

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

12-Day Pre-Election Report for the Election on  in the State of

30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes  no

5. COVERING PERIOD

THROUGH

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

Signature of Treasurer  [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

**Bernie 2016**

Report Covering the Period: From:  /  /  To:  /  /

**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="454269.34"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="5401.29"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="459670.63"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	<input type="text" value="66795.92"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="392874.71"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="449409.01"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="0.00"/>

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="226617565.79"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="223334270.99"/>

# POST-ELECTION DETAILED SUMMARY PAGE Report Of Receipts And Disbursements

FEC Form 3P

\* If the candidate participated in the general election, use this form for the 30-day Post-General report.  
\* If the candidate did NOT participate in the general election, use this form for the Year-End report covering through December 31 of the election year (due on January 31).  
This form is used in lieu of filling out Line Numbers 14 and 15 on the Report of Receipts and Disbursements (Summary Page) and Page 2 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

NAME OF COMMITTEE (in Full)  
**Bernie 2016**

Report Covering the Period: From:  /  /  To:  /  /

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle Total as of

**COLUMN C**  
Total for

/  /

(date after general election)

through

/  /

(last day of reporting period)

## I. RECEIPTS

16. FEDERAL FUNDS (Itemize on Schedule A-P)

17. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized

(ii) Unitemized

(iii) Total Contributions

(b) Political Party Committees

(c) Other Political Committees

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))

18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

# POST-ELECTION DETAILED SUMMARY PAGE

## Report Of Receipts And Disbursements

FEC Form 3P

PAGE 4 / 51

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
* - See page 3 for date		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate		
0.00	0.00	0.00
(b) Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		
0.00	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating		
2361.29	3438715.63	2127.97
(b) Fundraising		
0.00	0.00	0.00
(c) Legal and Accounting		
0.00	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		
2361.29	3438715.63	2127.97
21. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	56751.68	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		
5401.29	236834642.67	3218.97

## II. DISBURSEMENTS

### 23. OPERATING EXPENDITURES

63240.92

226772986.62

9615.16

### 24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

### 25. FUNDRAISING DISBURSEMENTS

0.00

0.00

0.00

### 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS

0.00

0.00

0.00

## POST-ELECTION DETAILED SUMMARY PAGE Report Of Receipts And Disbursements

FEC Form 3P

PAGE 5 / 51

COLUMN A Total This Period	COLUMN B Election Cycle Total as of* (date of general election)	COLUMN C Total for* (date after general election) through* (last day of reporting period)
27. LOAN REPAYMENTS MADE:		* - See page 3 for date
(a) Repayments of Loans Made or Guaranteed by Candidate		
0.00	0.00	0.00
(b) Other Repayments		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
0.00	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
3555.00	5221609.57	1423.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
3555.00	5221609.57	1423.00
29 OTHER DISBURSEMENTS		
0.00	125197.83	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		
66795.92	232119794.02	11038.16

### III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #14 on Summary Page for this report only; subtract Line 28(d) from Line 17(e))

-515.00	226617565.79	-332.00
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### IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #15 on Summary Page for this report only; subtract Line 20(a) from Line 23)

60879.63	223334270.99	7487.19
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### V. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)

0.00		
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FEC FORM 3P  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00577130

Bernie 2016

ADDRESS (number and street)

PO Box 905

Burlington

CITY

VT

STATE

05402

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>



# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bernie 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Alcock, Susan, , ,</b>			<b>Transaction ID : VPF7BQ9AXE0</b>		
Mailing Address <b>525 Woodward Ave</b> <b>525 Woodward Ave</b>			Date of Receipt M M / D D / Y Y Y Y <b>10 / 21 / 2016</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip Code <b>02771-2903</b>	Amount of Each Receipt this Period <b>1000.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item			
Name of Employer Information Requested	Occupation Information Requested				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>0.00</b>				

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Cutting, Dorothy, , ,</b>			<b>Transaction ID : VPF7BQ9CK20</b>		
Mailing Address <b>7683 SE 27th St</b> <b># 323</b>			Date of Receipt M M / D D / Y Y Y Y <b>11 / 11 / 2016</b>		
City <b>Mercer Island</b>	State <b>WA</b>	Zip Code <b>98040-2804</b>	Amount of Each Receipt this Period <b>500.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item			
Name of Employer Information Requested	Occupation Information Requested				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>0.00</b>				

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Davis, Robert, , ,</b>			<b>Transaction ID : VPF7BQ9AXM7</b>		
Mailing Address <b>210 Crocker Ave</b>			Date of Receipt M M / D D / Y Y Y Y <b>10 / 23 / 2016</b>		
City <b>Piedmont</b>	State <b>CA</b>	Zip Code <b>94610-1215</b>	Amount of Each Receipt this Period <b>250.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item			
Name of Employer <b>None</b>	Occupation <b>Not Employed</b>				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2405.00</b>				

**Subtotal Of Receipts This Page** (optional)..... **1750.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

**A.** Full Name (Last, First, Middle Initial)

**Nefedyev, Sergey, , ,**

Mailing Address 16036 NE 106th St

City  
Redmond

State  
WA

Zip Code  
98052-2685

FEC ID number of contributing federal political committee.

C

Name of Employer  
IntellectSpace Inc

Occupation  
Full time

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : VPF7BQ9CJJ4**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

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

**Riehl, Joe, , ,**

Mailing Address 109 Floridian Ln

City  
Lafayette

State  
LA

Zip Code  
70506-5862

FEC ID number of contributing federal political committee.

C

Name of Employer  
U. Of La.

Occupation  
Professor

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

556.67

**Transaction ID : VPF7BQ9AXD2**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2016

Amount of Each Receipt this Period

25.00

Memo Item

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

**Spencer, edward, , ,**

Mailing Address 57 Mears Ave

City  
Quincy

State  
MA

Zip Code  
02169-3152

FEC ID number of contributing federal political committee.

C

Name of Employer  
self employed

Occupation  
jeweler

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : VPF7BQ9AXP3**

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....

325.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Unitemized total</b>			<b>Transaction ID : AAAAAA1</b>																						
Mailing Address n/a			Date of Receipt																						
			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>28</td><td></td><td></td><td>2016</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			28			2016			
M	M	/	D	D	/	Y	Y	Y	Y																
11			28			2016																			
City n/a		State DC	Zip Code 00000																						
FEC ID number of contributing federal political committee.			<input type="text" value="C"/>																						
Name of Employer		Occupation																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																							
		<input type="text" value="965.00"/>																							
			Amount of Each Receipt this Period																						
			<input type="text" value="965.00"/>																						
			<input checked="" type="checkbox"/> Memo Item																						

<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt																						
Mailing Address			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
City		State	Zip Code																						
FEC ID number of contributing federal political committee.			<input type="text" value="C"/>																						
Name of Employer		Occupation																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																							
		<input type="text"/>																							
			Amount of Each Receipt this Period																						
			<input type="text"/>																						
			<input type="checkbox"/> Memo Item																						

<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt																						
Mailing Address			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
City		State	Zip Code																						
FEC ID number of contributing federal political committee.			<input type="text" value="C"/>																						
Name of Employer		Occupation																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																							
		<input type="text"/>																							
			Amount of Each Receipt this Period																						
			<input type="text"/>																						
			<input type="checkbox"/> Memo Item																						

**Subtotal Of Receipts This Page** (optional).....

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



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016		
Mailing Address PO Box 8999			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : VPE83A22TV5		
Purpose of Disbursement Internet Services		Category/ Type	Amount of Each Disbursement this Period 99.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016		
Mailing Address PO Box 8999			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : VPE83A22TW3		
Purpose of Disbursement Internet Services		Category/ Type	Amount of Each Disbursement this Period 99.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Blue State Digital</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016		
Mailing Address 1341 Connecticut Ave NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20036-1843	Transaction ID : VPE83A22S68		
Purpose of Disbursement Internet Services		Category/ Type	Amount of Each Disbursement this Period 4016.90		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Subtotal Of Receipts This Page (optional)..... 4214.90

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Blue Wave Political Partners, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2016		
Mailing Address 119 1st Ave S Ste 320			FEC Identification Number C		
City Seattle	State WA	Zip Code 98104-3424	Transaction ID : VPE83A22X91		
Purpose of Disbursement Consulting/Accounting/Compliance		Category/ Type	Amount of Each Disbursement this Period 15000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Colorado Department of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2016		
Mailing Address 1375 Sherman St			FEC Identification Number C		
City Denver	State CO	Zip Code 80261-2200	Transaction ID : VPE83A22V46		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 598.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Coppersmith Brockelman PLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016		
Mailing Address 2800 N Central Ave Ste 1200			FEC Identification Number C		
City Phoenix	State AZ	Zip Code 85004-1009	Transaction ID : VPE83A22S34		
Purpose of Disbursement Legal Fees		Category/ Type	Amount of Each Disbursement this Period 4860.33		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 20458.33

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial)  
**A. DC Department of Employment Services**

Mailing Address 4058 Minnesota Ave NE

City Washington State DC Zip Code 20019-3540

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
11 / 18 / 2016

FEC Identification Number: C

Transaction ID : VPE83A22V87

Amount of Each Disbursement this Period: 3096.42

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Indiana Department of Revenue**

Mailing Address PO Box 595

City Indianapolis State IN Zip Code 46206-0595

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
10 / 24 / 2016

FEC Identification Number: C

Transaction ID : VPE83A22TR1

Amount of Each Disbursement this Period: 487.57

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Michigan Department of Revenue**

Mailing Address PO Box 30199

City Lansing State MI Zip Code 48909-7699

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
11 / 16 / 2016

FEC Identification Number: C

Transaction ID : VPE83A22VD7

Amount of Each Disbursement this Period: 430.97

Memo Item

Subtotal Of Receipts This Page (optional)..... 4014.96

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Missouri Dept of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2016		
Mailing Address PO Box 3375			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65102-3375	Transaction ID : VPE83A22V38		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 234.47		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. NV Department of Employment, Training &amp; Rehabilitation</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016		
Mailing Address 2800 E Saint Louis Ave			FEC Identification Number C		
City Las Vegas	State NV	Zip Code 89104-4267	Transaction ID : VPE83A22S76		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 4472.83		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. NY State Department of Taxation and Finance</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016		
Mailing Address PO Box 15012			FEC Identification Number C		
City Albany	State NY	Zip Code 12212-5012	Transaction ID : VPE83A22V62		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 441.89		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 5149.19

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. NY State Department of Taxation and Finance</b>			Date of Disbursement MM / DD / YYYY 11 / 17 / 2016	
Mailing Address PO Box 15012			FEC Identification Number C	
City Albany	State NY	Zip Code 12212-5012	Transaction ID : VPE83A22V79	
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 241.39	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. NY State Department of Taxation and Finance</b>			Date of Disbursement MM / DD / YYYY 11 / 18 / 2016	
Mailing Address PO Box 15012			FEC Identification Number C	
City Albany	State NY	Zip Code 12212-5012	Transaction ID : VPE83A22V95	
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 412.67	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc</b>			Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VPE83A22V12	
Purpose of Disbursement Payroll		Category/ Type	Amount of Each Disbursement this Period 12232.74	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

**Subtotal Of Receipts This Page** (optional)..... 12886.80

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Weaver, Jeffrey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016		
Mailing Address 425 Lincoln Ave			FEC Identification Number C		
City Falls Church	State VA	Zip Code 22046-2619	Transaction ID : VPE83A22VC9		
Purpose of Disbursement Payroll		Category/ Type	Amount of Each Disbursement this Period 12232.74		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VPE83A22VB1		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 7136.25		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VPE83A22TS9		
Purpose of Disbursement Payroll Fees		Category/ Type	Amount of Each Disbursement this Period 177.24		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

Subtotal Of Receipts This Page (optional)..... **7313.49**

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016		
Mailing Address 911 Panorama Trl S			FEC Identification Number C		
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VPE83A22TT7		
Purpose of Disbursement Payroll Fees		Category/ Type	Amount of Each Disbursement this Period 210.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. People's Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016		
Mailing Address 2 Burlington Sq			FEC Identification Number C		
City Burlington	State VT	Zip Code 05401-4412	Transaction ID : VPE83A22TX0		
Purpose of Disbursement Bank Service Charges		Category/ Type	Amount of Each Disbursement this Period 1250.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. People's Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016		
Mailing Address 2 Burlington Sq			FEC Identification Number C		
City Burlington	State VT	Zip Code 05401-4412	Transaction ID : VPE83A22TY8		
Purpose of Disbursement Bank Service Charges		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 2460.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. People's Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2016		
Mailing Address 2 Burlington Sq			FEC Identification Number C		
City Burlington	State VT	Zip Code 05401-4412	Transaction ID : VPE83A22TZ6		
Purpose of Disbursement Bank Service Charges		Category/ Type	Amount of Each Disbursement this Period 767.90		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. People's Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2016		
Mailing Address 2 Burlington Sq			FEC Identification Number C		
City Burlington	State VT	Zip Code 05401-4412	Transaction ID : VPE83A22V04		
Purpose of Disbursement Bank Service Charges		Category/ Type	Amount of Each Disbursement this Period 422.05		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. State of Michigan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016		
Mailing Address PO Box 33598			FEC Identification Number C		
City Detroit	State MI	Zip Code 48232-5598	Transaction ID : VPE83A22S84		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 169.39		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Subtotal Of Receipts This Page (optional)..... 1359.34

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. State of Michigan</b>			Date of Disbursement MM / DD / YYYY 11 / 02 / 2016		
Mailing Address PO Box 33598			FEC Identification Number C		
City Detroit	State MI	Zip Code 48232-5598	Transaction ID : VPE83A22S92		
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 113.67		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22T79		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 0.58		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Stripe.com</b>			Date of Disbursement MM / DD / YYYY 10 / 25 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22T87		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 32.84		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 147.09

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Stripe.com</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22T94		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 9.53		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22TA2		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 3.50		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Stripe.com</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22TG0		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 1.03		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 14.06

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Stripe.com</b>			Date of Disbursement MM / DD / YYYY 11 / 03 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22TK3		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 1.32		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Stripe.com</b>			Date of Disbursement MM / DD / YYYY 11 / 08 / 2016		
Mailing Address 3180 18th St			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94110-2043	Transaction ID : VPE83A22TM1		
Purpose of Disbursement Merchant Fees		Category/ Type	Amount of Each Disbursement this Period 1.03		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. The Law Offices of John Franco</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016		
Mailing Address 110 Main St Ste 208			FEC Identification Number C		
City Burlington	State VT	Zip Code 05401-8451	Transaction ID : VPE83A22S26		
Purpose of Disbursement Legal Fees		Category/ Type	Amount of Each Disbursement this Period 3725.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... **3727.35**

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. The UPS Store</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016		
Mailing Address 1127 North Ave Ste 27			FEC Identification Number C		
City Burlington	State VT	Zip Code 05408-2798	Transaction ID : VPE83A22S18		
Purpose of Disbursement Postage & Delivery		Category/ Type	Amount of Each Disbursement this Period 115.26		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement MM / DD / YYYY 11 / 08 / 2016		
Mailing Address 2 Massachusetts Ave NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20002-4945	Transaction ID : VPE83A22S42		
Purpose of Disbursement Postage		Category/ Type	Amount of Each Disbursement this Period 771.65		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Unitemized total</b>			Date of Disbursement MM / DD / YYYY 11 / 28 / 2016		
Mailing Address n/a			FEC Identification Number C		
City n/a	State DC	Zip Code 00000	Transaction ID : BBBB1		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period 608.50		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 886.91

Total This Period (last page this line number only)..... 62632.42



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Adolf, George, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016		
Mailing Address PO Box 635			FEC Identification Number C		
City Welches	State OR	Zip Code 97067-0635	Transaction ID : VPE83A22K57		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 250.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Alcock, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2016		
Mailing Address 525 Woodward Ave 525 Woodward Ave			FEC Identification Number C		
City Seekonk	State MA	Zip Code 02771-2903	Transaction ID : VPE83A22RQ9		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Cutting, Dorothy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2016		
Mailing Address 7683 SE 27th St # 323			FEC Identification Number C		
City Mercer Island	State WA	Zip Code 98040-2804	Transaction ID : VPE83A22SW2		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 500.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 1750.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22K57

Refund of Contributions on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22RQ9

Refund of Contribution on 10/26

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Davis, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016	
Mailing Address 210 Crocker Ave			FEC Identification Number C	
City Piedmont	State CA	Zip Code 94610-1215	Transaction ID : VPE83A22RY5	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 250.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number C	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : VPE83A22J13	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number C	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : VPE83A22J21	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Subtotal Of Receipts This Page (optional)..... 252.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22RY5

Refund of contribution on 10/31/2016

Form/Schedule:

Transaction ID:

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3101	
Purpose of Disbursement Contribution Refund		Candidate Name	Transaction ID : <b>VPE83A22J39</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3101	
Purpose of Disbursement Contribution Refund		Candidate Name	Transaction ID : <b>VPE83A22J47</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3101	
Purpose of Disbursement Contribution Refund		Candidate Name	Transaction ID : <b>VPE83A22J54</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	<input type="checkbox"/> Memo Item
State:	District:		

Subtotal Of Receipts This Page (optional)..... 3.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22J47

Refund of Contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22J54

Refund of contribution on 10/20

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Hammersmith, Gabe, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3101	
Purpose of Disbursement Contribution Refund		Candidate Name	Transaction ID : <b>VPE83A22J62</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Hammersmith, Gabe, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3101	
Purpose of Disbursement Contribution Refund		Candidate Name	Transaction ID : <b>VPE83A22J70</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Hammersmith, Gabe, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-3101	
Purpose of Disbursement Contribution Refund		Candidate Name	Transaction ID : <b>VPE83A22JK5</b> Amount of Each Disbursement this Period 1.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	<input type="checkbox"/> Memo Item
State:	District:		

Subtotal Of Receipts This Page (optional)..... 3.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22J62

Contribution of refund 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22J70

Refund of Contribution on 10/20



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22JK5

Refund of Contribution on 10/20

Form/Schedule:

Transaction ID:

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : <b>VPE83A22JM3</b>	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : <b>VPE83A22JN1</b>	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Hammersmith, Gabe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : <b>VPE83A22JP9</b>	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 3.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22JM3

Refund of contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22JN1

Refund of Contribution on 10/20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22JP9

Refund of Contribution on 10/20

Form/Schedule:

Transaction ID:

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Hammersmith, Gabe, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : <b>VPE83A22JQ7</b>	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Hammersmith, Gabe, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1730 Rhode Island Ave NW Ste 310			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : <b>VPE83A22JR5</b>	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Ibrahim, Arslan, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 2478 Goodwin Ave			FEC Identification Number <b>C</b>	
City Redwood City	State CA	Zip Code 94061-2506	Transaction ID : <b>VPE83A22K73</b>	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 100.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 102.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22JQ7

Refund of Contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22JR5

Contribution of refund on 10/20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22K73

Refund of contributions on 10/20

Form/Schedule:

Transaction ID:

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Nefedyeu, Sergey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2016	
Mailing Address 16036 NE 106th St			FEC Identification Number C	
City Redmond	State WA	Zip Code 98052-2685	Transaction ID : VPE83A22SH5	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 50.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Preisser, Meenakshi, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address Hoheluftchaussee 37			FEC Identification Number C	
City Hamburg 20253 Germany	State ZZ	Zip Code 00000	Transaction ID : VPE83A22K49	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 50.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Riehl, Joe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2016	
Mailing Address 109 Floridian Ln			FEC Identification Number C	
City Lafayette	State LA	Zip Code 70506-5862	Transaction ID : VPE83A22RP2	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 125.00

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



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22K49

Refund of Contribution on 10/20

Form/Schedule: SB28A

Transaction ID: VPE83A22RP2

Contribution refunded on 10/27

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bernie 2016**

Full Name (Last, First, Middle Initial) <b>A. Spencer, edward, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2016	
Mailing Address 57 Mears Ave			FEC Identification Number C	
City Quincy	State MA	Zip Code 02169-3152	Transaction ID : VPE83A22S01	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 250.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. White, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2016	
Mailing Address 107 Primrose Dr			FEC Identification Number C	
City Weatherford	State TX	Zip Code 76087-7794	Transaction ID : VPE83A22K65	
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 25.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Subtotal Of Receipts This Page (optional)..... 275.00

Total This Period (last page this line number only)..... 2513.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : VPE83A22S01

Refund of Contribution on 10/31/2016

Form/Schedule: SB28A

Transaction ID: VPE83A22K65

Refund of contributions on 10/20

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Benecia Police Department**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 200 E L St

City  
 Benecia

State  
 CA

Zip Code  
 94510-3239

Outstanding Balance Beginning This Period

4337.63

Transaction ID : VPC9K9H8ZT1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4337.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Brown County Sherrif's Office**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 2684 Development Dr

City  
 Green Bay

State  
 WI

Zip Code  
 54311-6274

Outstanding Balance Beginning This Period

2883.39

Transaction ID : VPC9K9H8ZC0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2883.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**City of Fairfield Police Department**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 1000 Webster St

City  
 Fairfield

State  
 CA

Zip Code  
 94533-4836

Outstanding Balance Beginning This Period

8428.87

Transaction ID : VPC9K9H8ZR5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8428.87

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Green Bay

Nature of Debt (Purpose):  
 Event Security

Mailing Address 100 N Jefferson St  
 Rm 106

City Green Bay State WI Zip Code 54301-5006

Outstanding Balance Beginning This Period

4099.21

Transaction ID : VPC9K9H8ZD8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4099.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Irvine Police Department

Nature of Debt (Purpose):  
 Event Security

Mailing Address PO Box 19575

City Irvine State CA Zip Code 92623-9575

Outstanding Balance Beginning This Period

67000.00

Transaction ID : VPC9K9H8ZP9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Rio Vista Police Department

Nature of Debt (Purpose):  
 Event Security

Mailing Address 1 Main St

City Rio Vista State CA Zip Code 94571-1842

Outstanding Balance Beginning This Period

674.40

Transaction ID : VPC9K9H8ZS3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

674.40

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Vacaville

Nature of Debt (Purpose):  
 Event Security

Mailing Address 650 Merchant St

City  
 Vacaville

State  
 CA

Zip Code  
 95688-6908

Outstanding Balance Beginning This Period

7718.39

Transaction ID : VPC9K9H90R8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7718.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Vallejo Police Department

Nature of Debt (Purpose):  
 Event Security

Mailing Address 111 Amador St

City  
 Vallejo

State  
 CA

Zip Code  
 94590-6301

Outstanding Balance Beginning This Period

5870.77

Transaction ID : VPC9K9H8ZJ8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5870.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Vallejo

Nature of Debt (Purpose):  
 Event Security

Mailing Address 555 Santa Clara St

City  
 Vallejo

State  
 CA

Zip Code  
 94590-5922

Outstanding Balance Beginning This Period

28702.68

Transaction ID : VPC9K9H8ZH0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28702.68

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Ventura

Nature of Debt (Purpose):  
 Event Security

Mailing Address PO Box 99

City  
 Ventura

State  
 CA

Zip Code  
 93002-0099

Outstanding Balance Beginning This Period

7086.63

Transaction ID : VPC9K9H90S6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7086.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 City of Youngstown

Nature of Debt (Purpose):  
 Event Security

Mailing Address 116 W Boardman St

City  
 Youngstown

State  
 OH

Zip Code  
 44503-1304

Outstanding Balance Beginning This Period

5996.89

Transaction ID : VPC9K9H9119

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5996.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Cloverdale Police Department

Nature of Debt (Purpose):  
 Event Security

Mailing Address 112 Broad St

City  
 Cloverdale

State  
 CA

Zip Code  
 95425-3313

Outstanding Balance Beginning This Period

23014.42

Transaction ID : VPC9K9H8ZW7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23014.42

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Coppersmith Brockelman PLC**

Nature of Debt (Purpose):  
 Legal Fees

Mailing Address 2800 N Central Ave  
 Ste 1200

City Phoenix State AZ Zip Code 85004-1009

Outstanding Balance Beginning This Period

4860.33

Transaction ID : VPC9K9H9127

Amount Incurred This Period

0.00

Payment This Period

4860.33

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cordelia Fire Protection District**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 2155 Cordelia Rd

City Fairfield State CA Zip Code 94534-1667

Outstanding Balance Beginning This Period

2351.84

Transaction ID : VPC9K9H8ZV9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2351.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**National City Police Department**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 1243 National City Blvd

City National City State CA Zip Code 91950-4301

Outstanding Balance Beginning This Period

28337.28

Transaction ID : VPC9K9H8ZN1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28337.28

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....



**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**San Joaquin County Sherrif's Office**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 7000 Michael Canlis Way

City French Camp	State CA	Zip Code 95231-9781
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Outstanding Balance Beginning This Period

2356.31

Transaction ID : VPC9K9H8ZG2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2356.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Santa Monica Police Department**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 333 Olympic Dr

City Santa Monica	State CA	Zip Code 90401-3360
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Outstanding Balance Beginning This Period

117047.29

Transaction ID : VPC9K9H8ZQ7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117047.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Solano County Sheriff's Office**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 530 Union Ave  
 Ste 100

City Fairfield	State CA	Zip Code 94533-6305
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Outstanding Balance Beginning This Period

11518.78

Transaction ID : VPC9K9H8ZK6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11518.78

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Solano County Sheriff's Office**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 530 Union Ave  
 Ste 100

City Fairfield	State CA	Zip Code 94533-6305
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Outstanding Balance Beginning This Period

10674.85

Transaction ID : VPC9K9H8ZM4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10674.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Spokane Police Department**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 1100 W Mallon Ave

City Spokane	State WA	Zip Code 99260-2043
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Outstanding Balance Beginning This Period

33318.73

Transaction ID : VPC9K9H8ZB2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33318.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Suisun City Police Department**

Nature of Debt (Purpose):  
 Event Security

Mailing Address 701 Civic Center Blvd

City Suisun City	State CA	Zip Code 94585-2617
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Outstanding Balance Beginning This Period

1986.65

Transaction ID : VPC9K9H8ZX5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1986.65

- |  |   |          |
|--|---|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 45980.23 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....                           | ▶ |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |          |

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Bernie 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Tucson Police Department

Nature of Debt (Purpose):  
 Event Security

Mailing Address 260 S Church Ave

City  
 Tucson

State  
 AZ

Zip Code  
 85701-1614

Outstanding Balance Beginning This Period

44013.00

Transaction ID : VPC9K9H8ZA5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44013.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 University of Pittsburgh Police Department

Nature of Debt (Purpose):  
 Event Security

Mailing Address 3412 Forbes Ave  
 Bldg

City  
 Pittsburgh

State  
 PA

Zip Code  
 15213-3203

Outstanding Balance Beginning This Period

6371.00

Transaction ID : VPC9K9H8ZF4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6371.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Upper Providence Township

Nature of Debt (Purpose):  
 Event Security

Mailing Address 1286 Black Rock Rd

City  
 Oaks

State  
 PA

Zip Code  
 19456

Outstanding Balance Beginning This Period

25620.00

Transaction ID : VPC9K9H8ZE6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25620.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	76004.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	449409.01
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	449409.01