Only

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STATEMENT OF **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 VT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lora@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00411330 FEC IDENTIFICATION NUMBER > 3. X 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. Haggard, Lora, , , Type or Print Name of Treasurer Haggard, Lora,,, [Electronically Filed] 12 17 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009) Page 2
	COMMITTEE
	te Committee:
(a) x	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	Sanders, Bernard, , ,
Candidate Party Affilia	
	District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	(National, State (Democratic, This committee is a resulting or subordinate) committee of the 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
	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 Fun	draising 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.
Cor	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4	

FEO Forms 4 (Positional Of	Name N	Da 2
FEC Form 1 (Revised 02) Write or Type Committee Name	2/2009)	Page 3
	ERNIE SANDERS	
		DAC Spansor
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sportsor
NONE		
Mailing Address		
		-
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
redutionship.	Joint Fundation Primition Committee South Fundationing Representative Season	Simp i Ale opensor
7. Custodian of Records: Ident	ify by name, address (phone number optional) and position of the person in posses	sion of committee
books and records.		
Haggard, Lo	ora, , ,	
	P.O. Box 391	
Mailing Address	1	
	Burlington , VT , 05401	
Title or Position	CITY STATE ZIP	CODE
Treasurer		3308
	releptione number	
8. Treasurer : List the name and	address (phone number optional) of the treasurer of the committee; and the name	and address of
any designated agent (e.g., as		
Full Name Haggard, Lo	nfa, , ,	
Mailing Address	P.O. Box 391	
	Burlington VT 05401	-
Title or Decition	CITY STATE ZIP	CODE
Title or Position Treasurer	Telephone number 423 - 443	

FEC For	n 1 (Revised 02/2009)	Page 4
Full Name of	Haggard, Lora, , ,	
Designated Agent		
-	P.O. Box 391	
Mailing Address		
	Burlington UT 05401	1 1
	OTATE	7ID 00DE
T U 5 W	CITY STATE	ZIP CODE
Title or Position Treasurer		443 _ 3308
	Telephone number	
	oxes or maintains funds. Depository, etc.	
safety deposit be Name of Bank,		1 1 1 1 1
-	Depository, etc.	
Name of Bank,	Depository, etc. People's Bank (Chittenden Bank)	
Name of Bank,	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820	
Name of Bank,	Depository, etc. People's Bank (Chittenden Bank) 2 Burlington Square	
Name of Bank,	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington VT 05402	ZIP CODE
Name of Bank,	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE Depository, etc. Northfield Savings Bank	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE Depository, etc. Northfield Savings Bank	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE Depository, etc. Northfield Savings Bank P.O. Box 347	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	People's Bank (Chittenden Bank) 2 Burlington Square P.O. Box 820 Burlington CITY STATE Depository, etc. Northfield Savings Bank	ZIP CODE

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h),

Page ____ **of** ____

4		FEC ID number	C
1.		FEC ID number	C
2.			C
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	Leadership PAC S
	by name, address (phone number – optional)	rundraising nepresente	Leadership PAC S
esignated Agent: Identify		rundraising nepresente	Leadership PAC S
esignated Agent: Identify Full Name		rundraising nepresente	Leadership PAC S
esignated Agent: Identify Full Name		rundraising nepresente	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
Full NameMailing Address	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION Table And Sor Other Depositoric	by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori	by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Title or Other Depositoring the properties of Bank, Vermore	by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring the deposition boxes or main arms of Bank, Pepository, etc.	by name, address (phone number – optional) CITY CITY Te es: List all banks or other depositories in which intains funds. At Federal Credit Union	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

	ng Participant:			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected	Organization, Affiliated	Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affilia	ated Committee Joint	Fundraising Representa	tive Leadership PAC S
esignated Agent: Identif	y by name, address (pho	one number – optional)		
esignated Agent: Identif	y by name, address (pho	one number – optional)		
	y by name, address (pho	one number — optional)		
Full Name	y by name, address (pho	one number — optional)		
Full Name	y by name, address (pho	one number — optional)		
Full Name L L L L L L L L L L L L L L L L L L L		one number – optional) CITY	STATE A	ZIP CODE A
Full Name		CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, Verme	ories: List all banks or of	CITY Tel ther depositories in which t	lephone Number	ZIP CODE A s funds, holds accounts, ren
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, Verme	ories: List all banks or of aintains funds.	CITY Tel ther depositories in which t	lephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Vermo epository, etc.	ories: List all banks or of aintains funds.	CITY Tel ther depositories in which t	lephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	ories: List all banks or of aintains funds.	CITY Tel ther depositories in which t	lephone Number	