |
|    | Montpelier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>VT</u>    | 05602-3301                                                                                             | Amount of Each Receipt this Period                                                                                 |
|    | FEC ID number of contributing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C            |                                                                                                        | 25.00                                                                                                              |
|    | federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                        |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        |                                                                                                                    |
|    | Name of Employer<br>phyician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Occupatio    | n                                                                                                      |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        |                                                                                                                    |
|    | Receipt For: 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Election C   | Cycle-to-Date 🔻                                                                                        |                                                                                                                    |
|    | X Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | · · · · · · · · · · · · · · · · · · ·                                                                  | 1                                                                                                                  |
|    | Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | 300.00                                                                                                 |                                                                                                                    |
|    | territ to the territory of | L            |                                                                                                        | 1                                                                                                                  |
|    | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                        |                                                                                                                    |
| 8. | Deborah A. Richter, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                        | Date of Receipt                                                                                                    |
|    | Mailing Address 161 State St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·            |                                                                                                        |                                                                                                                    |
|    | Maning Address 101 State St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                        | 09 29 2013                                                                                                         |
|    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State        | Zip Code                                                                                               |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        | Transaction ID: C8389013                                                                                           |
|    | Montpelier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VT           | 05602-3301                                                                                             | Amount of Each Receipt this Period                                                                                 |
|    | FEC ID number of contributing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | รู้สะเขาสร้างและสร้างและสร้างและสร้างและสร้างการสร้างการสร้างการสร้างสร้างสร้างสร้างสร้างสร้างสร้างสร้ | 25.00                                                                                                              |
|    | federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <u> </u>                                                                                               |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | · · ·                                                                                                  |                                                                                                                    |
|    | Name of Employer<br>phylcian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Occupatio    | n                                                                                                      |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        |                                                                                                                    |
|    | Receipt For: 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Election C   | Cycle-to-Date 🔻                                                                                        |                                                                                                                    |
|    | X Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | 200.00                                                                                                 |                                                                                                                    |
|    | Other (specify) 🖝                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | 300.00                                                                                                 |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ))           | nuuluununtun enallin pinnin sunni tainin nämennä muuppitappyri                                         |                                                                                                                    |
|    | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                        |                                                                                                                    |
| C. | Carolyn Schmidt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        | Date of Receipt                                                                                                    |
|    | Mailing Address 278 North Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                        |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        | 08 12 2013                                                                                                         |
|    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State        | Zip Code                                                                                               | Transaction ID: C8348801                                                                                           |
|    | Whiting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VT           | 05778-4413                                                                                             |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VI           | 03778-4413                                                                                             | Amount of Each Receipt this Period                                                                                 |
|    | FEC ID number of contributing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | * • • • • •                                                                                            | 200.00                                                                                                             |
|    | federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <u></u>                                                                                                |                                                                                                                    |
|    | Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Occupatio    | n                                                                                                      |                                                                                                                    |
|    | program director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                        |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        | 4                                                                                                                  |
|    | Receipt For: 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Election C   | Cycle-to-Date ▼                                                                                        |                                                                                                                    |
|    | X Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | 500.00                                                                                                 |                                                                                                                    |
|    | Other (specify) <b>▼</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                        |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        |                                                                                                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        | ระกรุกรรุกรรรมการกรุกกรรมการการกรุกรรมกรุการการกรุกรรมการสูงการการรู <del>กกระกรรมสาวานสูงการกรุกร</del> ุก        |
| I  | SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                        | 250.00                                                                                                             |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                        | รายการเรื่องการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็นการเห็น<br> |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | •                                                                                                      |                                                                                                                    |
| ļ  | TOTAL This Period (last page this line number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oniy)        | ····· • • • • • • • • • • • • • • • • •                                                                | ริพาศาสตร์การแห่งการแห่งการแห่งการสำนาญรังการเราะน้ำแนกรังการแห่งการเราะน้ำมากระหว่างการเราะห์การแห่งที่           |

| SCHEDULE A (FEC Form 3 )<br>ITEMIZED RECEIPTS                                                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page            | FOR LINE NUMBER:         PAGE 10 / 42           (check only one)                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| or for commercial purposes, other than using the na<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | me and address of any political committee                                                | to solicit contributions from such committee.                                                                                                                  |
| program director                                                                                                | State Zip Code<br>VT 05778-4413<br>C<br>Decupation<br>Election Cycle-to-Date ▼<br>500.00 | Date of Receipt                                                                                                                                                |
| MD                                                                                                              | State Zip Code<br>IL 60304-1821<br>C                                                     | Date of Receipt                                                                                                                                                |
| MD                                                                                                              | State Zip Code<br>IL 60304-1821<br>C                                                     | Date of Receipt<br>Date of Receipt<br>0 8 ' 30 ' 2013<br>Transaction ID: C8354425<br>Amount of Each Receipt this Period<br>25.00<br>Loyola University Hospital |
| SUBTOTAL of Receipts This Page (optional)                                                                       |                                                                                          | 350.00                                                                                                                                                         |
| TOTAL This Period (last page this line number on                                                                | y)Þ                                                                                      | 1405.00                                                                                                                                                        |

| SCHEDULE A (FEC Form 3                                                                                                                                                                                                                                                                                                                                                                                                                               | ; )                                                                                                                                                                            | Use separate schedule(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FOR LINE NUMBER: PAGE 11/42                                                                                       |
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| •                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                              | for each category of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (check only one)                                                                                                  |
| TEMIZED RECEIPTS                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                | Detailed Summary Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12 13a 13b 14 15                                                                                                  |
| Any information copied from such Reports<br>or for commercial purposes, other than us                                                                                                                                                                                                                                                                                                                                                                | s and Statements m<br>sing the name and a                                                                                                                                      | ay not be sold or used by any pe<br>address of any political committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.              |
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| > Friends of Bernie Sanders                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| Full Name (Last, First, Middle Initial)<br>Agri Mark Legislation & Education Committed                                                                                                                                                                                                                                                                                                                                                               | ee                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date of Receipt                                                                                                   |
| Mailing Address PO Box 5800                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State                                                                                                                                                                          | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Transaction ID: C8349624                                                                                          |
| Lawrence                                                                                                                                                                                                                                                                                                                                                                                                                                             | MA                                                                                                                                                                             | 01842                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amount of Each Receipt this Period                                                                                |
| FEC ID number of contributing federal political committee.                                                                                                                                                                                                                                                                                                                                                                                           | C Agr                                                                                                                                                                          | i Mark Legislation & Education C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | committee 500.00                                                                                                  |
| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                     | Occupatio                                                                                                                                                                      | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                 |
| r - / -                                                                                                                                                                                                                                                                                                                                                                                                                                              | C001412                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| Receipt For: 2018                                                                                                                                                                                                                                                                                                                                                                                                                                    | Election                                                                                                                                                                       | Cycle-to-Date V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| X Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b> </b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ן <b>ר</b>                                                                                                        |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                | 500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |
| Full Name (Last, First, Middle Initial)<br>COMMITTEE ON LETTER CARRIERS PO                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                | ١                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Receipt                                                                                                   |
| Mailing Address 100 Indiana Ave N                                                                                                                                                                                                                                                                                                                                                                                                                    | W                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State                                                                                                                                                                          | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Transaction ID: C8403203                                                                                          |
| Washington                                                                                                                                                                                                                                                                                                                                                                                                                                           | DC                                                                                                                                                                             | 20001-2143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount of Each Receipt this Period                                                                                |
| FEC ID number of contributing<br>federal political committee.                                                                                                                                                                                                                                                                                                                                                                                        | C co                                                                                                                                                                           | MMITTEE ON LETTER CARRIEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RS POLITICAL EDUCATION 1000.00                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Occupatio                                                                                                                                                                      | )n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |
| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                     | C000235                                                                                                                                                                        | 580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C000235                                                                                                                                                                        | 580<br>Cycle-to-Date ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C000235                                                                                                                                                                        | Cycle-to-Date 🔻                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |
| Receipt For: 2018                                                                                                                                                                                                                                                                                                                                                                                                                                    | C000235                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ]                                                                                                                 |
| Receipt For: 2018                                                                                                                                                                                                                                                                                                                                                                                                                                    | C000235                                                                                                                                                                        | Cycle-to-Date ▼<br>1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MEBA- <b>P</b> ate of Receipt                                                                                     |
| Receipt For: 2018<br>X Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                               | C000235<br>Election C<br>RS' BENEFICIAL ASS<br>TTOL STREET, N                                                                                                                  | Cycle-to-Date  1000.00 1000.00 SOC POLITICAL ACTION FUND (N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09 09 <u>2013</u>                                                                                                 |
| Receipt For: 2018<br>X Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)<br>DISTRICT NO. 1-PCD, MARINE ENGINEE<br>Mailing Address 444 NORTH CAP<br>SUITE 800<br>City                                                                                                                                                                                                                                                   | CO00235<br>Election C<br>RS' BENEFICIAL AS:<br>TTOL STREET, N<br>State                                                                                                         | Cycle-to-Date  1000.00  SOC POLITICAL ACTION FUND (N W Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Min         09         09         2013           Transaction ID: C8370994                                         |
| Receipt For: 2018<br>X Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)<br>DISTRICT NO. 1-PCD, MARINE ENGINEE<br>Mailing Address 444 NORTH CAP<br>SUITE 800                                                                                                                                                                                                                                                           | C000235<br>Election C<br>RS' BENEFICIAL ASS<br>TTOL STREET, N                                                                                                                  | Cycle-to-Date  1000.00 1000.00 SOC POLITICAL ACTION FUND (N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09 09 <u>2013</u>                                                                                                 |
| Receipt For: 2018<br>X Primary General<br>Other (specify) ▼<br>Full Name (Last, First, Middle Initial)<br>DISTRICT NO. 1-PCD, MARINE ENGINEE<br>Mailing Address 444 NORTH CAP<br>SUITE 800<br>City                                                                                                                                                                                                                                                   | C000235<br>Election C<br>Internet State<br>Contemporation Contemporation<br>Internet State<br>Contemporation Contemporation<br>State<br>Contemporation Contemporation<br>State | Cycle-to-Date ▼<br>1000.00<br>SOC POLITICAL ACTION FUND (M<br>NW<br>Zip Code<br>20001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Min         09         09         2013           Transaction ID: C8370994                                         |
| Receipt For:       2018         X       Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         DISTRICT NO. 1-PCD, MARINE ENGINEE         Mailing Address       444 NORTH CAP         SUITE 800         City         WASHINGTON         FEC ID number of contributing                                                                                                                               | C000235<br>Election C<br>Internet State<br>Contemporation Contemporation<br>Internet State<br>Contemporation Contemporation<br>State<br>Contemporation Contemporation<br>State | Cycle-to-Date<br>1000.00<br>SOC POLITICAL ACTION FUND (M<br>NW<br>Zip Code<br>20001<br>STRICT NO. 1-PCD, MARINE EN<br>on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M M M       0 P       0 P       2 0 1 3         Transaction iD: C8370994       Amount of Each Receipt this Period |
| Receipt For:       2018         X       Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         DISTRICT NO. 1-PCD, MARINE ENGINEE         Mailing Address       444 NORTH CAP         SUITE 800         City         WASHINGTON         FEC ID number of contributing federal political committee.                                                                                                  | C000235<br>Election C<br>ITOL STREET, N<br>State<br>DC<br>C DIS<br>Occupatio<br>C002793                                                                                        | Cycle-to-Date<br>1000.00<br>SOC POLITICAL ACTION FUND (M<br>NW<br>Zip Code<br>20001<br>STRICT NO. 1-PCD, MARINE EN<br>on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M M M       0 P       0 P       2 0 1 3         Transaction ID: C8370994       Amount of Each Receipt this Period |
| Receipt For:       2018         X       Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         DISTRICT NO. 1-PCD, MARINE ENGINEE         Mailing Address       444 NORTH CAP         SUITE 800         City         WASHINGTON         FEC ID number of contributing federal political committee.         Name of Employer                                                                         | C000235<br>Election C<br>ITOL STREET, N<br>State<br>DC<br>C DIS<br>Occupatio<br>C002793                                                                                        | Cycle-to-Date ▼<br>1000.00<br>SOC POLITICAL ACTION FUND (NW<br>Zip Code<br>20001<br>STRICT NO. 1-PCD, MARINE EN<br>STRICT NO. 1-PCD, MARINE | M M M       0 P       0 P       2 0 1 3         Transaction ID: C8370994       Amount of Each Receipt this Period |
| Receipt For:       2018         X       Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         DISTRICT NO. 1-PCD, MARINE ENGINEE         Mailing Address       444 NORTH CAP         SUITE 800         City         WASHINGTON         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2018                                         | C000235<br>Election C<br>ITOL STREET, N<br>State<br>DC<br>C DIS<br>Occupatio<br>C002793                                                                                        | Cycle-to-Date ▼<br>1000.00<br>SOC POLITICAL ACTION FUND (M<br>NW<br>Zip Code<br>20001<br>STRICT NO. 1-PCD, MARINE EN<br>STRICT NO. 1-PCD, MARINE EN<br>STRICT NO. 1-PCD, MARINE EN<br>STRICT NO. 1-PCD, MARINE EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | M M M       0 P       0 9       2 0 1 3         Transaction ID: C8370994       Amount of Each Receipt this Period |
| Receipt For:       2018         X       Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         DISTRICT NO. 1-PCD, MARINE ENGINEE         Mailing Address       444 NORTH CAP         SUITE 800         City         WASHINGTON         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2018         X       Primary         General | C000235<br>Election C<br>ITOL STREET, N<br>State<br>DC<br>C DIS<br>Occupation<br>C002793<br>Election C                                                                         | Cycle-to-Date ▼<br>1000.00<br>SOC POLITICAL ACTION FUND (M<br>NW<br>Zip Code<br>20001<br>STRICT NO. 1-PCD, MARINE EN<br>on<br>380<br>Cycle-to-Date ▼<br>1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minimal / 09       09       2013         Transaction ID: C8370994         Amount of Each Receipt this Period      |

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|    | SCHEDULE A (FEC Form 3 )<br>ITEMIZED RECEIPTS                                                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                  | FOR LINE NUMBER:         PAGE 12 / 42           (check only one)         11a           11a         11b         X           12         13a         13b         14 |
|----|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may not be sold or used by any per<br>e name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.                                                                   |
|    | NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                           |                                                                                                |                                                                                                                                                                  |
| A. | Full Name (Last, First, Middle Initial)<br>Realtors Political Action Committee                     |                                                                                                | Date of Receipt                                                                                                                                                  |
|    | Mailing Address 430 N Michigan Ave                                                                 |                                                                                                | 09 12 ,2013                                                                                                                                                      |
|    | City                                                                                               | State Zip Code                                                                                 | Transaction ID: C8371002<br>Amount of Each Receipt this Period                                                                                                   |
|    | Chicago<br>FEC ID number of contributing<br>federal political committee.                           | C Realtors Political Action Committee                                                          |                                                                                                                                                                  |
|    | Name of Employer                                                                                   | Occupation<br>C00030718                                                                        | -                                                                                                                                                                |
|    | Receipt For: 2018<br>X Primary General<br>Other (specify) ▼                                        | Election Cycle-to-Date                                                                         |                                                                                                                                                                  |
| 8. | Full Name (Last, First, Middle Initial)<br>The National Postal Mail Handlers                       |                                                                                                | Date of Receipt                                                                                                                                                  |
|    | Mailing Address 905 16TH ST., NW<br>SECOND FLOOR                                                   | State Zip Code                                                                                 | $\begin{array}{c c} & M^{+}M & / & D^{+}D & / & Y^{+}Y^{+}Y^{+}Y^{+}Y^{+}Y^{+}Y^{+}Y^{+}$                                                                        |
|    | City<br>WASHINGTON                                                                                 | DC 20006                                                                                       | Amount of Each Receipt this Period                                                                                                                               |
|    | FEC ID number of contributing federal political committee.                                         | C The National Postal Mail Handlers                                                            | 500.00                                                                                                                                                           |
|    | Name of Employer                                                                                   | Occupation<br>C00345306                                                                        |                                                                                                                                                                  |
|    | Receipt For: 2018<br>X Primary General<br>Other (specify) ♥                                        | Election Cycle-to-Date  500.00                                                                 |                                                                                                                                                                  |
| С. | Full Name (Last, First, Middle Initial)<br>The NEA Fund for Children & Public Education PA         | AC                                                                                             | Date of Receipt                                                                                                                                                  |
|    | Mailing Address 1201 16th St NW<br>Ste 420                                                         |                                                                                                |                                                                                                                                                                  |
|    | City<br>Washington                                                                                 | State Zip Code<br>DC 20036-3201                                                                | Transaction ID: C8403201 Amount of Each Receipt this Period                                                                                                      |
|    | FEC ID number of contributing federal political committee.                                         | C The NEA Fund for Children & Public                                                           |                                                                                                                                                                  |
|    | Name of Employer                                                                                   | Occupation<br>C00003251                                                                        |                                                                                                                                                                  |
|    | Receipt For: 2018<br>X Primary General<br>Other (specify) ▼                                        | Election Cycle-to-Date                                                                         |                                                                                                                                                                  |
|    | SUBTOTAL of Receipts This Page (optional)                                                          |                                                                                                | 2500.00                                                                                                                                                          |
|    | TOTAL This Period (last page this line number                                                      | only)                                                                                          | 5000.00                                                                                                                                                          |

| SCHEDULE A (FEC Form 3 )<br>ITEMIZED RECEIPTS                                                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                  | FOR LINE NUMBER:         PAGE 13 / 42           (check only one)         11a           11a         11b         11c           12         13a         13b         X           14         15 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | statements may not be sold or used by any per<br>e name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee.                                                                                             |
| NAME OF COMMITTEE (In Full)                                                                        |                                                                                                |                                                                                                                                                                                           |
| Friends of Bernie Sanders                                                                          |                                                                                                |                                                                                                                                                                                           |
| Full Name (Last, First, Middle Initial)<br>American List Counsel, Inc                              |                                                                                                | Date of Receipt                                                                                                                                                                           |
| Mailing Address 4300 US Rte 1 CN 521                                                               | 9                                                                                              | 09 / 09 / 2013                                                                                                                                                                            |
| City                                                                                               | State Zip Code                                                                                 | Transaction ID: C8367295                                                                                                                                                                  |
| Princeton                                                                                          | NJ 08543                                                                                       | Amount of Each Receipt this Period                                                                                                                                                        |
| FEC ID number of contributing federal political committee.                                         |                                                                                                | 87.09                                                                                                                                                                                     |
| Name of Employer                                                                                   | Occupation                                                                                     |                                                                                                                                                                                           |
| Receipt For:     2018       X     Primary     General       Other (specify) ♥                      | Election Cycle-to-Date ▼<br>3776.48                                                            |                                                                                                                                                                                           |

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| SUBTOTAL of Receipts This Page (optional)           | • | 87.09 |
|-----------------------------------------------------|---|-------|
| TOTAL This Period (last page this line number only) | ► | 87.09 |

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|    | SCHEDULE A (FEC Form 3)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                                                                                                                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>tatements may not be sold or used by any per<br>name and address of any political committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FOR LINE NUMBER:       PAGE 14 / 42         (check only one)       11a         11a       11b       11c         12       13a       13b       14         son for the purpose of soliciting contributions to solicit contributions from such committee. |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Α. | Full Name (Last, First, Middle Initial)<br>Northfield Savings Bank<br>Mailing Address PO Box 347<br>City<br>Northfield<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer<br>Receipt For: 2018<br>X Primary General<br>Other (specify)                                                                           | State Zip Code<br>VT 05663<br>C<br>Occupation<br>Election Cycle-to-Date ▼<br>501.44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Receipt<br>09 / 30 / 2013<br>Transaction ID: C8407267<br>Amount of Each Receipt this Period<br>126.48                                                                                                                                        |
| В. | Full Name (Last, First, Middle Initial)         Vermont Federal Credit Union         Mailing Address       PO Box 36         City         Burlington         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2018         X       Primary         Generat         Other (specify) ▼ | State     Zip Code       VT     05402       C     Image: Color of the state of the st | Date of Receipt<br>09''''''''''''''''''''''''''''''''''''                                                                                                                                                                                            |

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| SUBTOTAL of Receipts This Page (optional)           | ► |        |
|-----------------------------------------------------|---|--------|
| TOTAL This Period (last page this line number only) | • | 444.06 |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                                                                                                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)         PAGE         15 / 42           X         17         18         19a         19b           20a         20b         20c         21 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any Information copied from such Reports and State<br>or for commercial purposes, other than using the nar<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | ments may not be sold or used<br>me and address of any political              | by any person for the purpose of soliciting contributions<br>committee to solicit contributions from such committee                                                          |
| Full Name (Last, First, Middle Initial)<br>Act Blue<br>Mailing Address PO Box 382110                                                                                   |                                                                               | Transaction ID:D536433Date of Disbursement $0.7$ $0.7$ $0.3$ $2.013$                                                                                                         |
| Cambridge<br>Purpose of Disbursement                                                                                                                                   | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Peri<br>0.64                                                                                                                                |
| Candidate Name Office Sought: House Disburse Senate X President State: District:                                                                                       | ement For:2018                                                                | Category/<br>Type                                                                                                                                                            |
| Full Name (Last, First, Middle Initial)<br>Act Blue<br>Mailing Address PO Box 382110                                                                                   |                                                                               | Transaction ID: D537082Date of Disbursement $0.7$ $0.7$ $0.7$ $0.7$ $0.7$ $0.7$ $0.7$ $0.7$ $0.7$                                                                            |
| City<br>Cambridge<br>Purpose of Disbursement<br>Candidate Name                                                                                                         | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Peri<br>4.07                                                                                                                                |
| Office Sought: House Disburs                                                                                                                                           | ement For: 2018<br>Primary General<br>Other (specify) ▼                       | Туре                                                                                                                                                                         |
| Full Name (Last, First, Middle Initial)<br>Act Blue                                                                                                                    |                                                                               | Transaction ID: D537236<br>Date of Disbursement                                                                                                                              |
| Mailing Address PO Box 382110<br>City<br>Cambridge<br>Purpose of Disbursement                                                                                          | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Peri<br>0.83                                                                                                                                |
| Candidate Name Office Sought: House Disburs                                                                                                                            | ement For: 2018                                                               | Category/<br>Type                                                                                                                                                            |
| State: District:                                                                                                                                                       | Primary General<br>Other (specify) ♥                                          | 5.54                                                                                                                                                                         |
| SUBTOTAL of Disbursements This Page (optional<br>TOTAL This Period (last page this line number onl<br>ESAN018                                                          |                                                                               |                                                                                                                                                                              |

| ITTEMIZED DISBURSEMENTS       Infraction category of the balance statements and you have be sold or used by any person for the purpose of soldiling contributions from such committee to solicit contributions from such committee of any potential committee to solicit contributions from such committee of any potential committee to solicit contributions from such committee of any potential committee to solicit contributions from such committee of any potential committee to solicit contributions from such commitereal president to solicit contributions from such com                                          | SCHEDULE B (FEC Form 3)                           | Use separate schedule(s)                                               | FOR LINE NUMBER: PAGE 16 / 42<br>(check only one)                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee<br>NAME OF COMMITTEE (in Full) Full Name (Last, First, Middle Initial) Act Blue Mailing Address PO Box 382110 City Candidate Name Disbursement State: District: Full Name (Last, First, Middle Initial) Act Blue Mailing Address PO Box 382110 City Cambridge MA Disbursement For: State District: Purpose of Disbursement Candidate Name Cambridge MA Disbursement Candidate Name Disbursement Disbursement Candidate Name Disbursement Candidate Name Disbursement Disbu |                                                   | Detailed Summary Page                                                  | X 17 18 19a 19b<br>20a 20b 20c 21                                                                                  |
| Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)<br>Act Blue         Mailing Address       PO Box 382110         City       State       Zip Code<br>02233-2110         City       State       Zip Code<br>02233-2110         Purpose of Disbursement       Category/<br>Type         Candidate Name       Disbursement For:<br>0 Bisbursement For:<br>148.03       2018         Candidate Name       Disbursement For:<br>0 Bisbursement For:<br>10 Bisbursement       2018         Candidate Name       Disbursement For:<br>0 Bisbursement       2018         Candidate Name       Disbursement For:<br>0 Bisbursement       2019         City       State       Disbursement For:<br>0 Bisbursement       2019         Candidate Name       Disbursement For:<br>7 ppe       2013         City       State       Zip Code<br>0 Category/<br>7 type       Amount of Each Disbursement His P         Candidate Name       Disbursement For:<br>0 Disbursement       2018       Amount of Each Disbursement His P         Candidate Name       Disbursement For:<br>0 Disbursement       2018       Amount of Each Disbursement His P         Candidate Name       Disbursement For:<br>2018       210 Code<br>0 Disbursement       Transaction ID: D539073<br>Date of Disbursement         City       State       Zip Code<br>MA       02238-2110       Amount of Eac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r for commercial purposes, other than using the n | tements may not be sold or used<br>ame and address of any political of | by any person for the purpose of soliciting contribution<br>committee to solicit contributions from such committee |
| Act Blue       Date of Disbursement         Mailing Address       PO Box 382110         City       State       Zip Code         Cambridge       MA       02238-2110         Purpose of Disbursement       Image: Category/<br>Type       Amount of Each Disbursement this P         Category/<br>Type       Office Sought:       House<br>Senate       Disbursement For:       2018         State:       Disfrict:       Other (specify) ▼       Transaction ID:       D538881         Act Blue       Maiting Address       PO Box 382110       Transaction ID:       D538881         City       State       Zip Code       Category/<br>Type       Y 2 0 1 3         City       State       Zip Code       Category/<br>Type       Y 2 0 1 3         Candidate Name       Disbursement For:       2018       Amount of Each Disbursement his P         Cambridge       MA       02238-2110       Amount of Each Disbursement his P         Category/<br>Type       President       Disbursement For:       2018         State:       Disbursement For:       2018       Transaction ID:       D539073         Category/<br>Type       Office Sought:       House       Amount of Each Disbursement his P         Candidate Name       Octre (specify) ▼       Category/<br>Type </td <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                        |                                                                                                                    |
| Mailing Address       PO Box 382110       0.9       0.9       2.0.1.3         City       Cambridge       MA       02238-2110       Amount of Each Disbursement this P         Purpose of Disbursement       Category/<br>Type       Transaction ID: D538881       148.03         Office Sought:       House       Disbursement For:       2018       2013         State:       District:       Disbursement For:       2018       Transaction ID: D538881         Act Blue       Amount of Each Disbursement for:       2018         Mailing Address       PO Box 382110       Transaction ID: D538881         City       State       Zip Code       Amount of Each Disbursement for:         Candidate Name       Oisbursement       Oisbursement for:       2010         City       State       Zip Code       Amount of Each Disbursement for:       9.04         Candidate Name       Disbursement For:       2018       Yeinary       General         Office Sought:       House       Disbursement For:       2018       Transaction ID: D539073         State:       District:       Other (specify) ▼       Transaction ID: D539073       Date of Disbursement         Candidate Name       Ocalegory/<br>Type       Other (specify) ▼       Transaction ID: D539073       Date o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                        | Date of Disbursement                                                                                               |
| Cambridge       MA       02238-2110       148.03         Purpose of Disbursement       Category/<br>Type       148.03         Candidate Name       Disbursement For:       2018         State:       District:       President         State:       District:       Transaction ID:       D538881         Defice Sought:       House       District:       Transaction ID:       D538881         Full Name (Last, First, Middle Initial)       Act Blue       Act Blue       Amount of Each Disbursement         Mailing Address       PO Box 382110       Category:       Y 20 13         City       State       Zip Code       Amount of Each Disbursement His P         Candidate Name       Disbursement For:       2018       Xi Primary       General         Office Sought:       House       Disbursement For:       2018       Transaction ID:       D539073         Category:       Type       Other (specify) ▼       State       Disbursement His P       Disbursement His P         Candidate Name       Disbursement For:       2018       Amount of Each Disbursement His P       Disbursement His P         Candidate Name       Disbursement For:       2018       Amount of Each Disbursement His P       Disbursement For:       2018         Cand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mailing Address PO Box 382110                     |                                                                        |                                                                                                                    |
| Candidate Name       Category/<br>Type         Office Sought:       House<br>Senate       Disbursement For:       2018<br>(X) Primary         State:       District:       President         Full Name (Last, First, Middle Initial)       Act Blue       Transaction ID:       D538881         Mailing Address       PO Box 382110       (Y) Y       Y       Y         City       State       Zip Code       Amount of Each Disbursement His P         Quipose of Disbursement       Disbursement For:       2018<br>(X) Primary       General         Office Sought:       House       Disbursement For:       2018<br>(X) Primary       General         Office Sought:       House       Disbursement For:       2018<br>(X) Primary       General       President         State:       District:       Full Name (Last, First, Middle Initial)       Act Blue       Transaction ID:       D539073<br>Date of Disbursement         Mailing Address       PO Box 382110       MA       02238-2110       Primary       Category/<br>Type         Office Sought:       House       Disbursement For:       2018<br>(Category/<br>Type       Amount of Each Disbursement His P         Cambridge       MA       02238-2110       Other (specify) ¥       Amount of Each Disbursement His P         Cardidate Name       Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cambridge                                         |                                                                        | Amount of Each Disbursement this Per                                                                               |
| Office Sought:       House<br>Senate<br>President       Disbursement For:<br>Other (specify)       2018         State:       District:       Other (specify)       Image: Constraint of the system of the syste                                                                                                        |                                                   | <b>[</b>                                                               | Laundenseiten den sienen bereiten verberent. weben vieren                                                          |
| Full Name (Last, First, Middle Initial)       Act Blue       Transaction ID: D538881         Mailing Address       PO Box 382110       Ø M / 0 0 0 / 2 0 13         City       State       Zip Code         Cambridge       MA       02238-2110         Purpose of Disbursement       Category/<br>Type       9.04         Office Sought:       House       Disbursement For:       2018         State:       District:       Primary       General<br>Other (specify)       Transaction ID: D539073         Full Name (Last, First, Middle Initial)       Act Blue       Transaction ID: D539073       Date of Disbursement His P         Mailing Address       PO Box 382110       Category/<br>Type       Y 2 0 13       Mailing Address         City       State       Disbursement For:       2018       Mailing Address       PO Box 382110         City       State       Zip Code<br>02238-2110       Mailing Address       PO Box 382110       Mailing Address         Candidate Name       Category/<br>Type       Office Sought:       House       Disbursement For:       2018         Candidate Name       Disbursement For:       2018       Category/<br>Type       0.82         Office Sought:       House       Disbursement For:       2018       Category/<br>Type       0.82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Senate                                            | sement For: 2018<br>X Primary General                                  |                                                                                                                    |
| Act Blue       Date of Disbursement         Mailing Address       PO Box 382110         City       State       Zip Code         Cambridge       MA       02238-2110         Purpose of Disbursement       Category/<br>Type         Office Sought:       House         Disbursement For:       2018         Senate       President         Other (specify)       Transaction ID:         Disbursement       Disbursement         Category/<br>Type       Other (specify)         Full Name (Last, First, Middle Initial)       Act Blue         Mailing Address       PO Box 382110         City       State         Category/<br>Type       Disbursement         Office Sought:       Disbursement         Office Sought:       Bate of Disbursement         Category/<br>Category/<br>Type       Disbursement         Office Sought:       State         Category/<br>Type       Disbursement         Office Sought:       House         Disbursement       Category/<br>Type         Office Sought:       House         State:       Disbursement For:         Other (specify)       Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                        |                                                                                                                    |
| City       State       Zip Code         Cambridge       MA       02238-2110         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • • •                                             |                                                                        | Date of Disbursement                                                                                               |
| Cambridge       MA       02238-2110         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mailing Address PO Box 382110                     |                                                                        |                                                                                                                    |
| Candidate Name       Category/<br>Type         Office Sought:       House<br>Senate       Disbursement For:<br>President       2018         State:       District:       Other (specify) ♥         State:       District:       Transaction ID: D539073         Full Name (Last, First, Middle Initial)       Act Blue       Transaction ID: D539073         Mailing Address       PO Box 382110       Transaction ID: D539073         City       State       Zip Code<br>02238-2110       Amount of Each Disbursement this P         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement this P         Candidate Name       Other (specify)       Y         Office Sought:       House<br>Senate       Disbursement For:<br>Other (specify)       2018         State:       Disbursement For:<br>Senate       2018       Amount of Each Disbursement this P         Office Sought:       House<br>President       Disbursement For:<br>Other (specify)       2018         State:       District:       Main (specify)       467.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cambridge                                         |                                                                        | Amount of Each Disbursement this Per                                                                               |
| Office Sought:       House       Disbursement For:       2018         Senate       X       Primary       General         President       Other (specify)       ✓         State:       District:       Other (specify)       ✓         Full Name (Last, First, Middle Initial)       Act Blue       Transaction ID:       D539073         Mailing Address       PO Box 382110       Date of Disbursement       Ø 9 / 12 / 2013         City       State       Zip Code       Amount of Each Disbursement this P         Cambridge       MA       02238-2110       0.82         Purpose of Disbursement       Category/<br>Type       0.82         Office Sought:       House       Disbursement For:       2018         Senate       X       Primary       General         Office Sought:       Disbursement For:       2018         Senate       X       Primary       General         Other (specify)        Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | <b>[</b>                                                               | Category/                                                                                                          |
| Full Name (Last, First, Middle Initial)       Transaction ID: D539073         Act Blue       Date of Disbursement         Mailing Address       PO Box 382110         City       State       Zip Code         Cambridge       MA       02238-2110         Purpose of Disbursement       Category/         Candidate Name       Category/         Office Sought:       House         Disbursement For:       2018         Senate       Primary         President       Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Senate<br>President                               | X Primary General                                                      |                                                                                                                    |
| City     State     Zip Code       Cambridge     MA     02238-2110       Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Full Name (Last, First, Middle Initial)           |                                                                        | Date of Disbursement                                                                                               |
| Cambridge       MA       02238-2110         Purpose of Disbursement       0.82         Candidate Name       Category/<br>Type         Office Sought:       House         Disbursement For:       2018         Senate       X         President       Other (specify)         State:       District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mailing Address PO Box 382110                     |                                                                        |                                                                                                                    |
| Candidate Name     Category/<br>Type       Office Sought:     House       Disbursement For:     2018       Senate     X       President     Other (specify)       State:     District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Cambridge                                         |                                                                        | Amount of Each Disbursement this Per                                                                               |
| Office Sought:       House       Disbursement For:       2018         Senate       X       Primary       General         President       Other (specify) ▼         State:       District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                 |                                                                        | Lategory/                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Senate<br>President                               | sement For: 2018<br>X Primary General                                  |                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | al)                                                                    |                                                                                                                    |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                                                                                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)         PAGE         17 / 42           X         17         18         19a         19b           20a         20b         20c         21 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any Information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | atements may not be sold or used<br>name and address of any political         | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee                                                             |
| Full Name (Last, First, Middle Initial)<br>Act Blue<br>Mailing Address PO Box 382110                                                                            |                                                                               | Transaction ID: D540757<br>Date of Disbursement<br>0 9 / 2 6 / 2 0 1 3                                                                                                       |
| City<br>Cambridge<br>Purpose of Disbursement                                                                                                                    | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Period 3.93                                                                                                                                 |
| Senate<br>President                                                                                                                                             | Irsement For: 2018<br>X Primary General<br>Other (specify) ▼                  | Category/<br>Type                                                                                                                                                            |
| State: District:<br>Full Name (Last, First, Middle Initial)<br>Act Blue<br>Mailing Address PO Box 382110                                                        |                                                                               | Transaction ID: D540759<br>Date of Disbursement<br>09 / $26$ / $2013$                                                                                                        |
| City<br>Cambridge<br>Purpose of Disbursement<br>Candidate Name                                                                                                  | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Period                                                                                                                                      |
|                                                                                                                                                                 | Irsement For: 2018<br>X Primary General<br>Other (specify) ▼                  | Type                                                                                                                                                                         |
| Full Name (Last, First, Middle Initial)<br>Act Blue                                                                                                             |                                                                               | Transaction ID: D541544<br>Date of Disbursement<br>0.9 / $0.0$ / $2.013$                                                                                                     |
| Mailing Address PO Box 382110                                                                                                                                   | State Zip Code                                                                | Amount of Each Disbursement this Perior                                                                                                                                      |
| Cambridge Purpose of Disbursement Candidate Name                                                                                                                | MA 02238-2110                                                                 | 352.97                                                                                                                                                                       |
| Office Sought: House Disbu<br>Senate<br>President<br>State: District:                                                                                           | ursement For: 2018<br>X Primary General<br>Other (specify) ▼                  | Туре                                                                                                                                                                         |
| SUBTOTAL of Disbursements This Page (option                                                                                                                     | nal)                                                                          | <u>359.28</u>                                                                                                                                                                |
| TOTAL This Period (last page this line number )<br>FE5AN018                                                                                                     | only)                                                                         | FEC Schedule B ( Form 3 ) (Revised                                                                                                                                           |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                                                                                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)       PAGE       18 / 42         X       17       18       19a       19b         20a       20b       20c       21         by any person for the purpose of soliciting contributions |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any Information copied from such Reports and Sta<br>or for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | ame and address of any political c                                            | committee to solicit contributions from such committee                                                                                                                                                                   |
| Full Name (Last, First, Middle Initial)<br>Act Blue                                                                                                                |                                                                               | Transaction ID: D542997<br>Date of Disbursement                                                                                                                                                                          |
| Mailing Address PO Box 382110                                                                                                                                      | State Zip Code                                                                | Amount of Each Disbursement this Period                                                                                                                                                                                  |
| Cambridge<br>Purpose of Disbursement                                                                                                                               | MA 02238-2110                                                                 | 4.71                                                                                                                                                                                                                     |
| Candidate Name                                                                                                                                                     |                                                                               | ategory/<br>Type                                                                                                                                                                                                         |
| Senate                                                                                                                                                             | rsement For: 2018<br>X Primary General<br>Other (specify) ▼                   |                                                                                                                                                                                                                          |
| State: District:<br>Full Name (Last, First, Middle Initial)<br>Act Blue                                                                                            |                                                                               | Transaction ID: D543006<br>Date of Disbursement                                                                                                                                                                          |
| Mailing Address PO Box 382110                                                                                                                                      |                                                                               |                                                                                                                                                                                                                          |
| City<br>Cambridge<br>Purpose of Disbursement                                                                                                                       | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Period                                                                                                                                                                                  |
| Candidate Name                                                                                                                                                     | L                                                                             | ategory/<br>Type                                                                                                                                                                                                         |
| Senate<br>President                                                                                                                                                | rsement For: 2018<br>X Primary General<br>Other (specify) ▼                   |                                                                                                                                                                                                                          |
| State: District:<br>Full Name (Last, First, Middle Initial)<br>Act Blue                                                                                            |                                                                               | Transaction ID: D543033<br>Date of Disbursement                                                                                                                                                                          |
| Mailing Address PO Box 382110                                                                                                                                      |                                                                               |                                                                                                                                                                                                                          |
| City<br>Cambridge<br>Purpose of Disbursement                                                                                                                       | State Zip Code<br>MA 02238-2110                                               | Amount of Each Disbursement this Perio                                                                                                                                                                                   |
| Candidate Name                                                                                                                                                     |                                                                               | ategory/<br>Type                                                                                                                                                                                                         |
| Senate<br>President                                                                                                                                                | rrsement For: 2018<br>X Primary General<br>Other (specify) ▼                  |                                                                                                                                                                                                                          |
| State: District:<br>SUBTOTAL of Disbursements This Page (option                                                                                                    | nal)                                                                          | 169.74                                                                                                                                                                                                                   |
| TOTAL This Period (last page this line number                                                                                                                      | only)                                                                         | FEC Schedule B ( Form 3 ) (Revised                                                                                                                                                                                       |

| SCHEDULE B (FEC Form 3)<br>TEMIZED DISBURSEMENTS                                                    | for each o<br>Detailed S                 | rate schedule(s)<br>category of the<br>Summary Page | FOR LINE N<br>(check only c<br>X | one)<br>17   18<br>20a   20b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PAGE 19/42                                            |
|-----------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Any Information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may r<br>name and addr          | not be sold or used<br>ess of any political         | by any person<br>committee to s  | for the purpose<br>olicit contributio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of soliciting contributions<br>ns from such committee |
| NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                            |                                          |                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| Full Name (Last, First, Middle Initial)<br>Benjamin Eisenberg                                       |                                          |                                                     |                                  | Transaction II<br>Date of Disbur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sement                                                |
| Mailing Address 55 Overlook Drive                                                                   |                                          |                                                     |                                  | 07<br>/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |
| City<br>South Burlington                                                                            | State<br>VT                              | Zip Code<br>05403                                   |                                  | Amount of Eac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ch Disbursement this Peri                             |
| Purpose of Disbursement                                                                             |                                          | Г                                                   |                                  | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2193.54                                               |
| Candidate Name                                                                                      |                                          | L                                                   | Category/<br>Type                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| Office Sought: House Disbu<br>Senate<br>President                                                   | Irsement For:                            | 2018<br>General<br>cify) ▼                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| State: District:                                                                                    |                                          | -16-2-                                              |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| Full Name (Last, First, Middle Initial)<br>Benjamin Eisenberg                                       |                                          |                                                     |                                  | Transaction II<br>Date of Disbur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sement                                                |
| Mailing Address 55 Overlook Drive                                                                   |                                          |                                                     | •                                | 07 <sup>10</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16 ′ <u>2013</u>                                      |
| City<br>South Burlington                                                                            | State<br>VT                              | Zip Code<br>05403                                   |                                  | Amount of Eac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ch Disbursement this Peri                             |
| Purpose of Disbursement                                                                             |                                          |                                                     |                                  | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2193.54                                               |
| Candidate Name                                                                                      |                                          | L                                                   | Category/<br>Type                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| Office Sought: House Disbu<br>Senate<br>President                                                   | Irsement For:                            | 2018<br>General<br>cify) ▼                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| State: District:                                                                                    |                                          |                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| Full Name (Last, First, Middle Initial)<br>Burlington Public Works Dept                             |                                          |                                                     |                                  | Transaction II<br>Date of Disbur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sement                                                |
| Mailing Address Pine Street Burlington                                                              | VT                                       |                                                     |                                  | 07 ′ °                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17 2013                                               |
| City<br>Burlington                                                                                  | State<br>VT                              | Zip Code<br>05401                                   |                                  | Amount of Eac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ch Disbursement this Per                              |
| Purpose of Disbursement                                                                             |                                          | Г                                                   |                                  | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 75.00                                                 |
| Candidate Name                                                                                      |                                          | 7                                                   | Category/<br>Type                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| Senate<br>President                                                                                 | Irsement For:<br>X Primary<br>Other (spe | 2018<br>☐ General<br>cify) ▼                        |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |
| State: District:                                                                                    |                                          |                                                     |                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4462.08                                               |
| SUBTOTAL of Disbursements This Page (option                                                         | nal)                                     |                                                     | ····· <b>Þ</b>                   | hand and the second sec |                                                       |

|           |                                         | B (FEC Form 3                                  | -                           |                                    | arate schedule(s)                         | <b>1</b>        |                          |                          | R;           |                    |              | PA                   | GE           | 20 / 42                 |
|-----------|-----------------------------------------|------------------------------------------------|-----------------------------|------------------------------------|-------------------------------------------|-----------------|--------------------------|--------------------------|--------------|--------------------|--------------|----------------------|--------------|-------------------------|
|           |                                         | SBURSEMEN                                      |                             | Detailed                           | category of the<br>Summary Page           |                 | -                        | X 17<br>20a              |              | 18<br>20b          |              | 19a<br>20c           |              | 19b<br>21               |
| Ar<br>or  | y Information copi<br>for commercial pu | ed from such Reports<br>irposes, other than us | s and Staten<br>ing the nam | nents may<br>ne and add            | not be sold or use<br>ress of any politic | ed by<br>cal co | any person<br>mmittee to | on for the<br>solicit co | pui<br>ontri | rpose<br>ibutior   | of s<br>ns f | solicitin<br>irom su | g co<br>ch c | ntributions<br>ommittee |
| $\rangle$ | NAME OF COM                             | • •                                            |                             |                                    |                                           |                 |                          |                          |              |                    |              |                      |              |                         |
|           |                                         | First, Middle Initial)<br>Iic Works Dept       |                             |                                    |                                           | •               |                          | Date                     |              | ion ID             |              | D5430<br>nent        |              |                         |
|           | Mailing Address                         | Pine Street Bur                                | lington V1                  | Г                                  |                                           |                 |                          | 08                       |              | ိုပြီ              | <u>)</u> 9   | J'L                  | 2            | 013                     |
|           | City<br>Burlington                      |                                                |                             | State<br>VT                        | Zip Code<br>05401                         |                 |                          | Amou                     | nt o         | of Each            | h D          | isburse              |              | t this Period           |
|           | Purpose of Disbu                        |                                                |                             |                                    |                                           |                 |                          | L                        | mata         | ·                  |              |                      | unnalaun,    | 75.00                   |
|           |                                         |                                                | <b></b>                     |                                    |                                           |                 | iegory/<br>ype           |                          |              |                    |              |                      |              |                         |
|           | Office Sought:                          | House<br>Senate<br>President                   | hi                          | nent For:<br>Primary<br>Other (spe | 2018<br>General<br>ecify) ♥               |                 |                          |                          |              |                    |              |                      |              |                         |
|           | State:                                  | District:                                      |                             |                                    | sony) y                                   |                 |                          |                          |              |                    |              |                      |              |                         |
|           |                                         | First, Middle Initial)<br>lic Works Dept       |                             |                                    |                                           |                 |                          | Trans<br>Date of         |              |                    |              | D5430<br>nent        | 26           |                         |
|           | Mailing Address                         | Pine Street Bur                                | lington VT                  | -                                  |                                           |                 |                          | 09                       |              | ′ <mark>□</mark> 1 | 3            | ] ′ [Ľ               | 2 (          | ) 1 3                   |
|           | City<br>Burlington                      |                                                |                             | itate<br>/T                        | Zip Code<br>05401                         |                 |                          | Amou                     | nt o         | f Each             | h D          | isburse              |              | t this Period           |
|           | Purpose of Disbu                        |                                                |                             |                                    |                                           |                 |                          | L                        |              |                    |              |                      |              | 75.00                   |
|           | Candidate Name                          |                                                |                             |                                    |                                           |                 | egory/<br>ype            |                          |              |                    |              |                      |              |                         |
|           | Office Sought:                          | House<br>Senate<br>President                   |                             | nent For:<br>Primary<br>Other (spe | 2018<br>General<br>ccify) ▼               |                 |                          |                          |              |                    |              |                      |              |                         |
|           | State:                                  | District:                                      | 1                           |                                    |                                           |                 |                          |                          |              |                    |              |                      |              |                         |
|           | Full Name (Last,<br>FEDEX               | First, Middle Initial)                         |                             |                                    |                                           |                 |                          | Date o                   |              | isburs             | em           |                      | 23           |                         |
|           | Mailing Address                         | 3875 Airways B                                 | lvđ                         |                                    |                                           |                 |                          | 09                       |              |                    | 3            | ľĽ                   | 2'(          | 013                     |
|           | City<br>Memphis                         |                                                |                             | itate<br>N                         | Zip Code<br>38116-5070                    |                 |                          | Amou                     | nt o         | f Each             | ו Di         | isburse              |              | t this Period           |
|           | Purpose of Disbu                        | rsement                                        |                             |                                    |                                           | Γ               | <b>]</b>                 | L                        | 8            |                    | ÷            | - <del>.</del>       |              | 17.93                   |
|           | Candidate Name                          |                                                |                             |                                    | · · ·                                     |                 | egory/<br>ype            |                          |              |                    |              |                      |              |                         |
|           | Office Sought:                          | House<br>Senate<br>President                   |                             | nent For:<br>Primary<br>Other (spe | 2018<br>General<br>cify) ▼                |                 |                          |                          |              |                    |              |                      |              |                         |
| <u> </u>  | State:                                  | District:                                      |                             |                                    |                                           |                 |                          |                          |              |                    |              |                      | -            |                         |
| s         | UBTOTAL of Disb                         | ursements This Page                            | (optional) .                |                                    |                                           |                 | 🕨                        |                          |              |                    | č            |                      | 16           | 7.93                    |
|           |                                         | (last page this line n                         | umber only)                 | •••••                              |                                           |                 | 🕨                        | L                        |              |                    | ā            |                      |              |                         |
| FE5/      | AN018                                   |                                                |                             |                                    |                                           |                 |                          | FEC                      | S            | chedul             | le B         | ( For                | n 3          | (Revised 02             |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)         PAGE         21 / 42           X         17         18         19a         19b           20a         20b         20c         21                                                                                                                                             |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any Information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements may not be sold or used i<br>e name and address of any political o | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee                                                                                                                                                                                                         |
| NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                           |                                                                               |                                                                                                                                                                                                                                                                                                                          |
| Full Name (Last, First, Middle Initial)<br>First Step Printing                                     |                                                                               | Transaction ID: D543035<br>Date of Disbursement                                                                                                                                                                                                                                                                          |
| Mailing Address PO Box 311                                                                         |                                                                               |                                                                                                                                                                                                                                                                                                                          |
| City<br>Underhill                                                                                  | State Zip Code<br>VT 05489                                                    | Amount of Each Disbursement this Perio<br>845.88                                                                                                                                                                                                                                                                         |
| Purpose of Disbursement                                                                            |                                                                               |                                                                                                                                                                                                                                                                                                                          |
| Candidate Name                                                                                     | C                                                                             | ategory/<br>Type                                                                                                                                                                                                                                                                                                         |
| Office Sought: House Dist<br>Senate<br>President                                                   | bursement For: 2018<br>X Primary General<br>Other (specify) ▼                 |                                                                                                                                                                                                                                                                                                                          |
| State: District:                                                                                   |                                                                               |                                                                                                                                                                                                                                                                                                                          |
| Full Name (Last, First, Middle Initial)<br>IRS                                                     |                                                                               | Transaction ID: D542999<br>Date of Disbursement                                                                                                                                                                                                                                                                          |
| Mailing Address PO Box 5501                                                                        |                                                                               |                                                                                                                                                                                                                                                                                                                          |
| City<br>Andover                                                                                    | State Zip Code<br>MA 05501-0001                                               | Amount of Each Disbursement this Peri<br>1692.50                                                                                                                                                                                                                                                                         |
| Purpose of Disbursement Candidate Name                                                             |                                                                               | category/                                                                                                                                                                                                                                                                                                                |
| Office Sought: House Dist<br>Senate<br>President<br>State: District:                               | bursement For: 2018<br>X Primary General<br>Other (specify) ▼                 |                                                                                                                                                                                                                                                                                                                          |
| Full Name (Last, First, Middle Initial)<br>IRS                                                     |                                                                               | Transaction ID: D542934<br>Date of Disbursement                                                                                                                                                                                                                                                                          |
| Mailing Address PO Box 5501                                                                        |                                                                               | $\underbrace{\begin{array}{c} 0 \\ 0 \\ 7 \\ \end{array}}^{m} \begin{pmatrix} 0 \\ 1 \\ 2 \\ \end{array} \begin{pmatrix} 0 \\ 1 \\ 2 \\ \end{array} \begin{pmatrix} 0 \\ 1 \\ 2 \\ \end{array} \begin{pmatrix} 0 \\ 1 \\ 2 \\ 1 \\ 1 \\ \end{array} \begin{pmatrix} 0 \\ 1 \\ 2 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$ |
| City<br>Andover                                                                                    | State Zip Code<br>MA 05501-0001                                               | Amount of Each Disbursement this Peri<br>1692.50                                                                                                                                                                                                                                                                         |
| Purpose of Disbursement Candidate Name                                                             | C                                                                             | Litegory/                                                                                                                                                                                                                                                                                                                |
| Office Sought: House Dis<br>Senate President<br>State: District:                                   | bursement For: 2018<br>X Primary General<br>Other (specify) ▼                 | Туре                                                                                                                                                                                                                                                                                                                     |
| SUBTOTAL of Disbursements This Page (opt                                                           | ional)                                                                        | <u>4230.88</u>                                                                                                                                                                                                                                                                                                           |
| TOTAL This Period (last page this line numbe                                                       | er only)                                                                      |                                                                                                                                                                                                                                                                                                                          |
| E5AN018                                                                                            |                                                                               | FEC Schedule B ( Form 3 ) (Revise                                                                                                                                                                                                                                                                                        |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUME<br>(check only one)<br>X 17<br>202 | 18 19a 19b<br>20b 20c 21                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                         | name and address of any politica                                              | I committee to solicit                           | contributions from such committee                                                                                                                                                                                                                           |
| Full Name (Last, First, Middle Initial)<br>Lake Champlain Cruises<br>Mailing Address 1 King St   |                                                                               |                                                  | <b>isaction ID:</b> D543003<br>e of Disbursement<br>$3^{\text{M}} / \begin{array}{c} 2^{\text{D}} 2^{\text{D}} \\ 2^{\text{B}} \end{array} / \begin{array}{c} 2^{\text{V}} 2^{\text{V}} 1^{\text{V}} \\ 2^{\text{V}} 1^{\text{V}} 3^{\text{V}} \end{array}$ |
| City<br>Burlington<br>Purpose of Disbursement<br>Candidate Name                                  | State Zip Code<br>VT 05401-5275                                               | Category/                                        | ount of Each Disbursement this Period                                                                                                                                                                                                                       |
|                                                                                                  | ursement For: 2018<br>X Primary General<br>Other (specify) ▼                  | Туре                                             |                                                                                                                                                                                                                                                             |
| Full Name (Last, First, Middle Initial)<br>Mango Jam<br>Mailing Address Main St                  |                                                                               |                                                  | <b>isaction ID:</b> D543037<br>e of Disbursement<br>$\frac{D}{2013}$                                                                                                                                                                                        |
| City<br>Burlington<br>Purpose of Disbursement<br>Candidate Name                                  | State Zip Code<br>VT 05401-8369                                               | Category/                                        | ount of Each Disbursement this Period                                                                                                                                                                                                                       |
| Office Sought: House Disb<br>Senate<br>President<br>State: District:                             | ursement For: 2018<br>X Primary General<br>Other (specify) ▼                  | Туре                                             |                                                                                                                                                                                                                                                             |
| Full Name (Last, First, Middle Initial)<br>N.M. Food Service<br>Mailing Address 1260 Library St. |                                                                               | Dat                                              | nsaction ID: D542933<br>e of Disbursement<br>7                                                                                                                                                                                                              |
| City<br>Detroit<br>Purpose of Disbursement                                                       | State Zip Code<br>MI 48213                                                    | Amo                                              | bunt of Each Disbursement this Period                                                                                                                                                                                                                       |
| Candidate Name Office Sought: House Disb                                                         | ursement For: 2018                                                            | Category/<br>Type                                |                                                                                                                                                                                                                                                             |
| State: District:                                                                                 | X     Primary     General       Other (specify)     ▼                         |                                                  |                                                                                                                                                                                                                                                             |
| SUBTOTAL of Disbursements This Page (optic                                                       |                                                                               |                                                  | 6428.62                                                                                                                                                                                                                                                     |
| TOTAL This Period (last page this line number<br>FE5AN018                                        | only)                                                                         | 1200-11200                                       | EC Schedule B ( Form 3 ) (Revised 0)                                                                                                                                                                                                                        |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                           | Use separate schedule(s)<br>for each category of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FOR LINE NUMBER: PAGE 23/42<br>(check only one)                                                                                  |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
|                                                                                             | Detailed Summary Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X 17 18 19a 19b<br>20a 20b 20c 21                                                                                                |
| Any Information copied from such Reports an<br>or for commercial purposes, other than using | nd Statements may not be sold or used to the name and address of any political c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee                 |
| NAME OF COMMITTEE (In Full)                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Friends of Bernie Sanders                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |
| Full Name (Last, First, Middle Initial)<br>One Church Street Partnership                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Transaction ID: D543001<br>Date of Disbursement                                                                                  |
| Mailing Address 1 Church St                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | $\underbrace{\begin{array}{c} \hline \\ \hline $ |
| City                                                                                        | State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount of Each Disbursement this Peri                                                                                            |
| Burlington                                                                                  | VT 05401-4451                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| Purpose of Disbursement                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1620.00                                                                                                                          |
| Candidate Name                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ategory/<br>Type                                                                                                                 |
| Office Sought: House Senate President                                                       | Disbursement For: 2018<br>X Primary General<br>Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| State: District:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |
| Full Name (Last, First, Middle Initial)                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Transaction ID: D543007                                                                                                          |
| People's Bank                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Disbursement                                                                                                             |
| Mailing Address 2 Burlington Squa                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |
| City<br>Burlington                                                                          | State Zip Code<br>VT 05401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount of Each Disbursement this Peri                                                                                            |
| Purpose of Disbursement                                                                     | Price |                                                                                                                                  |
| Candidate Name                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ategory/<br>Type                                                                                                                 |
| Office Sought: House I<br>Senate<br>President                                               | Disbursement For: 2018<br>X Primary General<br>Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| State: District:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |
| Full Name (Last, First, Middle Initial)<br>People's Bank                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Transaction ID: D542996<br>Date of Disbursement                                                                                  |
| Mailing Address 2 Burlington Squa                                                           | re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |
| City<br>Burlington                                                                          | State Zip Code<br>VT 05401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount of Each Disbursement this Peri                                                                                            |
| Purpose of Disbursement                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 91.51                                                                                                                            |
| Candidate Name                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ategory/<br>Type                                                                                                                 |
| Office Sought: House I<br>Senate<br>President                                               | Disbursement For: 2018<br>X Primary General<br>Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| State: District:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |
| SUBTOTAL of Disbursements This Page (or                                                     | optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>I</b> 998.36                                                                                                                  |
| TOTAL This Period (last page this line num                                                  | ber only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |
| E5AN018                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEC Schedule B ( Form 3 ) (Revised                                                                                               |

|            | CHEDULE B (FE<br>EMIZED DISBU                        |                                         | for each o                          | rate schedule(s)<br>category of the<br>Summary Page | FOR LINE<br>(check only |                                     |                                                         | 24 / 42<br>19b |
|------------|------------------------------------------------------|-----------------------------------------|-------------------------------------|-----------------------------------------------------|-------------------------|-------------------------------------|---------------------------------------------------------|----------------|
|            |                                                      |                                         |                                     | • -                                                 |                         | 20a 20                              | 0b 20c                                                  | 21             |
| Ап         | y Information copied from<br>for commercial purposes | such Reports and State                  | ments may i                         | not be sold or use                                  | d by any perso          | n for the purpo<br>solicit contribu | se of soliciting co                                     | ntributions    |
| or         | NAME OF COMMITTEE                                    |                                         |                                     |                                                     |                         |                                     |                                                         |                |
| $ \rangle$ | Friends of Bernie Sa                                 |                                         |                                     |                                                     |                         |                                     |                                                         |                |
| Ľ          | Full Name (Last, First, N                            | Aiddle Initial)                         |                                     |                                                     | _                       |                                     | ID: D543032                                             |                |
| •          | People's Bank                                        |                                         |                                     |                                                     |                         | Date of Dist                        | oursement                                               | ,              |
|            | Mailing Address 2 E                                  | Burlington Square                       |                                     |                                                     |                         | 09 (                                | 30 2                                                    | 0 1 3          |
|            | City                                                 |                                         | State<br>VT                         | Zip Code<br>05401                                   |                         | Amount of E                         | ach Disburseme                                          | nt this Period |
|            | Burlington<br>Purpose of Disburseme                  | nt                                      | VI                                  |                                                     |                         |                                     | 1                                                       | 88.79          |
|            |                                                      |                                         |                                     |                                                     |                         |                                     |                                                         |                |
|            | Candidate Name                                       |                                         |                                     |                                                     | Category/<br>Type       |                                     |                                                         |                |
|            |                                                      | łouse Disburse<br>Senate X<br>President | ement For:<br>Primary<br>Other (spe | 2018<br>General<br>cify) ▼                          |                         |                                     |                                                         |                |
|            | State: Distr                                         |                                         | <i>w</i>                            |                                                     |                         |                                     |                                                         |                |
| •          | Full Name (Last, First, I<br>Dexter Randall          | Aiddle Initial)                         |                                     |                                                     |                         | Date of Dist                        |                                                         |                |
|            | Mailing Address 62                                   | 7 Bonneau Rd                            |                                     |                                                     |                         | 09 /                                |                                                         | 013            |
|            | City<br>Troy                                         |                                         | State<br>VT                         | Zip Code<br>05868                                   |                         | Amount of E                         | Each Disburseme                                         |                |
|            | Purpose of Disburseme                                | int                                     |                                     |                                                     |                         |                                     | <u>کے ۔۔۔۔</u>                                          | 62.39          |
|            | Candidate Name                                       | . <u>.</u>                              |                                     |                                                     | Category/<br>Type       |                                     |                                                         |                |
|            |                                                      |                                         | ement For:<br>Primary<br>Other (spe | 2018<br>General<br>cify) ▼                          |                         |                                     |                                                         |                |
|            | State: Distr                                         |                                         |                                     |                                                     |                         |                                     | - 17                                                    |                |
|            | Full Name (Last, First, I<br>The Bookkeeping Co      |                                         |                                     |                                                     |                         | Transaction<br>Date of Disl         |                                                         | <del>,</del>   |
|            |                                                      | Mill St<br>e 140                        |                                     |                                                     |                         | 08                                  |                                                         | 013            |
|            | City<br>Burlington                                   |                                         | State<br>VT                         | Zip Code<br>05401-1533                              |                         | Amount of I                         | Each Disburseme                                         |                |
|            | Purpose of Disburseme                                | ent                                     |                                     |                                                     |                         | L                                   | <del>)</del><br>محمد محمد محمد محمد محمد محمد محمد محمد | 384.00         |
|            | Candidate Name                                       | v                                       |                                     |                                                     | Category/<br>Type       |                                     |                                                         |                |
|            |                                                      | Senate X President                      | ement For:<br>Primary<br>Other (spe | 2018<br>General<br>cify) ▼                          |                         |                                     |                                                         |                |
| F          | State: Distr                                         | rict:                                   |                                     |                                                     |                         |                                     |                                                         |                |
|            | SUBTOTAL of Disbursen                                | nents This Page (optional               | )                                   |                                                     | •••••                   |                                     |                                                         | 35.18          |
| 1          | TOTAL This Period (last                              | page this line number onl               | y)                                  |                                                     | ►                       |                                     |                                                         |                |
| FE         | 5AN018                                               |                                         |                                     |                                                     |                         | FEC Sch                             | edule B ( Form 3                                        | ) (Revised (   |

|      | CHEDULE B (FEC Form 3)<br>[EMIZED DISBURSEMENTS                                                        | Use separate schedule(s) for each category of the                  | FOR LINE NUMBER: PAGE 25/42<br>(check only one)                                                                     |
|------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| •    |                                                                                                        | Detailed Summary Page                                              | X 17   18   19a   19b<br>20a   20b   20c   21                                                                       |
| A    | ny Information copied from such Reports and Stat<br>r for commercial purposes, other than using the na | ements may not be sold or used<br>ame and address of any political | by any person for the purpose of soliciting contributions<br>committee to solicit contributions from such committee |
| Ν    | NAME OF COMMITTEE (In Full)                                                                            |                                                                    |                                                                                                                     |
| V    | Friends of Bernie Sanders                                                                              |                                                                    |                                                                                                                     |
| A.   | Full Name (Last, First, Middle Initial)<br>The Mailing Center                                          |                                                                    | Transaction ID: D543004<br>Date of Disbursement                                                                     |
|      | Mailing Address 996 Rd                                                                                 |                                                                    |                                                                                                                     |
|      | City<br>East Barre                                                                                     | State Zip Code<br>VT 05649                                         | Amount of Each Disbursement this Period                                                                             |
|      | Purpose of Disbursement                                                                                |                                                                    |                                                                                                                     |
|      | Candidate Name                                                                                         | L.                                                                 | Category/<br>Type                                                                                                   |
|      |                                                                                                        | sement For: 2018<br>X Primary General<br>Other (specify) ▼         |                                                                                                                     |
|      | State: District:                                                                                       |                                                                    |                                                                                                                     |
|      | Full Name (Last, First, Middle Initial)                                                                | ··· ··                                                             | Transaction ID: D543005                                                                                             |
| В.   | The Mailing Center                                                                                     |                                                                    | Date of Disbursement                                                                                                |
|      | Mailing Address 996 Rd                                                                                 |                                                                    | Encodence Remains Contraction Contractions                                                                          |
|      | City<br>East Barre                                                                                     | State Zip Code<br>VT 05649                                         | Amount of Each Disbursement this Period 160.00                                                                      |
|      | Purpose of Disbursement                                                                                | I                                                                  |                                                                                                                     |
|      | Candidate Name                                                                                         | L. (                                                               | Category/<br>Type                                                                                                   |
|      |                                                                                                        | sement For: 2018<br>X Primary General<br>Other (specify) ▼         |                                                                                                                     |
|      | State: District:                                                                                       |                                                                    |                                                                                                                     |
| с.   | Full Name (Last, First, Middle Initial)<br>USPO                                                        |                                                                    | Transaction ID: D542931<br>Date of Disbursement                                                                     |
|      | Mailing Address 11 Elmwood Ave                                                                         |                                                                    |                                                                                                                     |
|      | City<br>Burlington                                                                                     | StateZip CodeVT05401-5799                                          | Amount of Each Disbursement this Period 170.00                                                                      |
|      | Purpose of Disbursement                                                                                |                                                                    |                                                                                                                     |
|      | Candidate Name                                                                                         | L                                                                  | Category/<br>Type                                                                                                   |
|      |                                                                                                        | rsement For: 2018<br>X Primary General<br>Other (specify) ▼        |                                                                                                                     |
| _    | State: District:                                                                                       |                                                                    |                                                                                                                     |
|      | SUBTOTAL of Disbursements This Page (option                                                            | ai)                                                                |                                                                                                                     |
| . L. | TOTAL This Period (last page this line number o                                                        | nly)                                                               |                                                                                                                     |
| FI   | E5AN018                                                                                                |                                                                    | FEC Schedule B ( Form 3 ) (Revised)                                                                                 |

| CHEDULE B (FEC Form 3)                                                                               | Use separate schedule(s) for each category of the                                                              | FOR LINE NUMBER:<br>(check only one)                                                                            | PAGE 26/42                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                      | Detailed Summary Page                                                                                          | X 17 18<br>20a 20b                                                                                              | 19a 19b<br>20c 21                                                                                                                                                        |
| ny Information copied from such Reports and Sta<br>r for commercial purposes, other than using the n |                                                                                                                |                                                                                                                 |                                                                                                                                                                          |
| NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                             |                                                                                                                |                                                                                                                 |                                                                                                                                                                          |
| Full Name (Last, First, Middle Initial)<br>Vermont Tax Dept                                          |                                                                                                                | Transaction ID: [<br>Date of Disburseme                                                                         | • • • • •                                                                                                                                                                |
| Mailing Address 109 State Street                                                                     |                                                                                                                |                                                                                                                 | <sup>′</sup> <sup>°</sup> <sup>2</sup> <sup>°</sup> |
| City<br>Montpelier                                                                                   | State Zip Code<br>VT 05601                                                                                     | Amount of Each Di                                                                                               | sbursement this Pe                                                                                                                                                       |
| Purpose of Disbursement                                                                              |                                                                                                                |                                                                                                                 | 600.00                                                                                                                                                                   |
| Candidate Name                                                                                       |                                                                                                                | ategory/<br>Type                                                                                                |                                                                                                                                                                          |
| - j                                                                                                  | sement For: 2018<br>X Primary General<br>Other (specify) ▼                                                     |                                                                                                                 |                                                                                                                                                                          |
| State: District:                                                                                     | nemnð `` <b>`</b> * <b>`</b> ¥                                                                                 |                                                                                                                 |                                                                                                                                                                          |
| Full Name (Last, First, Middle Initial)<br>Michael's                                                 |                                                                                                                | Transaction ID: Date of Disburseme                                                                              |                                                                                                                                                                          |
| Mailing Address 861 Williston Rd.                                                                    |                                                                                                                |                                                                                                                 | <sup>′</sup> 2013                                                                                                                                                        |
| City<br>So. Burlington                                                                               | State Zip Code<br>VT 05403                                                                                     | Amount of Each Dis                                                                                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                   |
| Purpose of Disbursement                                                                              |                                                                                                                | nyanan ganan yang kanan dan sana dan sa | 64.39                                                                                                                                                                    |
| Candidate Name                                                                                       | C                                                                                                              | ategory/<br>Type                                                                                                |                                                                                                                                                                          |
|                                                                                                      | sement For: 2018<br>✓ Primary General<br>Other (specify) ▼                                                     |                                                                                                                 |                                                                                                                                                                          |
| State: District:                                                                                     | ······                                                                                                         |                                                                                                                 |                                                                                                                                                                          |
| Full Name (Last, First, Middle Initial)<br>Credit Card Services                                      |                                                                                                                | Transaction ID: Date of Disburseme                                                                              |                                                                                                                                                                          |
| Mailing Address PO Box 405                                                                           |                                                                                                                | 0 <sup>7</sup> <sup>1</sup> 03                                                                                  | 2013                                                                                                                                                                     |
| City<br>Burlington                                                                                   | StateZip CodeVT05402-0405                                                                                      | Amount of Each Dis                                                                                              | <del></del>                                                                                                                                                              |
| Purpose of Disbursement                                                                              | Price of the second |                                                                                                                 | 2292.82                                                                                                                                                                  |
| Candidate Name                                                                                       | Ċ                                                                                                              | ategory/<br>Type                                                                                                |                                                                                                                                                                          |
| Senate<br>President                                                                                  | sement For: 2018<br>K Primary General Other (specify) ▼                                                        |                                                                                                                 |                                                                                                                                                                          |
| · · · · · · · · · · · · · · · · · · ·                                                                |                                                                                                                |                                                                                                                 | 2957.21                                                                                                                                                                  |
| SUBTOTAL of Disbursements This Page (optiona                                                         |                                                                                                                |                                                                                                                 |                                                                                                                                                                          |
| TOTAL This Period (last page this line number or<br>5AN018                                           | ily)                                                                                                           |                                                                                                                 | (Form 3) (Revise                                                                                                                                                         |

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| 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)         Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)         Easy Self Storage         Mailing Address       35 Swift St         City       State       Zip Code         South Burlington       VT       05403-7306         Purpose of Disbursement       Gragory/<br>Type       Amount of Each Disbursement this Peri         Candidate Name       Disbursement For:       2018         State:       District:       President         Mailing Address       5505 Connecticut Ave, NW       Transaction ID:       D542947         City       State       Zip Code       Amount of Each Disbursement this Peri         Washington       DC       20015       Transaction ID:       D542947         Date of Disbursement       Category/<br>Type       Y 2 0 1 3       Amount of Each Disbursement this Peri         Office Sought:       House       Disbursement For:       2018       Amount of Each Disbursement this Peri         Office Sought:       House       Disbursement For:       2018       Amount of Each Disbursement this Peri         Office Sought:       House       Disbursement For: <th>SCHEDULE B (FEC Form 3)<br/>ITEMIZED DISBURSEMENTS</th> <th>Use separate schedule(s)<br/>for each category of the<br/>Detailed Summary Page<br/>atements may not be sold or used</th> <th>FOR LINE NUMBER:       PAGE 27 / 42         (check only one)       X       17       18       19a       19b         20a       20b       20c       21         by any person for the purpose of soliciting contributions</th> | SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>atements may not be sold or used | FOR LINE NUMBER:       PAGE 27 / 42         (check only one)       X       17       18       19a       19b         20a       20b       20c       21         by any person for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Easy Self Storage       Date of Disbursement         Mailing Address       35 Swift St         City       State       Zip Code         South Burlington       VT       05403-7306         Purpose of Disbursement       Category         Candidate Name       Category         Office Sought:       House       Disbursement For:       2018         President       Disbursement For:       2018       President         State:       Disbursement For:       2018       Transaction ID:       D542947         Other (specify)       Category       Transaction ID:       D542947         Date of Disbursement       Other (specify)       Transaction ID:       D542947         Date of Disbursement       Other (specify)       Transaction ID:       D542947         Date of Disbursement       Disbursement For:       2018       Amount of Each Disbursement for:         City       State       Disbursement For:       2018       Amount of Each Disbursement for:       1300.00         Category/       Type       Transaction ID:       D542952       Date of Disbursement for:       1300.00         City       State       Disbursement For:       2018       Transaction ID:       D542952         Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and address of any political o                                                                               | committee to solicit contributions from such committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| South Burlington       VT       05403-7306         Purpose of Disbursement       Category/<br>Type         Office Sought:       House<br>Senate       Disbursement For:<br>President       2018         State:       District:       Ymmary       General<br>Other (specify) ▼       Transaction ID: D542947<br>Date of Disbursement         Mailing Address       5505 Connecticut Ave, NW       Image: Transaction ID: D542947<br>Date of Disbursement       Amount of Each Disbursement this Peri<br>(07 m) / [02] / [2013]         City       State       Zip Code       Amount of Each Disbursement this Peri<br>(20015)         Purpose of Disbursement       Disbursement For:<br>Purpose of Disbursement       2018         State:       District:       Disbursement For:<br>President       2018         State:       District:       Other (specify) ▼         Mailing Address       276 E Allen St       City<br>VT       Other (specify) ▼         City       State       Zip Code<br>Other (specify) ▼       Amount of Each Disbursement this Peri<br>(27 m) / [02] / [2013]         Amount of Each Disbursement       Image: Category/<br>Type       Jig Code<br>Other (specify) ▼       Amount of Each Disbursement this Peri<br>(27 m) / [02] / [2013]         City       State       Zip Code<br>Other (specify) ▼       Amount of Each Disbursement this Peri<br>(27 m) / [20 0] / [20 0] / [20 0]         Office Sought:       House<br>Senat                                                                                                                                                                                                                                                                              | Easy Self Storage                                                            |                                                                                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Office Sought:       House<br>President       Disbursement For:       2018<br>X       Primary       General         President       District:       Other (specify) ▼       Transaction ID:       D542947         Full Name (Last, First, Middle Initial)<br>NGP       Mailing Address       5505 Connecticut Ave, NW       Image: Construct Ave, NW         City       State       Zip Code       Amount of Each Disbursement         Washington       DC       20015       Amount of Each Disbursement         Candidate Name       Disbursement For:       2018       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       2018         State:       District:       Primary       General         Office Sought:       House       Disbursement For:       2018         Sovernet       X       Primary       General         Mailing Address       276 E Allen St       City       Y         City       State       Zip Code       Amount of Each Disbursement this Peri         Wincoski       VT       05404-1570       Amount of Each Disbursement this Peri         Office Sought:       House       Disbursement For:       2018         Office Sought:       House       Disbursement For:       2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | South Burlington<br>Purpose of Disbursement                                  |                                                                                                                   | Amount of Each Disbursement this Perio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NGP       Date of Disbursement         Mailing Address       5505 Connecticut Ave, NW         City       State       Zip Code         Washington       DC       20015         Purpose of Disbursement       Image: Category/<br>Type       1300.00         Office Sought:       House       Disbursement For:       2018         Office Sought:       President       Disbursement For:       2018         State:       District:       Primary       General         Other (specify)       V       State       Disbursement         Mailing Address       276 E Allen St       Transaction ID:       D542952         Date of Disbursement       Office Sought:       VT       05404-1570         Purpose of Disbursement       VT       05404-1570       Amount of Each Disbursement this Peri         City       VT       05404-1570       Amount of Each Disbursement this Peri         Office Sought:       House       Disbursement For:       2018         Senate       Disbursement For:       2018       Amount of Each Disbursement this Peri         Office Sought:       House       Disbursement For:       2018       2018         Office Sought:       House       Disbursement For:       2018       2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Office Sought: House Disbu<br>Senate President                               | ursement For: 2018<br>X Primary General                                                                           | ÷ ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Washington       DC       20015         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NGP                                                                          | , NW                                                                                                              | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Office Sought:       House       Disbursement For:       2018         Senate       President       Image: Category/<br>Type       Transaction ID:       D542952         State:       District:       Disbursement       Image: Category/<br>Type                                                                           | Washington<br>Purpose of Disbursement                                        | DC 20015                                                                                                          | to an a second |
| Sovernet       Date of Disbursement         Mailing Address       276 E Allen St         City       State       Zip Code         Winooski       VT       05404-1570         Purpose of Disbursement       Image: Category/<br>Type       129.04         Office Sought:       House       Disbursement For:       2018         Office Sought:       Primary       General       Other (specify)         State:       District:       Other (specify)       V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Senate<br>President                                                          | irsement For: 2018<br>X Primary General                                                                           | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| City     State     Zip Code       Winooski     VT     05404-1570       Purpose of Disbursement     Image: Category/<br>Type       Candidate Name     Category/<br>Type       Office Sought:     House       Disbursement For:     2018       President     Other (specify)       State:     District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sovernet                                                                     |                                                                                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Type       Office Sought:     House       Senate     Disbursement For:       President     X       President     Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City<br>Winooski                                                             |                                                                                                                   | Amount of Each Disbursement this Perio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Office Sought: House Disbu                                                   | rsement For: 2018<br>X Primary General                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State: District:                                                             | Savagant                                                                                                          | ▶ <u>1521.04</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                   | CHEDULE B (FEC Form 3)                                                                                | Use separate schedule(s)                                  | FOR LINE<br>(check only                                                                                                                          |                                                                                                                                                                                                                                                |
|-------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | EMIZED DISBURSEMENTS                                                                                  | for each category of the<br>Detailed Summary Page         |                                                                                                                                                  | ( 17 18 19a 19b<br>20a 20b 20c 21                                                                                                                                                                                                              |
|                   | y Information copied from such Reports and State<br>for commercial purposes, other than using the nat |                                                           |                                                                                                                                                  |                                                                                                                                                                                                                                                |
| K                 | NAME OF COMMITTEE (In Full)                                                                           | the and address of any politic                            |                                                                                                                                                  |                                                                                                                                                                                                                                                |
| $\langle \rangle$ | Friends of Bernie Sanders                                                                             |                                                           |                                                                                                                                                  |                                                                                                                                                                                                                                                |
| •                 | Full Name (Last, First, Middle Initial)<br>USPO                                                       |                                                           |                                                                                                                                                  | Transaction ID: D542940<br>Date of Disbursement                                                                                                                                                                                                |
|                   | Mailing Address 11 Elmwood Ave                                                                        | <u></u> ,                                                 |                                                                                                                                                  | <sup>M</sup> 7 <sup>M</sup> / <sup>D</sup> 02 <sup>D</sup> / <sup>Y</sup> 2013 <sup>Y</sup>                                                                                                                                                    |
|                   | Burlington                                                                                            | StateZip CodeVT05401-5799                                 |                                                                                                                                                  | Amount of Each Disbursement this Period<br>92.00                                                                                                                                                                                               |
|                   | Purpose of Disbursement                                                                               |                                                           |                                                                                                                                                  | 92.00                                                                                                                                                                                                                                          |
|                   |                                                                                                       |                                                           | Category/<br>Type                                                                                                                                |                                                                                                                                                                                                                                                |
|                   | Office Sought: House Disburse<br>Senate X<br>President                                                | ement For: 2018<br>Primary General<br>Other (specify) ▼   |                                                                                                                                                  |                                                                                                                                                                                                                                                |
|                   | State: District:                                                                                      |                                                           |                                                                                                                                                  |                                                                                                                                                                                                                                                |
|                   | Full Name (Last, First, Middle Initial)<br>Verizon Wireless                                           |                                                           |                                                                                                                                                  | Transaction ID: D542943<br>Date of Disbursement                                                                                                                                                                                                |
|                   | Mailing Address 2120 Barrett Park Dr NW                                                               |                                                           | $\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{bmatrix}$ |                                                                                                                                                                                                                                                |
|                   | City<br>Kennesaw                                                                                      | State Zip Code<br>GA 30144-3673                           |                                                                                                                                                  | Amount of Each Disbursement this Period                                                                                                                                                                                                        |
|                   | Purpose of Disbursement                                                                               |                                                           |                                                                                                                                                  | ] 007.33<br>have dan akamatan kanadara kan<br>hava kanadara kanadar |
|                   | Candidate Name                                                                                        |                                                           | Category/<br>Type                                                                                                                                |                                                                                                                                                                                                                                                |
|                   | Senate X<br>President                                                                                 | ement For: 2018<br>Primary General<br>Other (specify) ♥ - |                                                                                                                                                  |                                                                                                                                                                                                                                                |
|                   | State: District:                                                                                      |                                                           |                                                                                                                                                  |                                                                                                                                                                                                                                                |
|                   | Full Name (Last, First, Middle Initial)<br>Credit Card Services                                       |                                                           |                                                                                                                                                  | Transaction ID: D542964<br>Date of Disbursement                                                                                                                                                                                                |
|                   | Mailing Address PO Box 405                                                                            |                                                           |                                                                                                                                                  | 07 <sup>M</sup> /03 <sup>D</sup> /2013                                                                                                                                                                                                         |
|                   | Burlington                                                                                            | StateZip CodeVT05402-0405                                 |                                                                                                                                                  | Amount of Each Disbursement this Perio                                                                                                                                                                                                         |
|                   | Purpose of Disbursement                                                                               |                                                           |                                                                                                                                                  | 1326.71                                                                                                                                                                                                                                        |
|                   | Candidate Name                                                                                        |                                                           | Category/<br>Type                                                                                                                                |                                                                                                                                                                                                                                                |
|                   | Senate X<br>President                                                                                 | ement For: 2018<br>Primary General<br>Other (specify) ▼   |                                                                                                                                                  |                                                                                                                                                                                                                                                |
|                   | State: District:                                                                                      |                                                           |                                                                                                                                                  |                                                                                                                                                                                                                                                |
| \$                | UBTOTAL of Disbursements This Page (optional)                                                         | )                                                         | ►                                                                                                                                                | 2086.04                                                                                                                                                                                                                                        |
| 1                 | OTAL This Period (last page this line number only                                                     | /)                                                        | ►                                                                                                                                                |                                                                                                                                                                                                                                                |
| FE:               | 5AN018                                                                                                |                                                           |                                                                                                                                                  | FEC Schedule B ( Form 3 ) (Revised                                                                                                                                                                                                             |

| Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of obliciting contributions form such committee         NAME OF COMMITTEE (in Full)         Friends of Bernie Sanders         Full Name (Last, First, Middle Initia)         Boutiliers         Mailing Address         98 Church St         City         Burlington         VT       05401-4408         Purpose of Disbursement         Catigory         Office Sought:       House         Distrement For:       2018         City       State         Disbursement         Catigory         Office Sought:       House         Distrement For:       2018         City       State         Distrement For:       2018         Catagory       Transaction ID:         Distrement For:       2018         Catagory       Topo         Transaction ID:       D542955         Data of Disbursement       Disbursement For:         City       State       10 college St         Full Name (Last, First, Middle Initial)       Transaction ID:         Distrement For:       2018         City       State       20 c                                                                                                                                                                                                                                                                                                                                                                                                      | SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>Statements may not be sold or us | X         17         18         19a         19t           20a         20b         20c         21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b                                       |
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| Boutifiers       Date of Disbursement         Mailing Address       98 Church St         City       State       Zip Code         Burlington       VT       05401-4408         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | a name and address of any politic                                                                                 | cal committee to solicit contributions from such comm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nittee                                  |
| Burlington       VT       05401-4408         Purpose of Disbursement       Gategory/<br>Type         Office Sought:       House<br>Senate       Disbursement For:<br>President       2018         State:       District:       Other (specify) ▼         Full Name (Last, First, Middle Initial)<br>Burlington Free Press       Transaction ID: D542955<br>Date of Disbursement         Mailing Address       191 College St         City       State:       Disbursement For:<br>Disbursement         Candidate Name       VT         Office Sought:       House<br>Purpose of Disbursement       Disbursement For:<br>Disbursement For:<br>President         State:       Disbursement For:<br>Disbursement       2018         State:       Disbursement For:<br>President       2018         Mailing Address       LaGuardia Airport       Transaction ID: D542961<br>Date of Disbursement         City       State:       Disbursement For:<br>President       2018         Mailing Address       LaGuardia Airport       Transaction ID: D542961         City       State:       Disbursement For:<br>Disbursement       2018         Mailing Address       LaGuardia Airport       Category/<br>Type       Mount of Each Disbursement this Peri<br>Date of Disbursement         Office Sought:       House<br>Senate       Disbursement For:<br>President       2018 <td< td=""><td>Boutiliers</td><td></td><td>Date of Disbursement</td><td>3Ŭ</td></td<>                                                                       | Boutiliers                                                                   |                                                                                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3Ŭ                                      |
| Office Sought:       House<br>Benate<br>President       Disbursement For:<br>Other (specify) ▼       2018<br>General<br>Other (specify) ▼         Full Name (Last, First, Middle Initial)<br>Burlington Free Press       Transaction ID: D542955<br>Date of Disbursement         Gity       State       Zip Code<br>Date of Disbursement         Burlington       VT       05401-8304         Purpose of Disbursement       Category/<br>Type         Office Sought:       House<br>Senate<br>President       Disbursement For:<br>Disbursement For:<br>District:       20.00         Full Name (Last, First, Middle Initial)<br>Delta Airfines       Disbursement For:<br>Disbursement For:<br>District:       2018<br>Transaction ID: D542961<br>Date of Disbursement         Full Name (Last, First, Middle Initial)<br>Delta Airfines       Disbursement For:<br>Disbursement       2018<br>Category/<br>Type         Mailing Address       LaGuardia Airport       Transaction ID: D542961<br>Date of Disbursement         City       State       Zip Code<br>NY       Amount of Each Disbursement this Peri<br>Date of Disbursement         Mailing Address       LaGuardia Airport       Category/<br>Type       Office Sought:<br>President       Disbursement For:<br>Disbursement For:<br>Disbursement       2018<br>Category/<br>Type         Office Sought:       House<br>President       Disbursement For:<br>District:       2018<br>Category/<br>Type       Amount of Each Disbursement this Peri<br>Category/<br>Type | Burlington                                                                   |                                                                                                                   | he and a second a se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |
| Full Name (Last, First, Middle Initial)<br>Burlington Free Press       Transaction ID: D542955<br>Date of Disbursement         Mailing Address       191 College St         City       State       Zip Code         Burlington       VT       05401-8304         Purpose of Disbursement       Category/<br>Type         Office Sought:       House       Disbursement For:<br>President       20.00         State:       Disbursement For:<br>President       20.01         Full Name (Last, First, Middle Initial)       Disbursement For:<br>President       2018         Delta Airfines       Transaction ID: D542961         Mailing Address       LaGuardia Airport         City       State       Zip Code         Mailing Address       LaGuardia Airport         City       State       Zip Code         Mailing Address       LaGuardia Airport         City       State       Zip Code         Jamaica       NY       11431         Purpose of Disbursement       Category/<br>Type       State         Office Sought:       House       Disbursement For:<br>Senate       2013         Office Sought:       House       Disbursement For:<br>Senate       2018         Office Sought:       House       Disbursement For:<br>Senate       2018                                                                                                                                                                                                                                                                             | Office Sought: House Disb<br>Senate<br>President                             | X Primary General                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| City     State     Zip Code       Burlington     VT     05401-8304       Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Burlington Free Press             | ·····                                                                                                             | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                       |
| Office Sought:       House       Disbursement For:       2018         State:       District:       Other (specify)       ✓         State:       District:       Other (specify)       ✓         Full Name (Last, First, Middle Initial)       Delta Airlines       Date of Disbursement         Mailing Address       LaGuardia Airport       Image: Category/ Type       Y         City       State       Zip Code       Amount of Each Disbursement this Peridana         Jamaica       NY       11431       Amount of Each Disbursement this Peridana         Candidate Name       Category/ Type       State       Disbursement For:       2018         Office Sought:       House       Disbursement For:       2018       State:       Disbursement For:       2018         State:       District:       Other (specify) ▼       Image: State:       Category/ Type       State:       Category/ Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City<br>Burlington<br>Purpose of Disbursement                                |                                                                                                                   | 20.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Delta Airlines       Date of Disbursement         Mailing Address       LaGuardia Airport         City       State       Zip Code         Jamaica       NY       11431         Purpose of Disbursement       Category/         Candidate Name       Disbursement For:       2018         Office Sought:       House       Disbursement For:       2018         Senate       Primary       General       Other (specify)         State:       District:       Other (specify)       V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Senate<br>President                                                          | X Primary General                                                                                                 | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
| City     State     Zip Code       Jamaica     NY     11431       Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Delta Airlines                                                               |                                                                                                                   | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ر<br>الکست<br>ا                         |
| Purpose of Disbursement     587.90       Candidate Name     Category/<br>Type       Office Sought:     House       Senate     Disbursement For:       Primary     General       Other (specify)     ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City                                                                         |                                                                                                                   | Encountress and Encountress an |                                         |
| Office Sought:     House     Disbursement For:     2018       Senate     X     Primary     General       President     Other (specify)     ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Purpose of Disbursement                                                      |                                                                                                                   | Category/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 90                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Senate<br>President                                                          | X Primary General                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | onal)                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )3                                      |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>ements may not be sold or used l<br>ame and address of any political of | FOR LINE NUMBER:       PAGE 30 / 42         (check only one)       17       18       19a       19b         20a       20b       20c       21         by any person for the purpose of soliciting contributions from such committee       committee |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                        |                                                                                                                                                          |                                                                                                                                                                                                                                                   |
| Full Name (Last, First, Middle Initial)<br>Farmhouse Tap & Grill<br>Mailing Address Bank Street |                                                                                                                                                          | Transaction ID: D542948<br>Date of Disbursement<br>$07$ $^{\prime}$ $02$ $^{\prime}$ $2013$                                                                                                                                                       |
| City<br>Burlington<br>Purpose of Disbursement                                                   | State Zip Code<br>VT 05401                                                                                                                               | Amount of Each Disbursement this Period<br>90.15                                                                                                                                                                                                  |
| Candidate Name                                                                                  |                                                                                                                                                          | ategory/<br>Type                                                                                                                                                                                                                                  |
| Office Sought: House Disburs<br>Senate President State: District:                               | ement For: 2018<br>Primary General<br>Other (specify) ▼                                                                                                  |                                                                                                                                                                                                                                                   |
| Full Name (Last, First, Middle Initial)<br>Leonardo's Pizza                                     |                                                                                                                                                          | Transaction ID:D542949Date of Disbursement $M 7$ $0 7$ $2 0 1 3$                                                                                                                                                                                  |
| Mailing Address 83 Pearl St<br>City<br>Burlington                                               | State Zip Code<br>VT 05401-4333                                                                                                                          | Amount of Each Disbursement this Period                                                                                                                                                                                                           |
| Purpose of Disbursement                                                                         |                                                                                                                                                          | 216.07                                                                                                                                                                                                                                            |
|                                                                                                 | ement For: 2018<br>Primary General<br>Other (specify) ▼                                                                                                  |                                                                                                                                                                                                                                                   |
| Full Name (Last, First, Middle Initial)<br>Leonardo's Pizza                                     |                                                                                                                                                          | Transaction ID: D542950<br>Date of Disbursement                                                                                                                                                                                                   |
| Mailing Address 83 Pearl St                                                                     | State Zip Code                                                                                                                                           |                                                                                                                                                                                                                                                   |
| Burlington<br>Purpose of Disbursement                                                           | VT 05401-4333                                                                                                                                            | Amount of Each Disbursement this Period 113.78                                                                                                                                                                                                    |
| Candidate Name                                                                                  |                                                                                                                                                          | itegory/<br>Гуре                                                                                                                                                                                                                                  |
|                                                                                                 | ement For: 2018<br>Primary General<br>Other (specify) ▼                                                                                                  |                                                                                                                                                                                                                                                   |
| SUBTOTAL of Disbursements This Page (optional)                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                   |
| TOTAL This Period (last page this line number only<br>E5AN018                                   | /)                                                                                                                                                       | FEC Schedule B (Form 3 ) (Revised 0                                                                                                                                                                                                               |

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| SCHEDULE B (FEC Form 3)                                                                                  | Use separate schedule(s)                                       | FOR LINE NUMBER:                       | PAGE 31/42                     |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------|--------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                   | for each category of the<br>Detailed Summary Page              | (check only one)<br>X 17 18<br>20a 20b | 19a 19b<br>20c 21              |
| Any Information copied from such Reports and Stat<br>or for commercial purposes, other than using the na |                                                                |                                        |                                |
| NAME OF COMMITTEE (In Full)           Friends of Bernie Sanders                                          |                                                                |                                        |                                |
| Full Name (Last, First, Middle Initial)<br>USPO                                                          |                                                                | Transaction ID:<br>Date of Disbursen   |                                |
| Mailing Address 11 Elmwood Ave                                                                           |                                                                |                                        | ′ <u>2013</u>                  |
| City<br>Burlington                                                                                       | StateZip CodeVT05401-5799                                      | Amount of Each C                       | isbursement this Peri          |
| Purpose of Disbursement                                                                                  |                                                                | Lategory/                              | 46.00                          |
| Office Sought: House Disburg                                                                             | ement For:2018                                                 | Туре                                   |                                |
| State: District:                                                                                         | ( Primary     General<br>_ Other (specify) ▼                   |                                        |                                |
| Full Name (Last, First, Middle Initial)                                                                  |                                                                | Transaction ID:                        | D542965                        |
| Credit Card Services                                                                                     |                                                                | Date of Disbursen                      |                                |
| Mailing Address PO Box 405                                                                               |                                                                |                                        |                                |
| City<br>Burlington                                                                                       | StateZip CodeVT05402-0405                                      | Amount of Each D                       | isbursement this Peri          |
| Purpose of Disbursement                                                                                  | Г <sup></sup>                                                  |                                        | 727.81                         |
| Candidate Name                                                                                           |                                                                | category/<br>Type                      |                                |
|                                                                                                          | ement For: 2018<br>Primary General<br>Other (specify) ▼        |                                        |                                |
| State: District:                                                                                         |                                                                |                                        |                                |
| Full Name (Last, First, Middle Initial)<br>Bistro Italiano                                               |                                                                | Transaction ID:<br>Date of Disbursem   | ent                            |
| Mailing Address 320 D St NE                                                                              |                                                                |                                        | <u> </u>                       |
| City<br>Washington                                                                                       | State Zip Code<br>DC 20002-5722                                | Amount of Each D                       | isbursement this Peri<br>48.87 |
| Purpose of Disbursement                                                                                  |                                                                |                                        | +0.0/                          |
| Candidate Name                                                                                           |                                                                | ategory/<br>Type                       |                                |
| Senate X<br>President                                                                                    | ement For: 2018<br>Primary General<br>Other (specify) <b>▼</b> |                                        |                                |
| State: District:                                                                                         |                                                                |                                        |                                |
|                                                                                                          |                                                                | <u> </u>                               | ·····                          |
| SUBTOTAL of Disbursements This Page (optional                                                            | )                                                              |                                        | 822.68                         |

| SCHEDULE B (FEC Form 3)                                  |                                                            | FOR LINE                              | NUMBER: PAGE 32/42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------|------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEMIZED DISBURSEMENTS                                   | Use separate schedule(s)<br>for each category of the       | (check only                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                          | Detailed Summary Page                                      |                                       | (17 18 19a 19b<br>20a 20b 20c 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Any Information copied from such Reports and Stat        | ements may not be sold or us                               | ed by any perso                       | n for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| or for commercial purposes, other than using the na      | ame and address of any politic                             | cal committee to                      | solicit contributions from such committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NAME OF COMMITTEE (In Full)                              |                                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Friends of Bernie Sanders                                |                                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Full Name (Last, First, Middle Initial)<br>We, The Pizza |                                                            |                                       | Transaction ID: D542954<br>Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Mailing Address 305 Pennsylvania Aven                    | ue Southeast                                               |                                       | $ \begin{array}{c} M 7 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} D \\ 0 \\ 2 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 3 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 3 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 3 \\ 1 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 1 \\ 3 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$                                                                                                                                                                                                                                                                                                                                                                  |
| City<br>Washington                                       | State Zip Code<br>DC 20003                                 |                                       | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Purpose of Disbursement                                  |                                                            | Summer for constructions and          | 241.82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                          |                                                            |                                       | โลกอากุจ ที่สะเขาะที่สะสารครั้งและสารที่สะเขาะที่สารครายใหม่สะเขาไทยสารที่ไทยสารครั้งและสารที่สาราชที่สาราช                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Candidate Name                                           |                                                            | Category/<br>Type                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                          | sement For: 2018                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                          | C Primary General                                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| State: District:                                         | Other (specify)                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Full Name (Last, First, Middle Initial)                  |                                                            |                                       | Transaction ID: D542966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Credit Card Services                                     |                                                            |                                       | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Mailing Address PO Box 405                               |                                                            |                                       | $\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{pmatrix} D & 0 \\ 0 & 3 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 \\ 1 & 3 \end{bmatrix}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| City<br>Burlington                                       | State Zip Code<br>VT 05402-0405                            |                                       | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Purpose of Disbursement                                  |                                                            |                                       | 15.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Candidate Name                                           |                                                            | Category/<br>Type                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                          | sement For: 2018<br>K Primary General<br>Other (specify) ▼ |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| State: District:                                         |                                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Full Name (Last, First, Middle Initial)                  |                                                            |                                       | Transaction ID: D542993                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Credit Card Services                                     |                                                            |                                       | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Mailing Address PO Box 405                               |                                                            |                                       | $ \begin{array}{c} M 7 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} 0 \\ 3 \\ 1 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 3 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 3 \\ 1 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 3 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City                                                     | State Zip Code                                             |                                       | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Burlington                                               | VT 05402-0405                                              |                                       | 3012.94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Purpose of Disbursement                                  |                                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Candidate Name                                           |                                                            | Category/<br>Type                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Senate                                                   | sement For: 2018<br>X Primary General                      | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| State: District:                                         | Other (specify) 🔻                                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                          |                                                            |                                       | annon a far an |
| SUBTOTAL of Disbursements This Page (optiona             | al)                                                        | <b>)</b>                              | 3270.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TOTAL This Period (last page this line number or         | ıly)                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FE5AN018                                                 |                                                            |                                       | FEC Schedule B ( Form 3 ) (Revised                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| SCHEDULE B (FEC Form 3)                                                                                  | Use separate schedule(s                                      | ) FOR LINE<br>(check only            |                                        | PAGE 33/42                          |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|----------------------------------------|-------------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                   | for each category of the<br>Detailed Summary Page            |                                      | X 17 18<br>20a 20b                     | 19a 19b<br>20c 21                   |
| Any Information copied from such Reports and Stat<br>or for commercial purposes, other than using the na | ements may not be sold or us<br>me and address of any politi | sed by any perso<br>cal committee to | n for the purpose solicit contribution | of soliciting contributions         |
| NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders                                                 | · · ·                                                        |                                      |                                        |                                     |
| Full Name (Last, First, Middle Initial)<br>Easy Self Storage                                             |                                                              |                                      | Transaction ID<br>Date of Disburs      |                                     |
| Mailing Address 35 Swift St                                                                              |                                                              |                                      | 07 ′ 3                                 |                                     |
| City<br>South Burlington                                                                                 | StateZip CodeVT05403-7306                                    |                                      | Amount of Eacl                         | h Disbursement this Perioc<br>92.00 |
| Purpose of Disbursement                                                                                  |                                                              |                                      | L                                      | 92.00<br>                           |
|                                                                                                          |                                                              | Category/<br>Type                    |                                        |                                     |
| Senate >                                                                                                 | ement For: 2018<br>Primary General<br>Other (specify) ▼      |                                      |                                        |                                     |
| State: District:<br>Full Name (Last, First, Middle Initial)                                              |                                                              |                                      |                                        |                                     |
| Hilton Hotel                                                                                             |                                                              |                                      | Transaction ID<br>Date of Disburs      | ement                               |
| Mailing Address 60 Battery St                                                                            |                                                              |                                      | 07 3                                   | 0 2013                              |
| City<br>Burlington                                                                                       | State         Zip Code           VT         05401-5207       |                                      | Amount of Eacl                         | h Disbursement this Period          |
| Purpose of Disbursement                                                                                  |                                                              |                                      |                                        | 16.97                               |
| Candidate Name                                                                                           |                                                              | Category/<br>Type                    |                                        |                                     |
| Senate President                                                                                         | ement For: 2018<br>Primary General<br>Other (specify) ▼      |                                      |                                        |                                     |
| State: District:<br>Full Name (Last, First, Middle Initial)                                              |                                                              |                                      | Transaction ID                         | • D542099                           |
| Jet Blue                                                                                                 |                                                              |                                      | Date of Disburs                        | ement                               |
| Mailing Address 2701 Queens Plz N<br>STE 1                                                               |                                                              |                                      | 07 3                                   | 0 / 2013                            |
| City<br>Long Island City                                                                                 | State Zip Code<br>NY 11101-4021                              |                                      | Amount of Each                         | Disbursement this Period            |
| Purpose of Disbursement                                                                                  |                                                              |                                      | L                                      | 265.80                              |
| Candidate Name                                                                                           |                                                              | Category/<br>Type                    |                                        |                                     |
| Senate X<br>President                                                                                    | ement For: 2018<br>Primary General<br>Other (specify) ▼      |                                      |                                        |                                     |
| State: District:                                                                                         |                                                              |                                      |                                        | *****                               |
| SUBTOTAL of Disbursements This Page (optiona                                                             | i)                                                           | <b>&gt;</b>                          |                                        | 374.77                              |
| TOTAL This Period (last page this line number on                                                         | ly)                                                          | ••••••                               | L                                      | le B (Form 3) (Revised 0            |

| SCHEDULE B (FEC Form 3)<br>ITEMIZED DISBURSEMENTS                                                                                                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)         PAGE         34 / 42           X         17         18         19a         19b           20a         20b         20c         21 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any Information copied from such Reports and Stat<br>or for commercial purposes, other than using the na<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | ements may not be sold or used<br>ame and address of any political            | by any person for the purpose of soliciting contributions<br>committee to solicit contributions from such committee                                                          |
| Full Name (Last, First, Middle Initial)<br>NGP<br>Mailing Address 5505 Connecticut Ave,                                                                              | NW                                                                            | Transaction ID: D542980<br>Date of Disbursement<br>$07$ $0^{\circ}$ $0^{\circ}$ $0^{\circ}$ $2^{\circ}$ $2^{\circ}$ $30^{\circ}$                                             |
| City<br>Washington<br>Purpose of Disbursement<br>Candidate Name                                                                                                      | State Zip Code<br>DC 20015                                                    | Amount of Each Disbursement this Period 1300.00 Category/                                                                                                                    |
|                                                                                                                                                                      | sement For: 2018<br>< Primary General<br>Other (specify) ▼                    | Туре                                                                                                                                                                         |
| Full Name (Last, First, Middle Initial)<br>Sovernet<br>Mailing Address 276 E Allen St                                                                                |                                                                               | Transaction ID: D542983<br>Date of Disbursement<br>07 $7$ $7$ $30$ $7$ $2013$                                                                                                |
| City<br>Winooski<br>Purpose of Disbursement<br>Candidate Name                                                                                                        | State Zip Code<br>VT 05404-1570                                               | Amount of Each Disbursement this Perio                                                                                                                                       |
|                                                                                                                                                                      | sement For: 2018<br>K Primary General<br>Other (specify) ▼                    |                                                                                                                                                                              |
| Full Name (Last, First, Middle Initial)<br>Staples<br>Mailing Address 861 Williston Rd                                                                               |                                                                               | Transaction ID: D542981Date of Disbursement $07$ $7$ $7$ $7$ $7$ $7$ $7$ $07$ $7$ $7$ $7$ $7$ $7$ $7$ $7$                                                                    |
| City<br>South Burlington<br>Purpose of Disbursement                                                                                                                  | State Zip Code<br>VT 05403-5724                                               | Amount of Each Disbursement this Perio                                                                                                                                       |
| Senate<br>President                                                                                                                                                  | sement For: 2018<br>X Primary General<br>Other (specify) ▼                    | Category/<br>Type                                                                                                                                                            |
| State: District: SUBTOTAL of Disbursements This Page (optional                                                                                                       | l)                                                                            | ▶ 1601.49                                                                                                                                                                    |
| TOTAL This Period (last page this line number or<br>FE5AN018                                                                                                         | nly)                                                                          | FEC Schedule B ( Form 3 ) (Revised                                                                                                                                           |

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|         | SCHEDULE B (FEC Form 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Use separate schedule(s      | FOR LINE           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ľ       | TEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | for each category of the     | (Check Unity       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Detailed Summary Page        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | ny Information copied from such Reports and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0       | r for commercial purposes, other than using the national states of the second states of the s | ne and address of any politi | cal committee to   | solicit contributions from such committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | Friends of Bernie Sanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ۲<br>۸. | Full Name (Last, First, Middle Initial)<br>US Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                    | Transaction ID: D542989<br>Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | Mailing Address Airport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                    | M7 M / 30 / 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|         | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | frommånner forsend | 509.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|         | Office Sought: House Disburse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ment For: 2018               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t - vier felineniti 🛦        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| В.      | Verizon Wireless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                    | Transaction ID: D542975<br>Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | A CHTOH AAHCIG99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | Mailing Address 2120 Barrett Park Dr NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | Kennesaw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GA 30144-3673                |                    | ระการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุงการกรุง                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | []                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| C.      | Credit Card Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                    | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|         | Mailing Address PO Box 405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | have have here here here here here here here he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Primary General              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | <b>&gt;</b>        | <u>L</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | TOTAL. This Period (last page this line number only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | •                  | <u>โนรงจะสัญหาหนึ่งสมระวันสามหลังสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่งสามหนึ่ง</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Ittilling roticities       191 College St         City       State       Zip Code         Burlington       VT       05401-8304         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36 / 42                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such         NAME OF COMMITTEE (In Full)         Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)         Burlington         Mailing Address         191 College St         City         Burlington         VT       05401-8304         Purpose of Disbursement         Category/         Office Sought:       House         State:       Disbursement For:         Category/       Transaction ID:         Disbursement For:       2018         Gree Sought:       House         Disbursement For:       2018         State:       Disbursement For:         Disbursement For:       2018         State:       Disbursement For:         Other (specify) ▼       Transaction ID:         D54298       Date of Disbursement         Mailing Address       861 Williston Rd         City       State       Zip Code         South Burlington       VT       05403-5724         Purpose of Disbursement       Category/         Category/       Type         Office Sought:       House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21                       |
| NAME OF COMMITTEE (In Full)         Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)         Burlington Free Press         Mailing Address       191 College St         City       State       Zip Code         Burlington       VT       05401-8304         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursem         Office Sought:       House       Disbursement For:       2018         State:       District:       Other (specify) ▼       Transaction ID:       D54298         Date of Disbursement       Other (specify) ▼       Transaction ID:       D54298         District:       Disbursement For:       2018       Transaction ID:       D54298         District:       Other (specify) ▼       State of Disbursement       Transaction ID:       D54298         Staples       Mailing Address       861 Williston Rd       Transaction ID:       D54298         City       State       Zip Code       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       2018       Amount of Each Disbursement         City       State       Disbursement For:       2018       Amount of Each Disbursement         Office Sought:       House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ontributions             |
| Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)<br>Burlington Free Press         Mailing Address       191 College St         City       State       Zip Code         Burlington       VT         Obtion       VT         Obtion       VT         Obtion       VT         Obtion       VT         Obtion       VT         Office Sought:       House         Disbursement       Category/<br>Type         Office Sought:       House         District:       Disbursement For:         City       State         State:       District:         Full Name (Last, First, Middle Initial)         State:       District:         Full Name (Last, First, Middle Initial)         State       Zip Code         State       Zip Code         City       State         South Burlington       VT         Office Sought:       House         State:       Disbursement For:         Category/<br>Type       Category/<br>Type         Office Sought:       House         Senate       Senate         Other (specify) ▼       State         State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bommitee                 |
| Burlington Free Press       Date of Disbursement         Mailing Address       191 College St         City       State       Zip Code         Burlington       VT       05401-8304         Purpose of Disbursement       Category/         Candidate Name       Category/         Office Sought:       House       Disbursement For:       2018         Senate       Primary       General       Other (specify) ▼         State:       District:       Other (specify) ▼       Transaction ID:       D54298         State:       Disbursement For:       2018       Date of Disbursement         State:       District:       Transaction ID:       D54298         Mailing Address       861 Williston Rd       Øffice Sought:       Amount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       2018         Category/<br>Type       Office Sought:       House       Disbursement For:       2018         Category/<br>Type       Senate       Other (specify) ▼       Transaction ID:       D54298         Office Sought:       House       Disbursement For:       2018       Transaction ID:       D54299 </td <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| City       State       Zip Code       Amount of Each Disbursement         Category/       Type         Office Sought:       House       Disbursement For:       2018         Category/       Type         Office Sought:       House       Disbursement For:       2018         State:       District:       Other (specify) ▼       Transaction ID:       D54298         State:       District:       Other (specify) ▼       Amount of Each Disbursement         Mailing Address       861 Williston Rd       05403-5724       Amount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement         South Burlington       VT       05403-5724       Amount of Each Disbursement         Purpose of Disbursement       Category/       Type         Office Sought:       House       Disbursement For:       2018         Category/       Type       Other (specify) ▼       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       2018         State:       District:       Disbursement For:       2018         Y president       X primary       General       Transaction ID:       D54299         US Air       District:       T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ;<br>;                   |
| Burlington       VT       05401-8304         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 013                      |
| Candidate Name       Category/<br>Type         Office Sought:       House<br>Senate       Disbursement For:<br>Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Transaction ID:<br>D54298         Staples       Mailing Address         Mailing Address       861 Williston Rd         City       State         South Burlington       VT         Office Sought:       House<br>Senate         Purpose of Disbursement       Category/<br>Type         Office Sought:       House<br>Senate         President       Disbursement For:<br>Category/<br>Type         Office Sought:       House<br>Senate         President       Disbursement For:<br>Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Transaction ID:<br>D54298         State:       Disbursement For:<br>Other (specify) ▼         Full Name (Last, First, Middle Initial)       Transaction ID:<br>D54299         US Air       Transaction ID:<br>Office Sought:         Mailing Address       Airport         City       State       Zip Code         Amount of Each Disbursement       Office Sought:<br>Office Sought       Airport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| Office Sought:       House       Disbursement For:       2018         Senate       President       Other (specify) ▼         State:       District:       Transaction ID:       D54298         Staples       District:       Transaction ID:       D54298         Mailing Address       861 Williston Rd       Mount of Each Disbursement       Mount of Each Disbursement         City       State       Zip Code       Amount of Each Disbursement         Category/       Type       Office Sought:       House         Disbursement       Disbursement For:       2018       Amount of Each Disbursement         Category/       Type       Type       Transaction ID:       D54298         Office Sought:       House       Disbursement For:       2018       Amount of Each Disbursement         Category/       Type       Other (specify) ▼       Transaction ID:       D54299         Office Sought:       House       Disbursement For:       2018       Transaction ID:       D54299         Office Sought:       House       Disbursement For:       2018       Transaction ID:       D54299         State:       District:       Disbursement for:       2018       Transaction ID:       D54299         US Air       Mai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20.00                    |
| Senate       Primary       General         Other (specify)       Image: Construct is precised in the image: Construct is pren |                          |
| Full Name (Last, First, Middle Initial)       Transaction ID: D54298         Staples       Mailing Address 861 Williston Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| Staples       Date of Disbursement         Mailing Address       861 Williston Rd         City       State       Zip Code         South Burlington       VT       05403-5724         Purpose of Disbursement       Category/         Candidate Name       Category/         Office Sought:       House         Disbursement For:       2018         Yrppe       Office Sought:         President       Disbursement For:         State:       District:         Primary       General         Other (specify)       Transaction ID:         D54299       Date of Disbursement         Wailing Address       Airport         Mailing Address       Airport         City       State       Zip Code         Amount of Each Disbursement       Yrphick         City       State       Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| City       State       Zip Code         South Burlington       VT       05403-5724         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>              |
| South Burlington       VT       05403-5724         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 013                      |
| Candidate Name       Category/<br>Type         Office Sought:       House       Disbursement For: 2018         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID: D54299         US Air       Date of Disbursement         Mailing Address       Airport         City       State       Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ent this Perio<br>60.94  |
| Type         Office Sought:       House       Disbursement For: 2018         Senate       X       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID: D54299         US Air       Date of Disbursement         Mailing Address       Airport         City       State       Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 00.34                    |
| Senate       X       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID:       D54299         US Air       Date of Disbursement       Mailing Address       Airport         City       State       Zip Code       Amount of Each Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| Full Name (Last, First, Middle Initial)       Transaction ID: D54299         US Air       Date of Disbursement         Mailing Address       Airport         City       State       Zip Code         Amount of Each Disbursement       Amount of Each Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| US Air<br>Mailing Address Airport City State Zip Code Amount of Each Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| City State Zip Code Amount of Each Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 013                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent this Perio<br>637.90 |
| Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| Candidate Name Category/<br>Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| Office Sought:     House     Disbursement For:     2018       Senate     X     Primary     General       President     Other (specify)     ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 18.84                    |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |

| ľ       | SCHEDULE B (FEC Form 3)<br>TEMIZED DISBURSEMENTS                                                                                                                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE (check only                 | one)<br>17 18 19a 19b<br>20a 20b 20c 21                                                                         |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|         | Any Information copied from such Reports and State<br>or for commercial purposes, other than using the na<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | ements may not be sold or use<br>me and address of any politica               | d by any person<br>al committee to s | solicit contributions from such committee                                                                       |
| 4.      | Full Name (Last, First, Middle Initial)<br>USPO                                                                                                                       |                                                                               |                                      | Transaction ID: D542974<br>Date of Disbursement<br>$M^{-7}M' = D^{-7} + V^{-7} + V^{-7}$                        |
|         | Mailing Address 11 Elmwood Ave                                                                                                                                        | State Zip Code                                                                |                                      | Amount of Each Disbursement this Period                                                                         |
|         | Burlington<br>Purpose of Disbursement                                                                                                                                 | VT 05401-5799                                                                 |                                      | 150.10                                                                                                          |
|         | Candidate Name Office Sought: House Disburs                                                                                                                           | ement For: 2018                                                               | Category/<br>Type                    |                                                                                                                 |
|         | State: District:                                                                                                                                                      |                                                                               |                                      |                                                                                                                 |
| в.      | Full Name (Last, First, Middle Initial)<br>Credit Card Services                                                                                                       |                                                                               |                                      | Transaction ID: D542995<br>Date of Disbursement                                                                 |
|         | Mailing Address PO Box 405                                                                                                                                            |                                                                               |                                      |                                                                                                                 |
|         | City<br>Burlington                                                                                                                                                    | StateZip CodeVT05402-0405                                                     |                                      | Amount of Each Disbursement this Period                                                                         |
|         | Purpose of Disbursement                                                                                                                                               |                                                                               |                                      | 435.08                                                                                                          |
|         | Candidate Name                                                                                                                                                        |                                                                               | Category/<br>Type                    |                                                                                                                 |
|         |                                                                                                                                                                       | ement For: 2018<br>Primary General<br>Other (specify) ▼                       |                                      |                                                                                                                 |
| с.<br>- | Full Name (Last, First, Middle Initial)<br>Bistro Italiano                                                                                                            |                                                                               |                                      | Transaction ID: D542977<br>Date of Disbursement                                                                 |
|         | Mailing Address 320 D St NE                                                                                                                                           |                                                                               |                                      | 0 7 <sup>M</sup> / 3 0 / 2 0 1 3                                                                                |
|         | City<br>Washington                                                                                                                                                    | StateZip CodeDC20002-5722                                                     |                                      | Amount of Each Disbursement this Period                                                                         |
|         | Purpose of Disbursement                                                                                                                                               |                                                                               | Category/                            | 44.79                                                                                                           |
|         | Office Sought: House Disburs<br>Senate X<br>President                                                                                                                 | ement For: 2018<br>Primary General<br>Other (specify) ▼                       | Туре                                 |                                                                                                                 |
| Г       | State: District:                                                                                                                                                      | ·····                                                                         |                                      | lamminen kunnekunnekunnekunnekunnekunnekunnek                                                                   |
|         | SUBTOTAL of Disbursements This Page (optional                                                                                                                         | <u>)</u>                                                                      |                                      | 629.97                                                                                                          |
|         | TOTAL This Period (last page this line number on                                                                                                                      | ly)                                                                           | ►                                    | useundusensitesensitesensitesensitesensitesensitesensitesensitesensitesensitesensitesensitesensitesensitesensit |

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| hy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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)         Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)         Bistro Italiano         Mailing Address       320 D St NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EMIZED DISBURSEMENTS                                                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only   | 17 🗍 18 🗌 19a 🗍 19b                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------|---------------------------------------------|
| NAME OF COMMITTEE (In Full)         Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)         Bistro Italiano         Maling Address       320 D St NE         City       State         Vashington       DC         DC       20002-5722         Purpose of Disbursement       Category/<br>Type         Office Sought:       House<br>President         State:       District:         Office Sought:       House<br>President         State:       District:         Office Sought:       House<br>President         Gify       State         Purpose of Disbursement       Category/<br>Type         Office Sought:       House<br>President         State:       District:         Full Name (Last, First, Middle Initial)       Transaction ID: D543029<br>Date of Disbursement this Perior         Credit Card Services       Maling Address         Propose of Disbursement       Category/<br>Type         Office Sought:       House<br>President         State:       Disbursement For:       2018         City       Senate<br>President       Disbursement For:       2018         Office Sought:       House<br>President       Disbursement For:       2018         Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | y Information copied from such Reports and for commercial purposes other than using the | Statements may not be sold or used<br>e name and address of any political     | by any persor | for the purpose of soliciting contributions |
| Friends of Bernie Sanders         Full Name (Last, First, Middle Initial)         Bistro Italiano         Mailing Address       320 D St NE         City       State       Zip Code         Washington       DC       20002-5722         Purpose of Disbursement       Category/         Transaction ID:       D542979         Category/       Y       30 1 2013         Category/       Transaction ID:       D543029         Category/       Transaction ID:       D543029         Date of Disbursement Ibitrict:       Disbursement For:       2018         State:       District:       Transaction ID:       D543029         Date of Disbursement Ibitrict:       Transaction ID:       D543029         Date of Disbursement       Disbursement For:       2018         Grifte Sought:       House       State       Zip Code         Burington       VT       O5402/0405       Anount of Each Disbursement Ibit Period         City       Burington       VT       Other (specify) ▼       Transaction ID:       D543017         Date of Disbursement       Disbursement For:       2018       Transaction ID:       D543017         Date of Disbursement       Disbursement For:       2018 <td< th=""><th></th><th></th><th></th><th> ,</th></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                               |               | ,                                           |
| Bistro Italiano     Date of Disbursement       Mailing Address     320 D St NE       City     State       Washington     DC       Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , .                                                                                     |                                                                               |               |                                             |
| Amaing Address       320 D St NE         City       State       Zip Code         Washington       DC       2002-5722         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         | . <u></u>                                                                     |               | Date of Disbursement                        |
| Washington       DC       20002-5722         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address 320 D St NE                                                             |                                                                               |               | 07 7 30 2013                                |
| Purpose of Disbursement       Category/<br>Type         Office Sought:       House<br>Senate       Disbursement For:<br>President       2018         State:       District:       Transaction ID: D543029         Full Name (Last, First, Middle Initial)<br>Credit Card Services       Transaction ID: D543029         Mailing Address       PO Box 405         City       State:       Disbursement         Candidate Name       VT       05402-0405         Office Sought:       House<br>Senate       Disbursement For:<br>2018       2018         Category/<br>Type       Transaction ID: D543029       2435.73         Office Sought:       House<br>Senate       Disbursement For:<br>2018       2018         State:       Disbursement For:<br>2018       2018       Transaction ID: D543017         Category/<br>Type       Transaction ID: D543017       Date of Disbursement         City       State       Zip Code<br>Office Sought:       Niddle Initial)         Candidate Name       VT       05403-7306       Amount of Each Disbursement this Perior         Purpose of Disbursement       Category/<br>Type       Y To 13       Amount of Each Disbursement this Perior         Gity       State       Disbursement For:<br>2018       2018       92.00         Office Sought:       House<br>Senate       Disbu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                               |               | Amount of Each Disbursement this Period     |
| Office Sought:       House<br>Senate       Disbursement For:       2018<br>X Primary         State:       District:       Other (specify)       Image: Construction ID:       D543029         Full Name (Last, First, Middle Initial)       Credit Card Services       Image: Construction ID:       D543029         Mailing Address       PO Box 405       Image: Construction ID:       D543029         Credit Card Services       Image: Construction ID:       D543029         Mailing Address       PO Box 405       Image: Construction ID:       D543029         City       State       Zip Code       Amount of Each Disbursement this Perior         Purpose of Disbursement       Image: Construction ID:       D543017       Image: Construction ID:       D543017         State:       District:       Image: Construction ID:       D543017       Date of Disbursement       Image: Construction ID:       D543017         Category/<br>Type       Table of Disbursement       Image: Construction ID:       D543017       Date of Disbursement       Image: Construction ID:       D543017         State:       District:       Other (specify) ▼       State       Zip Code       Amount of Each Disbursement This Perior         City       State:       Disbursement For:       2018       Image: Construction ID:       D543017       D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                                                       |                                                                               |               | 42.04<br>                                   |
| Senate       President         Other (specify) ▼         State:       District:         District:       Other (specify) ▼         Transaction ID:       D543029         Date of Disbursement       Disbursement         Office Sought:       House         State:       Disbursement         City       Senate         Disbursement       Category/<br>Type         Office Sought:       House         State:       Disbursement For:         City       State         State:       Disbursement For:         Office Sought:       House         Office Sought:       State         Mailing Address       35 Swift St         City       State         South Burlington       VT         Office Sought:       House         Office Sought:       State         City       State         South Burlington       VT         Office Sought:       House         Office Sought:       House         Disbursement       Gategory/<br>Type         Office Sought:       House         Senate       Disbursement For:         Office Sought:       House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Candidate Name                                                                          |                                                                               |               |                                             |
| State:       District:       Image: Construct of the second of t | Senate                                                                                  | X Primary General                                                             |               |                                             |
| Credit Card Services       Date of Disbursement         Mailing Address       PO Box 405         City       State       Zip Code         Burlington       VT       05402-0405         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Perior         Candidate Name       Category/<br>Type       2435.73         Office Sought:       House       Disbursement For:<br>Senate       2018         State:       Disbursement For:<br>President       2018         State:       Disbursement For:<br>President       2018         State:       Disbursement For:<br>President       2018         Mailing Address       35 Swift St       Transaction ID:<br>Disbursement       D543017         City       State       Zip Code       Amount of Each Disbursement this Perior         South Burlington       VT       05403-7306       Amount of Each Disbursement this Perior         Category/<br>Type       Type       0ffice Sought:       House       Disbursement For:<br>Purpose of Disbursement       2018         Category/<br>Type       Office Sought:       House       Disbursement For:<br>President       2018       Amount of Each Disbursement this Perior         Office Sought:       House       Disbursement For:<br>President       2018       Senate       92.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: District:                                                                        |                                                                               |               |                                             |
| City       State       Zip Code         Burlington       VT       05402-0405         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • • • • • • • • • • • • • • • • • • • •                                                 |                                                                               |               | Date of Disbursement                        |
| Burlington       VT       05402-0405         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address PO Box 405                                                              |                                                                               |               |                                             |
| Purpose of Disbursement         Candidate Name         Office Sought:       House         Senate       X         President       Other (specify)         State:       Disbursement For:       2018         President       Other (specify)       Transaction ID:       D543017         State:       District:       Transaction ID:       D543017         Full Name (Last, First, Middle Initial)       Easy Self Storage       Transaction ID:       D543017         Mailing Address       35 Swift St       Transaction ID:       D543017         City       State       Zip Code       Amount of Each Disbursement         South Burlington       VT       05403-7306       92.00         Purpose of Disbursement       Gategory/<br>Type       92.00       92.00         Office Sought:       House       Disbursement For:       2018         General       Other (specify)       V       92.00         Office Sought:       House       Disbursement For:       2018         State:       District:       Mainer (specify)       V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                               |               |                                             |
| Type         Office Sought:       House         Senate       X         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Transaction ID: D543017         Easy Self Storage       Disbursement         Mailing Address       35 Swift St         City       State         South Burlington       VT         VT       05403-7306         Purpose of Disbursement       92.00         Office Sought:       House         Senate       Disbursement For: 2018         Candidate Name       X         Office Sought:       House         Disbursement For:       2018         X       Primary         General       Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Purpose of Disbursement                                                                 |                                                                               |               | <u> </u>                                    |
| Senate       X       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID:       D543017         Full Name (Last, First, Middle Initial)       Easy Self Storage       Transaction ID:       D543017         Mailing Address       35 Swift St       Disbursement       0 9 M / 0 1 / 2 0 1 3       Amount of Each Disbursement this Perio         City       State       Zip Code       O5403-7306       Amount of Each Disbursement this Perio         Purpose of Disbursement       Category/       Type       92.00       92.00         Office Sought:       House       Disbursement For:       2018       2018         State:       Disbursement For:       2018       Senate       X         President       Other (specify)       Type       700       700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                               |               |                                             |
| Full Name (Last, First, Middle Initial)       Transaction ID: D543017         Easy Self Storage       Date of Disbursement         Mailing Address       35 Swift St         City       State       Zip Code         South Burlington       VT       05403-7306         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Senate                                                                                  | X Primary General                                                             |               |                                             |
| Easy Self Storage       Date of Disbursement         Mailing Address       35 Swift St         City       State       Zip Code         South Burlington       VT       05403-7306         Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State: District:                                                                        |                                                                               |               |                                             |
| Maining Addices     Store       City     State     Zip Code       South Burlington     VT     05403-7306       Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                               |               | Date of Disbursement                        |
| South Burlington       VT       05403-7306         Purpose of Disbursement       92.00         Candidate Name       Category/<br>Type         Office Sought:       House         Disbursement For:       2018         Senate       Primary         Other (specify)       V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mailing Address 35 Swift St                                                             |                                                                               |               | 0 9 7 0 1 2 0 1 3                           |
| Candidate Name     Category/<br>Type       Office Sought:     House       Disbursement For:     2018       Senate     X       Primary     General       Other (specify)     V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | South Burlington                                                                        |                                                                               |               |                                             |
| Type       Office Sought:     House       Disbursement For:     2018       Senate     X       President     Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Purpose of Disbursement                                                                 |                                                                               | <u> </u>      | 92.00 <sup>0</sup>                          |
| Senate     X     Primary     General       President     Other (specify)     ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Candidate Name                                                                          |                                                                               |               |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Senate<br>President                                                                     | X Primary General                                                             |               |                                             |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                               | l.            | 7570 97                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UBTOTAL of Disbursements This Page (opt                                                 | lional)                                                                       | <b>)</b>      |                                             |

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| CHEDULE B (FEC Form 3)                                                                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE<br>(check only<br>by any person | one)<br>17 18 19a 19b<br>20a 20b 20c 21<br>n for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | name and address of any politica                                              |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Full Name (Last, First, Middle Initial)<br>Farmhouse Tap & Grill                                          |                                                                               |                                          | Transaction ID: D543018<br>Date of Disbursement<br>09'' 01'' 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address Bank Street                                                                               |                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| City<br>Burlington                                                                                        | State Zip Code<br>VT 05401                                                    |                                          | Amount of Each Disbursement this Period 286.16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Purpose of Disbursement                                                                                   |                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Candidate Name                                                                                            |                                                                               | Category/<br>Type                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Office Sought: House Disbu<br>Senate President                                                            | rsement For: 2018<br>X Primary General<br>Other (specify) ▼                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| State: District:<br>Full Name (Last, First, Middle Initial)                                               |                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FEDEX                                                                                                     |                                                                               |                                          | Transaction ID: D543012<br>Date of Disbursement<br>M = M / $D = D$ / $Y = Y = Y0 9 / 0 1 / 2 0 1 3$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Mailing Address 3875 Airways Blvd                                                                         |                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| City<br>Memphis                                                                                           | State Zip Code<br>TN 38116-5070                                               |                                          | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Purpose of Disbursement                                                                                   |                                                                               | Category/                                | 13.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           |                                                                               | Туре                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Office Sought: House Disbu<br>Senate<br>President                                                         | Irsement For: 2018<br>X Primary General<br>Other (specify) ▼                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| State: District:                                                                                          |                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Full Name (Last, First, Middle Initial)<br>NGP                                                            |                                                                               |                                          | Transaction ID: D543015<br>Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mailing Address 5505 Connecticut Ave                                                                      | , NW                                                                          |                                          | $ \begin{array}{c} 0 \\ 9 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} $ |
| City<br>Washington                                                                                        | State Zip Code<br>DC 20015                                                    |                                          | Amount of Each Disbursement this Period 1300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Purpose of Disbursement                                                                                   |                                                                               |                                          | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Candidate Name                                                                                            |                                                                               | Category/<br>⊤ype                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Senate<br>President                                                                                       | Irsement For: 2018<br>X Primary General<br>Other (specify) ▼                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| State: District:                                                                                          |                                                                               |                                          | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SUBTOTAL of Disbursements This Page (optio                                                                | nal)                                                                          | <b>)</b>                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TOTAL This Period (last page this line number                                                             | only)                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| SCHEDULE B (FEC Form 3<br>ITEMIZED DISBURSEMEN                                                                                                    | · Use separate schedule(s)                                                            | FOR LINE NUMBER:<br>(check only one)         PAGE 40 / 42           X         17         18         19a         19b           20a         20b         20c         21 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any Information copied from such Reports<br>or for commercial purposes, other than us<br>NAME OF COMMITTEE (In Full)<br>Friends of Bernie Sanders | and Statements may not be sold or used by ng the name and address of any political co | y any person for the purpose of soliciting contributions<br>ommittee to solicit contributions from such committee                                                    |
| Full Name (Last, First, Middle Initial)<br>Sovernet<br>Mailing Address 276 E Allen St                                                             |                                                                                       | Transaction ID: D543016<br>Date of Disbursement<br>0.9 / $0.1$ / $2.013$                                                                                             |
| City<br>Winooski<br>Purpose of Disbursement                                                                                                       | State Zip Code<br>VT 05404-1570                                                       | Amount of Each Disbursement this Period                                                                                                                              |
| Candidate Name Office Sought: House Senate President State: District:                                                                             |                                                                                       | tegory/<br>Type                                                                                                                                                      |
| Full Name (Last, First, Middle Initial)<br>Verizon Wireless<br>Mailing Address 2120 Barrett Pa                                                    | rk Dr NW                                                                              | Transaction ID: D543013<br>Date of Disbursement<br>09 / $01$ / $2013$                                                                                                |
| City<br>Kennesaw<br>Purpose of Disbursement<br>Candidate Name<br>Office Sought: House<br>Senate                                                   |                                                                                       | Amount of Each Disbursement this Peri<br>543.42<br>tegory/<br>Fype                                                                                                   |
| State: District:<br>Full Name (Last, First, Middle Initial)<br>Credit Card Services                                                               | Other (specify)                                                                       | Transaction ID: D543030<br>Date of Disbursement<br>0 9 / 0 3 / 2 0 1 3                                                                                               |
| Mailing Address PO Box 405<br>City<br>Burlington<br>Purpose of Disbursement                                                                       | State Zip Code<br>VT 05402-0405                                                       | Amount of Each Disbursement this Peri<br>282.47                                                                                                                      |
| Candidate Name Office Sought: Senate President State: District:                                                                                   |                                                                                       | tegory/<br>Fype                                                                                                                                                      |
| - · · · · · · · · · · · · · · · · · · ·                                                                                                           | (optional)                                                                            | • 953.88                                                                                                                                                             |

| ç  | SCHEDULE B (FEC Form 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r                                | 1                     | FOR LINE N                              | NUMBER: PAGE 41/42                                                                                                                                                                                                                |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Use separate se                  |                       | (check only                             |                                                                                                                                                                                                                                   |
| I  | TEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | for each catego<br>Detailed Summ | ry of the<br>ary Page | Í ÍX                                    | 17 18 19a 19b                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | ary ago               |                                         | 20a 20b 20c 21                                                                                                                                                                                                                    |
|    | ny Information copied from such Reports and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ments may not be                 | sold or used I        | by any person                           | for the purpose of soliciting contributions                                                                                                                                                                                       |
| ĺ  | or for commercial purposes, other than using the na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | me and address of                | any political o       | committee to s                          | solicit contributions from such committee                                                                                                                                                                                         |
| k  | NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | Friends of Bernie Sanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | y Fliends of Define Sanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                       |                                         |                                                                                                                                                                                                                                   |
| Ľ. | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                       |                                         | Transaction ID: D543014                                                                                                                                                                                                           |
| Α. | Bistro Italiano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                                         | Date of Disbursement                                                                                                                                                                                                              |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                                         | M M / P P / Y Y Y                                                                                                                                                                                                                 |
|    | Mailing Address 320 D St NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State Zip C                      | `ode                  |                                         | Amount of Each Disbursement this Period                                                                                                                                                                                           |
|    | City<br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | 02-5722               |                                         |                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                                         | 48.59                                                                                                                                                                                                                             |
|    | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                       |                                         | In the second                                                                                                                   |
|    | Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                       | ategory/                                |                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | -                     | Туре                                    |                                                                                                                                                                                                                                   |
|    | Office Sought: House Disburs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ement For:                       | 2018                  |                                         |                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Primary                          | General               |                                         |                                                                                                                                                                                                                                   |
|    | President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other (specify)                  | 7                     |                                         |                                                                                                                                                                                                                                   |
|    | State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | "i – –                           |                       |                                         |                                                                                                                                                                                                                                   |
| -  | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - <del></del>                    |                       |                                         | Transaction ID: D543020                                                                                                                                                                                                           |
| В. | We, The Pizza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                         | Date of Disbursement                                                                                                                                                                                                              |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | Mailing Address 305 Pennsylvania Avenu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e Southeast                      |                       |                                         |                                                                                                                                                                                                                                   |
|    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State Zip C                      |                       |                                         | Amount of Each Disbursement this Period                                                                                                                                                                                           |
|    | Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DC 200                           | <u> </u>              |                                         | 219.06                                                                                                                                                                                                                            |
|    | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 1                     |                                         |                                                                                                                                                                                                                                   |
|    | Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | Ļ                     |                                         |                                                                                                                                                                                                                                   |
|    | Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                       | Category/<br>Type                       |                                                                                                                                                                                                                                   |
|    | Office Sought: House Disburs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ement For:                       | 2018                  | - ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                                                                                                                                                                                                   |
|    | - Andrew Andre | Primary                          | General               |                                         |                                                                                                                                                                                                                                   |
|    | President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other (specify)                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | •                     |                                         |                                                                                                                                                                                                                                   |
| -  | Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                       |                                         |                                                                                                                                                                                                                                   |
| C. | Credit Card Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                       |                                         | Transaction ID: D543031<br>Date of Disbursement                                                                                                                                                                                   |
|    | Ciedit Card Cervices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | Mailing Address PO Box 405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                       |                                         | $0^{\circ}9^{\circ}$ $0^{\circ}3^{\circ}$ $2^{\circ}0^{\circ}3^{\circ}$                                                                                                                                                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State Zip C                      |                       |                                         | Amount of Each Disbursement this Period                                                                                                                                                                                           |
|    | Burlington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VT 054                           | 02-0405               |                                         | 20.00                                                                                                                                                                                                                             |
|    | Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | IL                    | <u> </u>                                |                                                                                                                                                                                                                                   |
|    | Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | L_                    |                                         |                                                                                                                                                                                                                                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       | ategory/<br>Type                        |                                                                                                                                                                                                                                   |
|    | Office Sought: House Disburs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ement For:                       | I<br>2018             |                                         |                                                                                                                                                                                                                                   |
|    | Senate X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | General               |                                         |                                                                                                                                                                                                                                   |
|    | President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other (specify)                  |                       |                                         |                                                                                                                                                                                                                                   |
|    | State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | 7                     |                                         |                                                                                                                                                                                                                                   |
| r  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                       |                                         | <u> </u>                                                                                                                                                                                                                          |
|    | SUBTOTAL of Dichurgements This Page (antional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ۱                                |                       | •                                       | 287.65                                                                                                                                                                                                                            |
| ⊢  | SUBTOTAL of Disbursements This Page (optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | J                                |                       |                                         | ระระบบรับการสำนักมายสำนักมากร้างการสำนักสามาร์การสำนักมากร้างสามาร์การสำนักทุกสามาร์การสามาร์การสามาร์การสามาร<br>รูการสะบาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์การสามาร์ก |
|    | TOTAL This Period (last page this line number on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | v)                               |                       | ►                                       |                                                                                                                                                                                                                                   |
|    | terre the construct begains are named on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                       | •                                       | <u>โดยหมายสินสารแล้วและเหมาะสารสารสารสารสารสารสารสารสารสารสารสารสา</u> รสารสารสารสารสารสารสารสารสารสารสารสารสาร                                                                                                                   |

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| SCHEDULE B (FEC Form 3)                                                                                      | ·····                                                              | FOR LINE NUMBER: PAGE 42/42                                                                                         |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| · · ·                                                                                                        | Use separate schedule(s)                                           | (check only one)                                                                                                    |
| ITEMIZED DISBURSEMENTS                                                                                       | for each category of the<br>Detailed Summary Page                  | X 17 18 19a 19b<br>20a 20b 20c 21                                                                                   |
| Any Information copied from such Reports and Stater<br>or for commercial purposes, other than using the name | nents may not be sold or used<br>le and address of any political o | by any person for the purpose of soliciting contributions<br>committee to solicit contributions from such committee |
| NAME OF COMMITTEE (In Full)                                                                                  |                                                                    |                                                                                                                     |
| Friends of Bernie Sanders                                                                                    |                                                                    |                                                                                                                     |
| Full Name (Last, First, Middle Initial)                                                                      |                                                                    | Transaction ID: D543021                                                                                             |
| Burlington Free Press                                                                                        |                                                                    | Date of Disbursement                                                                                                |
|                                                                                                              |                                                                    |                                                                                                                     |
| Mailing Address 191 College St                                                                               |                                                                    | 09 01 2013                                                                                                          |
| City                                                                                                         | State Zip Code                                                     | Amount of Each Disbursement this Period                                                                             |
| Burlington                                                                                                   | /T 05401-8304                                                      | Surger of Tree property out that the stand                                                                          |
| Purpose of Disbursement                                                                                      |                                                                    | 20.00                                                                                                               |
| Candidate Name                                                                                               |                                                                    | ategory/<br>Type                                                                                                    |
| Office Sought: House Disburser                                                                               | nent For: 2018                                                     |                                                                                                                     |
| Senate X                                                                                                     | Primary General                                                    |                                                                                                                     |
| President                                                                                                    | Other (specify)                                                    |                                                                                                                     |
| State: District:                                                                                             |                                                                    |                                                                                                                     |

Α.

| SUBTOTAL of Disbursements This Page (optional)      | • | 20.00                                     |
|-----------------------------------------------------|---|-------------------------------------------|
| TOTAL This Period (last page this line number only) | • | 44441.98                                  |
| FE5AN018                                            |   | FEC Schedule B ( Form 3 ) (Revised 02/200 |

) (Revised 02/2009) ŧ



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NANCY ERICKSON SECRETARY

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DANA K MCCALLUM SUPERINTENDENT

Налт SENATE OFFICE BURDING SUITE 232 Washington, DE 20510-7136 Рноне: [202] 224-0322

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