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 Etl	hics

O.O. Office of Government Edities			
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) 04/30/2015	Status (Check Appropriate Covered by Report Can	w Entrant, minee, or Adidate Termination Termination Date (If Applicate) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days
	Boxes) 2014 Last Name	First Name and Middle Initial	after the date the report is required to be
Reporting Individual's Name	Sanders	Bernard	filed, or, if an extension is granted, more 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 Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held U.S. Senator from Vermont		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
Presidential Nominees Subject			Schedule D is not applicable.
to Senate Confirmation	Not Applicable	Yes No	Nominees, New Entrants and Candidates for President and Vice President:
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	vice President.
ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Bul Sand	1-/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)	Biana M. Soma	7/16/2015	Schedule BNot applicable. Schedule C, Part I (Liabilities)The
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing O	fficial 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 compliance with applicable laws and regulations (subject to any comments in the box below)		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 Ethics Use Only	s Signature	Date (Month, Day, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials ((If additional space is required, use the reverse side of this sh	eet)	Schedule D The reporting period is the preceding two calendar years and
new new	(If additional space is required, use the reverse side of this show that the contract of the show if filling extending the contract of the con	nsion granted & indicate number of days)	the current calendar year up to the date of filing.
toa	mera report received	Reviewed for Apparent Comment	Agency Use Only
里 温息 bg	PEC on May 29, 2013.	Reviewed for Apparent Compli- with the Federal Election Campaign	Act
표당 병 의	- DIND		OGE Use Only
2013 30 2013 30 2013 30	(Check	box if comments are continued on the reverse side)	ž

Supersedes Prior Editions.



ı ·	-	dual's Name											S	Cŀ	IF	וח	III	F	Δ													Pa	ge Number	
Sanders,	Bernard						****											ندر														L	2 of	7
	Ass	ets and Income				alu lose	of		ort				d			•		Ir cl	ico iec	m (e: t	ype o o	an the	d a	ıtry	un is	ne	f "N ede	lon ed i	e (d n B	or l	ess k C	than \$20 for that it	l)" is em.
For you,	your sp	ouse, and dependent child	iren,	Т	Т	Т	T		Ī	Γ	Г	Π		П	П			-	Ty	ne								A m	ou	nt				T T
productivalue excing period in incomment with such amount of than from report thincome of the comment of the co	on of inceeding od, or when during the incomment of earner of more mount outsels.	et held for investment or come which had a fair ma \$1,000 at the close of the rehich generated more than \$2 g the reporting period, togete. To report the source and ad income exceeding \$200 (cs. Government). For your species but not the amount of eath than \$1,000 (except reporting any honoraria over \$200 for any honoraria over \$200 for contents and the second sec	*1 001 \$15 000	\$15 001 - \$50 000		-	\$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		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000		\$2,501 - \$5,000	\$5,001 - \$15,000	.\$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	
	Centra	d Airlines Common			Ţ	x		L	L.	L.	L.							x		L				х										L
Examples	Doe Jo	nes&Smith, Hometown, State	1	⅃.	١×		L	L	L.		L_	<u> </u>	L_{L}					L											L.		L_	L_	Law Partnership Income \$130,000	<u> </u>
	Kemps	stone Equity Fund	-1				x		L.	L.		\mathbb{L}_{-}			x					L.					x									L
	IRA: H	eartland 500 Index Fund			\perp		L		x						х											x					L			<u> </u>
1 TIAA 0	CREF E	quities (Spouse)				×									×							×												
² TIAA F	Real Est	ate (Spouse)			>	<									×							×												
³ CREF	Fixed In	ncome (Spouse)		>	<										×							×												
4 CREF	Social C	Choice (Spouse)		,	<										×							×												1
5 TIAA (Guarante	eed Traditional (Spouse)				×									×							×												
6 TIAA F	Personal	Annuity Fixed (Spouse)		,	<										×							×												
* This	categor he filer	y applies only if the asset/in with the spouse or dependen	come is	sole en, r	ly th	at of	the	file:	r's si	pous	e or	der	end	lent ilue.	chile as a	dren	ı. If	the	asse	et/iı	ncon	ne is	eith	ner t	hat	of t	he f	iler	or jo	ointl	y he	eld		



	Reporting Ind anders, Bern	vidual's Name ard								S	SC					E A					iec	1										Pag	e Number 3 of	7
	As	sets and Income		a	V: t cl	alu ose		rep	orti	ing	set pe	ts rio	đ					Ir ch	ico	m e	e: ty l, no	ype o ot	an hei	d a	itry	is	nee	"N ede	lone d i	e (c	or le	ess k C	than \$20 for that	01)" is item.
\vdash		BLOCK A	-	T		П		SLOC	CK B							П	\neg	 	Γy	pe	1				RTC	OCK		mo	un	t				
			None (or less than \$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		\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		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 Perso	onal Annuity Stock Account (Spou	ise)	×											×							×												
2	VALIC Cor	e Equity (Spouse)		×											×							×												
3	VALIC Divi	dend Value (Spouse)		×											×							×												
4	VALIC Soc	ially Responsible (Spouse)			×										×							×												
5	VALIC Sto	ck Index (Spouse)		×											×							×												
6	VALIC Mid	-Cap Index (Spouse)			×										×							×												
7	VALIC Sm	all-Cap (Spouse)			×										×							×												
8	VALIC Sm	all-Cap Index (Spouse)		×											×							×												
9	VALIC Soc	tial Awareness (Spouse)		×											×							×												
	* This cate by the fi	gory applies only if the asset/inder with the spouse or dependen	come is s t childre	olely n, m	y tha	at of the o	the othe	filer r hig	's sp gher	ous	e or	dep	end of va	lent llue,	chil as a	drer appr	n. If	the	ass	et/ii	ncon	ne is	eitl	ner t	hat	of t	he fi	iler (or jo	ointl	y he	ld		



ı	Reporting Ind anders, Bern	lividual's Name ard									SC									tin	ue	d										Pag	ge Number	
L		Assets and Income Valuation of Assets at close of reporting period															n	eed	ie(a)													4 of	7
	A	Assets and Income Valuation of Assets at close of reporting period BLOCK A BLOCK B																I	n c he	om cked	e: t	ype o o	e ar the	nd a	ntry	y is	ne	f "N ede	lon ed i	e (e n B	or l	ess k C	than \$20 for that i	1)" is item.
H		BLOCK A		Т	Т	Г		BLO	CK B	3					_	т	_	╀	т.	·		Г			BL	OCK								
														Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		ovalties	Interest	Sains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	- \$50,000		\$100,000 - \$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 Inte	rnational Equities (Spouse)		×											×							×												
2	VALIC Scie	ence & Technology (Spouse)		×											×							×												
3	VALIC Agr	essive Growth (Spouse)		×											×							×												
4	VALIC Ass	et Allocation (Spouse)			×										×							×												
5	VALIC Mod	derate Growth Life (Spouse)		×											×							×												
6	Vanguard I	Life Growth (Spouse)		×											×							×												
7	Vanguard I	Life Moderate (Spouse)		×											×							×												
8	VALIC Gov	vernment Securities (Spouse)		×											×							×												
9	VALIC Inte (Spouse)	rnational Government Board	×												×							×												



^{*} 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.

R	epor	ting In	dividual's Name										-	TTI	7.17	TT	TI		<u> </u>	20	+	:		-1										Pag	ge Number	
Sa	ande	s, Ber	nard		SCHED (Us																		ue	a											5 of	7
┡															(0.							•,														
┝			ssets and Income				17.	. 1	4.							_	_			I T				~		-d -			6 Y	F "X	Tom	- (- 1		than \$20	11)":
		A	ssets and income			at	v a	aru ose	of	rer	ort	ing	pe	ts rio	đ																				for that i	
										•		·	•										•				-	,								
L			BLOCK A							BLO	CK E	3								L							BL	OCK	С							
					1															L	Ту	pe							A	mo	ur	ıt				
					\$1,001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$50,000 \$100,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$2,500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$2,000,001 - \$5,000,000 \$2,000,001 - \$5,000,000 \$2,000,001 - \$5,000,000 \$2,000,001 - \$5,000,000 \$2,000,001 - \$5,000,000 \$2,000,001 - \$5,000,000 \$2,000,001 - \$1,000,000 \$2,001 - \$1,000 \$2,001 - \$1,000 \$2,001 - \$1,000 \$2,501 - \$1,000														20,000	- \$100,000	- \$1,000,000	*000,	- \$5,000,000	0,000	Other Income (Specify Type & Actual	Date (Mo., Day, Yr.) Only if Honoraria										
				None (or less than \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$250,00 \$250,001 - \$500,001 - \$1,000,000 \$500,001 - \$5,000,001 - \$5,000,001 - \$5,000,001 - \$5,000,001 - \$5,000,001 - \$5,000,001 - \$5,000,001 - \$5,000,0000 - \$												Over \$50,00	Excepted In	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$	\$100,001 - 3	ı×ı	\$1,000,001	Over \$5,000,000	Amount)	Honoraria
1	VAL	IC Str	ategic Bond (Spouse)			×											×							×												
2	Van	guard	Lt Treasury (Spouse)			×											×							×												
3	Var	guard	Lt Inv Grade (Spouse)			×											×			Ī				×												
4	VAI	.IC Mo	ney Market II (Spouse)	,	×												×				Γ			×												
5	Ava Ber	lon Pu keley,	blishing Group CA (Donated to Charity)		T															Γ	Γ														Honorarium \$638.94	06/14/2014
6			blishing Group CA (Donated to Charity)																																Honorarium \$378.48	12/30/2014
7		nar Liv Angel	e Inc. es, CA (Donated to Charity)																																Honorarium \$850.00	11/07/2014
8			ermont Public Service Departmer r, VT (Spouse)	nt																															Board Compensation	
9			Economic Development Authority r, VT (Spouse)																																Board Compensation	
	+		gont applies only if the esset (in							C11																		-								



^{*} 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.

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	porting In nders, Be	dividual's Name rnard	SC	CHED	JLE C	;							Page	Numb	er 6 of	7	
Re	port lial	Liabilities olities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None _]				(Catego	ry of A	moun	t or Va	lue (x))		
du yo Ch	iring the our spou neck the	reditor at any time reporting period by you, se, or dependent children. highest amount owed reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	\$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
	C	reditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1 \$1	\$1 \$5	\$5	\$2	\$2	\$5	ુસ્	\$1	\$2	\$2	0્રજ
Exa	amples	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			_x_		×						
1		sional Federal Credit Union	Visa card	1991	8.5%	revolving	X										
2	Washington, DC U.S. Senate Federal Credit Union Washington DC Visa card 2006 10.25% revolving																
3	2006 10,25% •																
4																	
5																	
·*,	This cate with the	gory applies only if the liability is pouse or dependent children, ma	s solely that of the filer's spouse or dependent child: ark the other higher categories, as appropriate.	ren. If the li	ability is tl	nat of the fi	ler or a	a joint	liabil	ity of	the fil	er					
P	art I	I: Agreements o	r Arrangements														
en	nployee	benefit plan (e.g. pension, 40	nts for: (1) continuing participation in an 11k, deferred compensation); (2) continua- (including severance payments); (3) leaves			4) future ons for any								ing th	ne rep	ort- None	
Г		Status and 1	Terms of any Agreement or Arrangement							Parti	es					I	Date
Exa	ample	Pursuant to partnership agreement calculated on service performed the	t, will receive lump sum payment of capital account & pa arough 1/00.	rtnership sh	are	Doe Jones	& Smit	h, Hor	netowr	ı, State	:					7	/85
1	As a form	er city employee (Mayor) of Burlington \	Vermont (4/1981-4/1989) I receive an annual pension of appro	oximately \$5,0	00/year	City of Burli	ngton,	Burling	ton, Ve	rmont						04	1/89
2																	
3																	
4																	
5														,			
6																	



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Reportin	g Individual's Name					Page Number	
Sanders	, Bernard		SC	HEDULE D		7 of	7
Report : sated or trustee,	any positions held during the a r not. Positions include but are general partner, proprietor, re	Outside U.S. Gover pplicable reporting period, whether not limited to those of an officer, depresentative, employee, or consultable business enterprise or any not present the presentative.	r compen- lirector, ant of		institution. Exclude position entities and those solely of an	honorary	one 🔀
	Organization (Name	and Address)	•	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit educ		President	6/92	Present
Examples	Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1/00
1							
2							
3							
4							
5							
6							
Report busines the rep	sources of more than \$5,000 co is affiliation for services provide orting period. This includes the	mpensation received by you or you directly by you during any one names of clients and customers of r business enterprise, or any other	ur year of f any	non-profit organization when	payment of more than \$5,000.	tion Filer, or dential Cand . You	Vice
	Source (Name an	d Address)		Brie	f Description of Duties		
Examples	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & S	mith), Moneytown, State	Legal service Legal service	s es in connection with university constru	uction		
1							
2							
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5				Approximation Approximation (Control of Control of Cont	A CONTROL OF THE CONT		
6						***	

