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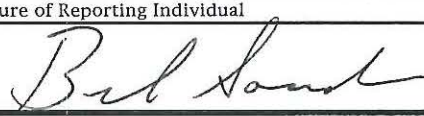
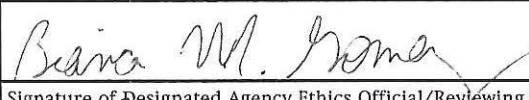
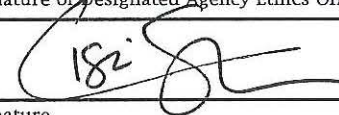
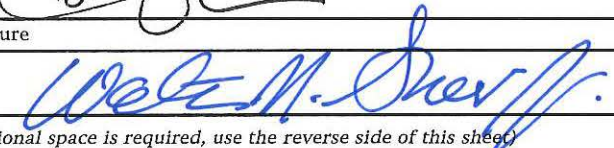
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Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.
04/30/2015			2014				
Reporting Individual's Name	Last Name		First Name and Middle Initial				
	Sanders		Bernard				
Position for Which Filing	Title of Position		Department or Agency (If Applicable)				
	Candidate for President						
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)			Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. Nominees, New Entrants and Candidates for President and Vice President: Schedule A --The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. Schedule B --Not applicable. Schedule C, Part I (Liabilities) --The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C, Part II (Agreements or Arrangements) --Show any agreements or arrangements as of the date of filing. Schedule D --The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
	131 Church Street Suite 300 Burlington VT 05401			802-862-1505			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held						
	U.S. Senator from Vermont						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?			
	Not Applicable			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification	Signature of Reporting Individual				Date (Month, Day, Year)		
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.					5/29/15		
Other Review (If desired by agency)	Signature of Other Reviewer				Date (Month, Day, Year)		
					7/16/2015		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)		
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).					7/16/2015		
Office of Government Ethics Use Only	Signature				Date (Month, Day, Year)		
					9/4/15		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
New cover page submitted to amend report received by FEC on May 29, 2015. * Entry deleted per filer, 8/29/15 Page 5a provided by filer and pages 2, 5, & 6 amended by filer. 8/29/15 (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> (Check box if comments are continued on the reverse side) <input type="checkbox"/>							
Reviewed for Apparent Compliance with the Federal Election Campaign Act							
Agency Use Only							
OGE Use Only							

Reporting Individual's Name Sanders, Bernard		SCHEDULE A continued (Use only if needed)															Page Number 3 of 7																	
Assets and Income		Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																						
BLOCK A		BLOCK B										BLOCK C																						
												Type				Amount						Date (Mo., Day, Yr.) Only if Honoraria												
												Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)						
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust																		
1	TIAA Personal Annuity Stock Account (Spouse)	X												X						X														
2	VALIC Core Equity (Spouse)	X												X						X														
3	VALIC Dividend Value (Spouse)	X												X						X														
4	VALIC Socially Responsible (Spouse)		X											X						X														
5	VALIC Stock Index (Spouse)	X												X						X														
6	VALIC Mid-Cap Index (Spouse)		X											X						X														
7	VALIC Small-Cap (Spouse)		X											X						X														
8	VALIC Small-Cap Index (Spouse)	X												X						X														
9	VALIC Social Awareness (Spouse)	X												X						X														

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

(Use only if needed)

4 of 7

[illegible]

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name Sanders, Bernard	SCHEDULE A continued (Use only if needed)	Page Number <div style="text-align: right;"> 5 of 7 </div>
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Assets and Income		Valuation of Assets at close of reporting period													Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																				
															BLOCK C																				
BLOCK A		BLOCK B																																	
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type				Amount												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
																	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000				
1	VALIC Strategic Bond (Spouse)		X											X							X														
2	Vanguard Lt Treasury (Spouse)		X											X							X														
3	Vanguard Lt Inv Grade (Spouse)		X											X							X														
4	VALIC Money Market II (Spouse)	X												X							X														
5	"The Speech," Avalon Pub. Grp. (Value Not Readily Ascertainable; All Royalties to Charity)																																Royalties \$1017.42		
6	City of Burlington, VT, Defined Benefit Plan (Value Not Readily Ascertainable) (Sch C; Pt. II)																																Pension \$ 4694.20/yr.		
7	Maher Live Inc. Los Angeles, CA (Donated to Charity)																																Honorarium \$850.00	11/07/2014	
8	State of Vermont Public Service Department Montpelier, VT (Spouse)																																Board Compensation		
9	Vermont Economic Development Authority Montpelier, VT (Spouse)																																Board Compensation		

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name Sanders, Bernard	SCHEDULE A continued (Use only if needed)	Page Number <div style="text-align: right;"> 5a of 7 </div>
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Assets and Income		Valuation of Assets at close of reporting period												Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																		
														BLOCK C																		
														Type	Amount																Date (Mo., Day, Yr.) Only if Honoraria	
None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust		Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)
1	CREF Stock (Spouse)			X										X							X											
2	CREF Growth (Spouse)			X										X							X											
3	CREF Global Equities (Spouse)			X										X							X											
4	TIAA-CREF Mid-Cap Growth Fund (Spouse)		X											X							X											
5																																
6																																
7																																
8																																
9																																

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Reporting Individual's Name Sanders, Bernard	SCHEDULE C	Page Number 807
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Part I: Liabilities

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. **Exclude**

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None ☐

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude

unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

			Category of Amount or Value (x)													
Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			x								
	John Jones, Washington, DC	Promissory note	1999	10%	on demand					x						
1	Congressional Federal Credit Union Washington, DC	Visa card	1991	8.5%	revolving	X										
2	U.S. Senate Federal Credit Union Washington DC	Visa card	2006	10.25%	revolving		X									
3																
4																
5																

*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None ☐

Status and Terms of any Agreement or Arrangement		Parties	Date
Example	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1	As a former city employee (Mayor) of Burlington Vermont (4/1981-4/1989) I receive an annual pension of \$4,894.20/year. Also reported on Schedule A (Page 5, Line 6).	City of Burlington, Burlington, Vermont	04/89
2			
3			
4			
5			
6			

Reporting Individual's Name Sanders, Bernard	SCHEDULE D	Page Number 7 of 7
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Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None ☒

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
2					
3					
4					
5					
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other

non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None ☐

	Source (Name and Address)	Brief Description of Duties
Examples	Doe Jones & Smith, Hometown, State	Legalservices
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		