FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)   Example: If typing, type over the lines.   `12FE4M5`

Friends of Bernie Sanders

ADDRESS (number and street) PO Box 391

☐ (Check if address is changed)   Burlington   VT   05402
                                    CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)   lora@bluewavepolitics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)   www.bernie.org

2. DATE   `10/12/2015`

3. FEC IDENTIFICATION NUMBER   C `C00411330`

4. IS THIS STATEMENT   ☐ NEW (N)   OR   ☑ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   Lora Haggard

Signature of Treasurer _____   Date `10/14/15`

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C 437g;
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only						For further information contact: Federal Election Commission Toll-free 800-424-9530 Local 202-694-1100	**FEC FORM 1** (Revised 02/2009)

201510160200258344

5. TYPE OF COMMITTEE

Candidate Committee:

(a) ☑This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate   Bernard Sanders

Candidate Party Affiliation	IND	Office Sought	☐House	☑Senate	☐President	State	VT
						District	

(c) ☐This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 separate segregated fund or party committee. (i.e. nonconnected committee)

    ☐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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____   FEC ID Number [C _____]

2. _____   FEC ID Number [C _____]

3. _____   FEC ID Number [C _____]

4. _____   FEC ID Number [C _____]

Write or Type Committee Name
Friends of Bernie Sanders

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**
    NONE

Mailing Address

CITY	STATE	ZIP CODE

Relationship:

☐ Connected Organization   ☐ Affiliated Committee   ☐ Joint Fundraising Representative   ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name   Lora Haggard

Mailing Address   P.O. Box 391

Burlington	VT	05402
CITY	STATE	ZIP CODE

Title or Position
Treasurer   Telephone Number   (206) 934-1841

8. Treasurer: List the name, address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name   Lora Haggard

Mailing Address   P.O. Box 391

Burlington	VT	05402
CITY	STATE	ZIP CODE

Title or Position
Treasurer   Telephone Number   (206) 934-1841

Full Name of Designated Agent Lora Haggard

Mailing Address P.O. Box 391

Burlington   VT   05402
CITY   STATE   ZIP CODE

Title or Position

Treasurer   Telephone Number   (206) 934-1841

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

People's Bank (Chittenden Bank)

Mailing Address   2 Burlington Square

P.O. Box 820

Burlington   VT   05402
CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Northfield Savings Bank

Mailing Address   P.O. Box 347

Northfield   VT   05663
CITY   STATE   ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.   **[ADDITIONAL]**

Vermont Federal Credit Union
_____

Mailing Address   P.O. Box 407
_____

Burlington   VT   05402
_____   _____ _____
        CITY   STATE   ZIP CODE

Hand Delivered

JULIE ADAN
SECRETAR

NA K. MACCALLUM
SUPERINTENDENT
ART SENATE OFFICE BUILDIN(
SUITE 232
WASHINGTON, DC 20510-711
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ **10-15-15**
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt   Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐   POSTMARK ☐
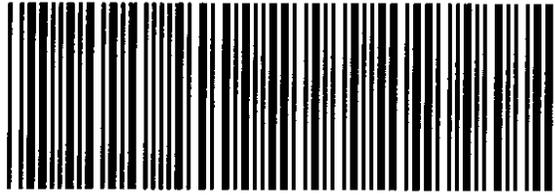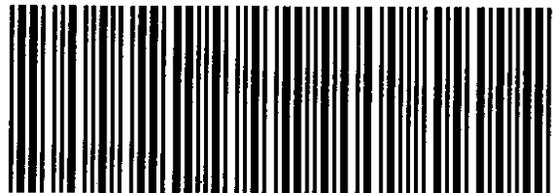
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** _____ DATE PREPARED **10-15-15**

2/28/2015

SEN PATCH

SEN PATCH

20151016020025883351