Only

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| FEC FORM 1 | | ORGANIZ | | | • Office Use Only |
|--|--------------|-----------------------------------|--|---------------------|---------------------------------|
| 1. NAME OF COMMITTEE (ir | , full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | Since disc only |
| | | is changeu) | over the lines. | | |
| BERNIE 20 |) | | | | |
| | | | | | |
| ADDRESS (number a | nd street) | PO BOX 905 | | | |
| (Check if a | address | | | | |
| is changed | d) | BURLINGTON | 1 | VT , 05 | 5402 |
| | | CITY ▲ | | L_L L_ STATE ▲ | ZIP CODE ▲ |
| COMMITTEE'S E-MA | VII ADDRE | -99 | | | |
| (Check if a | | .COMPLIANCE@BERN | NIESANDERS.COM | | |
| is changed | | | | | |
| | | Optional Second E-Mail Ad | dress | | I |
| | | | | | |
| COMMITTEE'S WEB X ✓ (Check if a is changed) | address | DDRESS (URL) berniesanders.com | | | |
| 2. DATE 1 | | 2 2015 | | | |
| 3. FEC IDENTIFIC | CATION N | UMBER ▶ C c | 00577130 | | |
| 4. IS THIS STATEM | MENT > | NEW (N) OR | AMENDED (A) | | |
| I certify that I have e | examined t | his Statement and to the best | of my knowledge and belief it | is true, correct an | d complete. |
| Type or Print Name | of Treasure | Susan Jackson | | | |
| Signature of Treasure | er Susa | n Jackson | [Electronically Filed] | Date 10 | 12 2015 |
| NOTE: Submission of | false, error | | may subject the person signing ON SHOULD BE REPORTED V | | e penalties of 2 U.S.C. §437g. |
| Office Use | | | For further information of Federal Election Commiss Toll Free 800-424-9530 | | FEC FORM 1 (Revised 06/2012) |

Toll Free 800-424-9530

Local 202-694-1100

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|---|--|
| TYPE OF COMMITTEE | |
| Candidate Committee: | |
| (a) X This committee is a principal campaign committee. (Complete the candidate information | on below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign commit information below.) | tee. (Complete the candidate |
| Name of Candidate Bernard Sanders | |
| Candidate Office Party Affiliation DEM Sought: House Senate X Pre | State |
| | District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized com | mittee. |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line | 6.) Its connected organization is a |
| Corporation Corporation w/o Capital Stock | Labor Organization |
| Membership Organization Trade Association | Cooperative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a secommittee. (i.e., nonconnected committee) | eparate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal committee. | |
| (h) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate. | |
| Committees Participating in Joint Fundraiser | |
| 1. FEC ID number | |
| 2. FEC ID number | |
| 3. FEC ID number | |
| 4. | |

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|--|--|------------------------|
| Write or Type Committee | Name | |
| BERNIE 201 | 6 | |
| . Name of Any Connec | cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea | adership PAC Sponsor |
| NONE | <u> </u> | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| | Affiliated Committee Joint Fundraising Representative s: Identify by name, address (phone number optional) and position of the person is | Leadership PAC Sponson |
| books and records. | | |
| Sus Full Name | an Jackson | |
| Mailing Address | P.O. Box 905 | |
| | | |
| | Burlington VT 054 | 102 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | - 423 - 7643 |
| Treasurer: List the nar any designated agent (| me and address (phone number optional) of the treasurer of the committee; and the description (e.g., assistant treasurer). | ne name and address of |
| Full Name Susa of Treasurer | an Jackson | |
| Mailing Address | P.O. Box 905 | |
| | | |
| | Burlington VT 054 | .02 |
| Title or Position | CITY STATE | ZIP CODE 7643 |
| | Telephone number | - 125 - 7043 |

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|---|---|-----------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE ZII | P CODE |
| Title or Position | | |
| Banks or Other De | epositories: List all banks or other depositories in which the committee deposits funds, holds a | accounts, rents |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. | iosounie, reme |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. | |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. pository, etc. | |
| safety deposit boxes Name of Bank, Dep | People's United Band 2 Burlington Square | |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. pository, etc. People's United Band | |
| safety deposit boxes Name of Bank, Dep | People's United Band 2 Burlington Square Burlington VT 05401 | |
| safety deposit boxes Name of Bank, Dep | S or maintains funds. People's United Band 2 Burlington Square Burlington CITY STATE ZI | |
| Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep | S or maintains funds. People's United Band 2 Burlington Square Burlington CITY STATE ZI | |
| Name of Bank, Dep Mailing Address Name of Bank, Dep | Sor maintains funds. People's United Band 2 Burlington Square Burlington CITY STATE ZI Dository, etc. Bank of America | |