Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF BERNIE SANDERS PO BOX 391 ADDRESS (number and street) (Check if address is changed) BURLINGTON 05402 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lora@bluewavepolitics.com is changed) Optional Second E-Mail Address compliance2@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00411330 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Haggard, Lora,, Date 11 13 2025 Signature of Treasurer Haggard, Lora, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)		Page 2
TYPE OF COMMITTEE:		
Candidate Committee:		
(a) This committee is a principal campaign committee. (Complete the cand	idate information below.)	
(b) This committee is an authorized committee, and is NOT a principal car information below.)	npaign committee. (Complete the	e candidate
Name of Candidate Sanders, Bernard, , ,		
Candidate Office Party Affiliation IND Sought: House X Se	enate President	State VT
(c) This committee supports/opposes only one candidate, and is NOT an a	authorized committee.	District 00
Name of Candidate		
Party Committee:		
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican,	
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organized fund.)	nization on line 6.) Its connected	d organization is a
	Пин	
Corporation Corporation w/o Capital	=	ganization 
Membership Organization Trade Association	Cooperat	live
In addition, this committee is a Lobbyist/Registrant PAC.		
(f) This committee supports/opposes more than one Federal candidate, are committee. (i.e., nonconnected committee)	id is NOT a separate segregated	I fund or party
In addition, this committee is a Lobbyist/Registrant PAC.		
In addition, this committee is a Leadership PAC. (Identify spo	nsor on line 6.)	
(g) This committee is an independent expenditure-only political committee	(Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	(	
	contribution occupies (Linkvid DA)	<b>C</b> \
(h) This committee is a political committee with both contribution and non-	contribution accounts (Hybrid PA)	G).
In addition, this committee is a Lobbyist/Registrant PAC.		
Joint Fundraising Representative:		
(i) This committee collects contributions, pays fundraising expenses and d committees/organizations, at least one of which is an authorized comm	•	more political
(j) This committee collects contributions, pays fundraising expenses and d committees/organizations, none of which is an authorized committee of	•	more political
Committees Participating in Joint Fundraiser		
	С	

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٧	Vrite or Type Committee Name	DAILE CANDEDO			
		RNIE SANDERS	sian Bannasantat	tiva and and makin DA	0.0000000
6.	NONE	ganization, Affiliated Committee, Joint Fundrai	sing Representat	ive, or Leadership PA	.c sponsor
	Mailing Address				
					-
		CITY ▲	STATE	▲ ZIP C	ODE 🛦
	Relationship: Connected	Organization Affiliated Organization Joint	Fundraising Repres	sentative Leaders	hip PAC Sponso
	_				
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and	d position of the pe	rson in possession of c	ommittee
	Haggard, Lo	ora, , ,			
	Full Name	P.O. Box 391			
	Mailing Address				
		Burlington	VT	05401	-
		CITY ▲	STATE	▲ ZIP C	ODE A
	Title or Position ▼				
	Treasurer	Tele	phone number	423 - 443	-  3308
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treas ssistant treasurer).	urer of the commi	ttee; and the name an	d address of
	Full Name Haggard, Lo	ora, , ,			
	Mailing Address	P.O. Box 391			
	-				
		Burlington	VT	05401	- <u> </u>
		CITY A	STATE	▲ ZIP C	ODE 🛦
	Title or Position ▼				
	Treasurer	Tele	phone number	423 - 443	- 3308

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Full Name of Designated Agent Mailing Address	Haggard, Lora, , ,  P.O. Box 391  Burlington	VT	05401
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer	Telephone	e number 42	3308
	<b>Depositories:</b> List all banks or other depositories in which the comes or maintains funds.	nmittee deposits fu	inds, holds accounts, rents
Name of Bank, Do	epository, etc.		
Mailing Address	M&T Bank  2 Burlington Square  P.O. Box 820	J VT .	05400
	Burlington CITY ▲	STATE ▲	05402 ZIP CODE ▲
Name of Bank, Do	epository, etc.		
	NorthCountry Federal Credit Union		
Mailing Address	69 Swift Street		
	South Burlington	VT	05403
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1	ng Participant:			
			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
Mailing Address	Organization, Affiliated (	Committee, Joint Fundi		e, or Leadership PAC Spons
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Full Name	y by name, address (phon			1 1 1 1 1 1 1 1 1 1
Mailing Address				
	1		1 1 . 1	I , , , , I-I , ,
TITLE OR POSITION	▼ C	CITY A	STATE ▲	ZIP CODE ▲
0			1 1 . 1	1