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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

U.S.	Office of	Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	On, Reporting Incumbent Calendar Year N Status Covered by Report N	Termination Termination Date (If Application Capital Control of Capital Capita	rector Late Tilling
04/30/2015	(Check Appropriate Boxes)	andidate 🔼	Any individual who is required to file this report and does so more than 30 days
Reporting	Last Name	First Name and Middle Initial	after the date the report is required to be filed, or, if an extension is granted, more
Individual's Name	Sanders	Bernard	than 30 days after the last day of the filing extension period, shall be subject
	Title of Position	Department or Agency (If Applicable)	to a \$200 fee.
Position for Which Filing	Candidate for President		Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	131 Church Street Suite 300 Burlington VT 05401	802-862-1505	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held		Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)	U.S. Senator from Vermont		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
Presidential Nominees Subje	Name of Congressional Committee Considering Nomination	on Do You Intend to Create a Qualified Diversified Trust?	Schedule D is not applicable.
to Senate Confirmation	Not Applicable	Yes No	Nominees, New Entrants and Candidates for President and
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	Vice President:
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correc to the best of my knowledge.	DI	V/29/15	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Date (Month, Day, Year)	as of any date you choose that is within 31 days of the date of filing.
(If desired by agency)	Beara M. Some	7/16/2015	Schedule BNot applicable.  Schedule C, Part I (Liabilities)The
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing	Official Date (Month, Day, Year)	reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliar with applicable laws and regulations (subjecting any comments in the box below).	ice ICC	7/16/2015	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethi	Signature	Date (Month, Day, Year)	Schedule C, Part II (Agreements or Arrangements)Show any agreements or
Use Only	1 Mote M. Due	W//. 9/4/15	arrangements as of the date of filing.
Comments of Reviewing Official	s (If additional space is required, use the reverse side of this	sheep	Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date
ne ne	I cover page submitted (Check box if filing ex	tension granted & indicate number of days)	of filing.
to	amend report received	Reviewed for Apparent C	Agency Use Only
学 写真 6	1 FEC on May 29, 2013.	Reviewed for Apparent Comp with the Federal Election Campaig	liance
	deleted and the times	Licotton Campaig	OGE Use Only
Page	over page submitted (Check box if filling ex amend report received) FEC on May 29, 2015. Try deleted perfiler, In 9/4/15 as provided by files and pages 5, 5,	ck box if comments are continued on the reverse side)  +6 aminded by film -, &m 914/15	OUL ORE OILY

il	Reportin anders, E	g Individual's Name Bernard		Asset in the control of the control										CF	ΗE	DI	UI	Æ	A													P:	ige M	1	7	
		Assets and Income		a	<b>V</b> it cl	<b>alu</b> lose	of	ion rep	ort	As	set pe	ts rio	d					Ir	nec.	m kec	e: t 1, n	ype o o	ar the	nd a r ei	ntry	oun / is	ne	f "Nede	Non ed i	ne (	or l	less k C	tha for	n \$20 that i	1)" tem	is 1.
Fo	or you, y	our spouse, and dependent child	lren,	T	Τ	T	Γ						Γ	П		П			Ту	ne		Г			1317	OCK	-	Am	01	ınt					T	
For an action ac	Central Airlines Common X X X X														000,000	Over \$5,000,000	In (S T Ar	Other come pecify ype & ctual nount)	(M	Date (o., Day, Yr.) Only if Onoraria																
		Central Airlines Common			]_	Х												Х						X												
E	kamples	Doe Jones & Smith, Hometown, State			X																												Law P Incon	artnership ie \$130,000	)	
		Kempstone Equity Fund					Х								х										x										Γ	
L		IRA: Heartland 500 Index Fund							Х						Х											х								ASSOCIATION CONTRACT		
1	CREF I	Bond Market (Spouse)	-	×	3										×							×							100000000000000000000000000000000000000							
2	TIAA R	eal Estate (Spouse)			×										×							×														
3	CREF I	nflation-Linked Bond (Spouse)		×	:										×							×														
4	CREF	Social Choice (Spouse)		×									Stranton (Co		×							×												***************************************		
5	TIAA G	uaranteed Traditional (Spouse)				×							s reading									×														
6	TIAA P	ersonal Annuity Fixed (Spouse)		×																		×												***************************************		
	* This o	tategory applies only if the asset/inc e filer with the spouse or dependen	come is	solel en, m	y tha	at of the c	the othe	filer r his	's sp gher	ous	e or	dep ies o	end f va	ent o	chile as a	lren por	, If	the ate.	asse	t/in	con	ie is	eitl	er t	nat	of tl	ne fi	ler e	or je	intl	y he	eld	Accessor		and a country	

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													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)	Date (Mo., Day, Yr.) Only if Honoraria				
1	TIAA Pers	onal Annuity Stock Account (Spo	use)	×	Г										×							×												
2	VALIC Co	re Equity (Spouse)		×											×							×												
3	VALIC DI	vidend Value (Spouse)		×		П									×							×												
4	VALIC So	cially Responsible (Spouse)			×										×							×								The same				
5	VALIC Sto	ock Index (Spouse)		×											×							×												
6	VALIC Mi	d-Cap Index (Spouse)			×										×							×												
7	VALIC Sn	nall-Cap (Spouse)		T	×										×							×					12		Г					
8	VALIC Sn	nall-Cap Index (Spouse)		×											×							×												
9	VALIC So	cial Awareness (Spouse)		×											×							×												*
	* This cate by the f	gory applies only if the asset/ir iler with the spouse or dependen	come is s	olely n, m	tha	t of	the othe	filer r hig	's sp gher	ous	e or	dep	end of va	lent lue,	chil as a	drer appr	ı. If	the iate	asse	et/ir	ncon	ne is	eith	er t	hat	of t	he fi	ler (	or jo	ointl	y he	eld		are an are

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			None (or less than \$1,001)		1	\$50,001 - \$100,000		\$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)	(Mo	ate ., Day, /r.) aly if oraria
1	VALIC Inte	ALIC International Equities (Spouse) × × × × × × × × × × × × × × × × × × ×																																	
2	VALIC Sc	ence & Technology (Spouse)		×											×							×													
3	VALIC Ag	ressive Growth (Spouse)		×											×							×													1000
4	VALIC As	set Allocation (Spouse)			×										×							×													
5	VALIC Mo	oderate Growth Life (Spouse)		×											×							×													
6	Vanguard	Life Growth (Spouse)		×											×							×													
7	Vanguard	Life Moderate (Spouse)		×											×							×													
8	VALIC G	overnment Securities (Spouse)		×											×							×													
4)	VALIC Int (Spouse)	ernational Government Board	×												×			Γ				×													
		egory applies only if the asset/in iler with the spouse or depender																		2t/ir	ıcon	ne is	eith	ner t	hat	of t	he fi	iler	or je	ointl	y he	eld			

	Reporting Individual's Name anders, Bernard				on the same of			ellare rik Stran Ana		S C						A o				160	d 									-	Paş	ge Nuprber	7
	Assets and Income		a	<b>V</b> a	alu ose	ati	lon	of ort	'As	se ; pe	ts rio	d			- Avenue																	than \$20 for that i	
	BLOCK A	l				1	BLO	СК. В																BL	OCK	C							
																		Ту	pe							A	mo	un	ıt				
		None (or less than \$1,001)	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	S	\$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)	Date (Mo., Day, Yr.) Only if Honoraria
1	VALIC Strategic Bond (Spouse)		×		SUFFARIA								1	×							×												And the state of t
2	Vanguard Lt Treasury (Spouse)		×											×							×												
3	Vanguard Lt Inv Grade (Spouse)		×											×							×												
4	VALIC Money Market II (Spouse)	×												×							×												
5	"The Speech," Avalon Pub. Grp. (Value Not Readily Ascertainable; All Royalties to Charity)						A		***********																							Royalties \$1017.42	
6	City of Burlington, VT, Defined Benefit Plan (Value Not Readily Ascertainable) (Sch C; Pt. II)																															Pension \$ 4894.20/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 by the filer with the spouse or dependent chi	is so ldrer	olely 1, m	tha ark t	t of the	the othe	filer r hiş	's sp gher	ous	e or	dep les c	end of va	ent due,	chile as a	drer ippi	ı. If opri	the	ass	et/iı	ıcon	ne is	eitl	ier t	hat	of t	he fi	ler (	or jo	intly	y he	ld		

	Reporting Individual's Name anders, Bernard								,	SC						A (				ıe.	d —			-							P	age	Namper Sa	4.	
10	Assets and Income			at o	/al	uat e of	ioi	1 <b>0</b> 1	f <b>As</b>	sse g pe	ts rio	d					lı cl	nec	o <b>m</b> ekec	<b>e:</b> t	уре 0 0	e ar the	nd a	ımo	our y is	it. I	f "l ede	Nor ed i	ne i	or 3100	les:	s t C f	han \$20 for that i	1)" is tem.	
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		+ + + + + + + + + + + + + + + + + + +	None (or less than \$1,001)	\$1,001 - \$15,000	\$50,001 - \$100,000	1-		1	Ŏ	\$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	S100,001 - S1,000,000		\$1.000.001 - \$5.000.000	Over \$5 000 000	33,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., D Yr.) Only i Honora	Day, ) if
1	CREF Stock (Spouse)																1	T			- CONTRACTOR MANAGEMENT														
2	CREF Growth (Spouse)			>	<									×							×														***************************************
3	CREF Global Equities (Spouse)			>	<									×							×											Ī			
4	TIAA-CREF Mid-Cap Growth Fund (Spouse	9)	>	<										×							×									200000000000000000000000000000000000000		Ī			
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	* This category applies only if the asset/in by the filer with the spouse or depender	come is	sole	ly tl narl	at o	the oth	filer er hi	r's si gher	oous	e or egor	dep ies c	end of va	ent lue,	chile as a	dren	ı. If opri	the ate.	asso	et/ir	1CO IT	ne is	eith	er t	hat	oľ tl	ne fi	ler o	or je	int	y ho	eld	wolkstem	Minutes Managaria Sancasa and	Commence of the Particular	Mainstalla

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics												_/	2		0
Reporting Individual's Name Sanders, Bernard	S	CHED	ULE (	2							Page	Numb	er S S	7	,
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None [	]						Average and	Statut Comme		eleteration (common	en er en		
to any one creditor at any time	automobiles, household furniture	grantum announcement	-			-	(	Catego	ry of A	moun	t or Va	due (x)	)	powerone	щинический
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge	- Date	Interest	Term if	\$15,000 -	\$15,001 - \$50,000	\$50,001 - \$100,000	\$250,000	\$250,001 -	\$500,001 - \$1,000,000	Over \$1,000,000*	\$5,000,000-	\$5,000,001 -	\$25,000,001 - \$50,000,000	Over \$50,000,000
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$11	S3 S5	S5 S1	\$22	\$2	SS	51	\$1 \$5	\$2	\$22	\$8
Examples First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			Х		x						
Congressional Federal Credit Union Wasihngton, DC	Visa card	1991	8.5%	revolving	X										
U.S. Senate Federal Credit Union     Washington DC	Visa card	2006	10.25%	revolving		X									
3															
4															
5															1
*This category applies only if the liability i with the spouse or dependent children, m	s solely that of the filer's spouse or dependent chile ark the other higher categories, as appropriate.	lren. If the l	iability is t	hat of the fi	ler or a	joint	liabil	ity of	the fil	er	denouven		A.	Annexo	administration.
Part II: Agreements o	r Arrangements			North Action Constraint Constraint Constraint		NEW YORK ON THE PARTY OF THE PA	SHOWN COMMON					***************************************			
employee benefit plan (e.g. pension, 40	nts for: (1) continuing participation in an D1k, deferred compensation); (2) continua- (including severance payments); (3) leaves	of abser	nce; and ( egotiatio	(4) future ens for any	emplo of the	ymer se ar	nt. See range	e inst ement	ruction ts or	ons re benef	egard Its.	ing tl	ie rep	oort- None	-
Status and	Terms of any Agreement or Arrangement	Total Control of the	restSdtreffAestatatus		CONTRACTOR OF THE PARTY	CETTE HET STEAM		Parti	es		MINI WAY CITE ( VENOCH		PRESENT STREET,		Date
Example Pursuant to partnership agreemer calculated on service performed to	nt, will receive lump sum payment of capital account & phrough 1/00.	artnership sh	are	Doe Jones	& Smlt	h, Hor	netowr	ı, State			STORES ASSESSMENT STORES	***************************************	***************************************		7/85
As a former city employee (Mayor) of Burlington on Schedule A (Page 5, Line 6).	Vermont (4/1981-4/1989) I receive an annual pension of \$4,8	94.20/year. A	lso reported	City of Burti	ington, E	Burling	ton, Ve	rmont	ATAMOVOCINA			**************		0.	4/89
2															
3					***************************************										
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6										***************************************		***************************************			***********

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Reporting Individual's Name		CCHEDINE D		Page Number	
Sanders, Bernard		SCHEDULE D		7 of	7
Part I: Positions Held Report any positions held during the age sated or not. Positions include but are a trustee, general partner, proprietor, re any corporation, firm, partnership, or o	opplicable reporting period, whethe not limited to those of an officer, d presentative, employee, or consulta	r compen- director, social, fraternal, or polit ant of nature.	onal institution. Exclude position tical entities and those solely of ar	n honorary	one ⊠
Organization (Name		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					-
			1		
4				-	
5				1	
6					
Part II: Compensation Report sources of more than \$5,000 co business affiliation for services provide the reporting period. This includes the corporation, firm, partnership, or othe	ompensation received by you or yo ed directly by you during any one names of clients and customers of	ur non-profit organization year of you directly provided the fany services generating a fe	when Presidential or Pres	ation Filer, or idential Cand ), You	r Vice
Source (Name ar	d Address)		Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legalservices			
Metro University (client of Doe Jones & S	Smith), Moneytown, State	Legal services in connection with university of	construction		
2	A CONTRACT OF THE STATE OF THE				
3					
3					
4					
5					
6		A Survival of the survival of			
		J			70 m