

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE
05 JUL 18 PM 1:51

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Sanders for Senate

ADDRESS (number and street)

P.O. Box 391

(Check if address is changed)

Burlington

VT

05402

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bernie@bernie.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bernie.org

COMMITTEE'S FAX NUMBER

8028622229

2. DATE

MM 07

DD 13

YYYY 2005

3. FEC IDENTIFICATION NUMBER

C C00411330

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

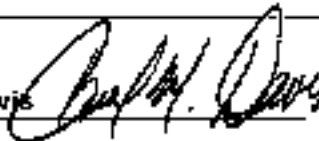
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Carol Davis

Signature of Treasurer

Electronically Filed by Carol Davis



Date

MM 07

DD 13

YYYY 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §487g.

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 02/2005)

5. TYPE OF COMMITTEE (Check One)

- (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 | |

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

| |

Mailing Address | |

| |

| | - |

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | |

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Sanders for Senate

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 Carol Davis

Mailing Address 172 Tamarack Drive

Williston VT 05495

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 802 862 1505

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., assistant treasurer).

Full Name of Treasurer Carol Davis

Mailing Address 172 Tamarack Drive

Williston VT 05495

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 802 862 1505

Full Name of Designated Agent _____

Mailing Address _____

CITY STATE ZIP CODE

Telephone number _____

25020271844
05020271844

FedEx



FedEx **PRIORITY OVERNIGHT** **THU**
EPO: 186022 13 JUL 05
TRK# 8532 4551 3250 ROOM 20510
BUS US IAD
14 JUL 05
No Liver-Buy



FedEx US Airbill

EXPRESS 8:53AM WGS 3250

0200

FedEx Retrieval Copy

1 From 7-13-5
Sender's Name **Carol M. Davis**
Address **156 1st St SA VT 05402**
City **SAUNDER'S FOR SENATE**

4a Express Package Service
4b Express Freight Service
4c Special Handling
4d Signature Required
4e Signature Required (Signature of Recipient)
4f Signature Required (Signature of Shipper)
4g Signature Required (Signature of Recipient and Shipper)
4h Signature Required (Signature of Recipient and Shipper - International)

2 Your Internal Billing Reference
3 Receiver's Name **Secretary of the Senate**
Address **Office of Public Records**
City **200 204 3121**

5 Packaging
6 Special Handling
7 Payment
8 Signature Required
9 Signature Required (Signature of Recipient and Shipper)
10 Signature Required (Signature of Recipient and Shipper - International)

Receiver's Address **200 204 3121**
City **Washington** State **DC** ZIP **20510-7116**

11 Signature Required (Signature of Recipient and Shipper)
12 Signature Required (Signature of Recipient and Shipper - International)

13 Receiver's Name **Secretary of the Senate**
Address **Office of Public Records**
City **200 204 3121**

14 Signature Required (Signature of Recipient and Shipper)
15 Signature Required (Signature of Recipient and Shipper - International)

16 Receiver's Name **Washington**
Address **DC** ZIP **20510-7116**

17 Signature Required (Signature of Recipient and Shipper)
18 Signature Required (Signature of Recipient and Shipper - International)

19 Signature Required (Signature of Recipient and Shipper)
20 Signature Required (Signature of Recipient and Shipper - International)

EMILY J. REYNOLDS
SECRETARY

PAMELA B. DAVIN
SUPERINTENDENT

HARRY SAMPSON OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-3322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
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	07-13-05	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-18-05

25020271846
25020271846

