1. (a) Name of Candidate ((in full) (「∧ � 〔	d Sa	nders							
(b) Address (number and	d street)		Check If adores		·			Jumber 041	33	0 0
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4. Party Affiliation	<u> </u>	5. Office Sou	igni Senate		6. State & Dia					<u></u>
	DE		ON OF PRI		CAMPAIG	N COM	MITTE	E		
7. I hareby cosignate the fo	ollowing har	ned political c	ommittee as my	/ Principal C	ampalgn Comi	millee for d		of election	_ electio	m(s).
NOTE: This designation		icd with the a	ppropriate office	e listed in th	e Instructions.					
(a) Name of Committee (• •	· · · ·		•	<u> </u>					
	rie	nds o	f Be	rnie	Jand	ers				
(b) Address (number and		0	201							
(c) City, State, and ZIP C	~ode	Box								
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	DE	SIGNATIC	Including Join1					-		
			(Including Join1	Fundralaing	Representativ	res)			d funds	on behalf of m;
8. hereby authorize the foi candidacy.			(Including Join1	Fundralaing	Representativ	res)			d funds	on behall of m
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