CLOSURE REPORT

FOR ANNUAL AND TERMINATION REPORTS

| Amendment | | | | | | | | | | ······································ |
|---|--------------------------|----------------------------|--|------------------------|--|---------------------------------------|---------------------------------------|--|-------------|--|
| Last Name | | First Name and Middle Init | iał | ··· | Annual Report | | | | | |
| ٠ ١ | | / | | | Calendar Year Cove | ered by Report: | Senate Office / Agency in Whi | ich Employed | | |
| Sandring | | Sernard | | | 2011 | | Sanders - | LT | | |
| Senate Office Address (Number, Street, Cit | | Senate Office Telephone N | lumber (Inc | dude Area Co | | | | V \ | | |
| 330 Backson Office | Building | | | | Termination Date (n | nm/dd/yy): | Prior Office / Agency in Which | 1 Employed | | |
| Washington DC 2051 | (0) | 200-22 | 4-5 | 141 | | | | | | |
| AFTER READING | G THE INSTRU | CTIONS - ANSV | VER E | ACH O | F THESE QUEST | TIONS AND | ATTACH THE RE | LEVANT | PART | |
| | | | YES | NO | | · · · · · · · · · · · · · · · · · · · | | | YES | NO |
| Did any individual or organization | | | | | | • | child receive any reportat | | | |
| paying you for a speech, appeara | | reporting period? | | | \$350 from one source | • | orting period (i.e., worth m | ore than | | |
| If Yes, Complete and Attach PAR | | | <u> </u> | | If Yes, Complete and | • | /L | | | |
| Did you or your spouse have earn | | | | | Did you, your spouse | e, or dependent | child have any reportable | liability | <u> </u> | |
| investment income of more than \$ reporting period? | szoo nom any report | able source in the | | | (more than \$10,000) | during the repo | rting period? | | | |
| If Yes, Complete and Attach PAR | T II. | | | | If Yes, Complete and | f Attach PART \ | /II. | | | L |
| Did you, your spouse, or depende | | | | | Did you hold any ren | ortable position | s on or before the date of | filing in the | | |
| more than \$1,000 at the end of the investment income of more than \$ | • | | 1,/ | | current calendar year | | S ON OF BOIOFC THE GATE OF | aming at the | | |
| If Yes, Complete & Attach PART I | , , | penou: | <u></u> | | If Yes, Complete and | l Attach PART V | /III. | | | |
| Did you, your spouse, or depende | ent child purchase, se | ell, or exchange any | [1 | | Do you have any rep | ortable agreeme | ent or arrangement with a | n outside | | |
| reportable asset worth more than | \$1,000 in the reporting | | | | entity? | | - | | | |
| If Yes, Complete and Attach PAR | | | | | If Yes, Complete and | Attach PART I | X. | ······································ | | |
| Did you, your spouse, or depende reporting period (i.e., aggregating | - | • | [| | If this is your FIRST I | Report: Did you | receive compensation of | more than | | |
| exempt)? | more than \$500 and | HOLOTHE! MISE | | 1/ | \$5,000 from a single | source in the tw | vo prior years? | | | |
| If Yes, Complete and Attach PAR | T V. | | <u> </u> | | If Yes, Complete and | Attach PART X | (. | | | |
| | | | | | | | ach "YES" respor | | | |
| File this report and any an | nendments with | the Secretary of | the Se | nate, O | ffice of Public Re | cords, Roon | n 232, Hart Senate C | Office Build | ling, U. | S. |
| Senate, Washington, DC 2 | | | | | | | | | | |
| This Financial Disclosure State | ement is required b | y the Ethics in Gove | ernment | Act of 19 | 978, as amended. T | he statement v | will be made available | FOR OFFI | . h | • |
| by the Office of the Secretary of | of the Senate to an | y requesting person | upon w | ritten ap | plication and will be i | reviewed by th | e Select Committee | Do Not Writ | exBelow th | nis Line |
| on Ethics. Any individual who | Knowingly and Willi | fully faisities, or who | knowin 4 N | gly and v | vilitully fails to file this | s report may b | e subject to civil and | 755 | Ā | £ ** |
| criminal sanctions. (See 5 U.S Certification | .c. app. 4, § 104, a | | | i di di | | D-4- (1 | Manual D. No. | | Σ0 -≺ | · |
| I CERTIFY that the statements I | | Signature of Rep | orung mai | iviouai Markailense | | Date (i | Month, Day, Year) | Ω ₁ | <u> </u> | |
| have made on this form and all | | | The second secon | | | | | 70 | | , |
| attached schedules are true, | | | | | The second secon | 7.6 | 15 1010 | === | Ħ | |
| complete and correct to the best of my knowledge and belief. | | U. War | | The second | | | 15,2012 | <i>?</i> : | <u>8</u> | , |
| | | or Official Use Only - D | | | This Line | ' (/ | | 52 | A | |
| It is the Opinion of the reviewer that | | Signature of Rev | | | | Date (1 | Month, Day, Year) | | | |
| the statements made in this form | | | | • | | | · · · · · · · · · · · · · · · · · · · | | | I |
| are in compliance with Title I of the Ethics in Government Act. | | | | | | | | | | |

| Reporting Individual's Name | ent |
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| Wind Fry Structed | |

PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA

Page Number

2

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.

Note: Travel expenses in excess of \$350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

|] | Date of | f Payment | Name of Source | Ade | dress (City, State) | Speech, Article, or Appearance | Amount |
|-----|---------------------------------------|---------------------------------------|--------------------------------------|------------|--|---|---------------------------------------|
| Exa | ample: | 3/26/1X | Association of American Associations | Wash., DC | EXAMPLE | Speech · | \$1,000 |
| | | 7/23/1X | XYZ Magazine | NY, NY | EXAMPLE | Article | \$500 |
| 1 | Apri | 1,2011 | Real Time with Bill Holes Show | Los Ancela | = CA | Alexander de la | \$50,00 |
| 2 | Odo | he= 2011 | Avalor Publishis Groungfatte Spreak | Berkeley | CA | Bock Royalties | 20.960.48 |
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

| <u> </u> | |
|-----------------------------|-----------|
| Reporting Individual's Name | Amendment |
| Sanders | |

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

| Name of Income Source | Address (City, S | State) Type of Income | Amount |
|-----------------------|--|------------------------|--------------|
| JP Computers Example: | Wash., DC EXAM | IPLE Salary | \$15,000 |
| MCI (Spouse) | Arlington, VA EXAM | PLE Salary | Over \$1,000 |
| 1 Pro-liable Callege | 351 North Auzaus For | Ludon VT Sporse Salara | 01/15/1,000 |
| 2 Pity of Burlington | Burlington, VT | Pensied | \$4663 |
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| Reporting Individual's Name | PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES SILOCK B | | | | | | | | | | | | | | | Page | Number | | | | | | | | | | | | | | | | |
|---|---|---|----------|----------------------|--|-----------------------|-------------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|-------|-----------------|---|----------|----------------|----------------|----------------|-----------------------|------------------------------|-----------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|----------------|------------------|-----------------|--|
| BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly | | | At t | he d None | i ati o lo s e e, or | of reliess | of A | 1851 ing p 1 \$1, | perio ,001 | | • | | | | | | | | | Ţ | уре алс | | | | | nco | me | | | | | | |
| traded asset held by you, your spouse, or | L | | | Che | eck ti | he fi | rst ca | olum | iń. | | | | | | - | Гур | e o | fino | on | 1e | | | | | | Am | our | it o | i Inc | соп | ne | | |
| your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. | n \$1,00 | \$1,001 - \$15,000 | ဖြွ | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$1,000,000*** | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | None | Dividends | Rent | Interest | Capital Gains | 교 | Excepted Trust | Qualified Blind Trust | (Specify | less than \$2 | \$201 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$1,000,000 | /er \$1,000,00 | ,000,001 - \$5,0 | rer \$5,000,000 | Actual Amount Required if "Other" Specified |
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| or j (S) Keystone Fund | 十 | <u> </u> | | 十 | 쉬 | | _ | | | | | | ┝ | | _ | | _ | Ĥ | - | | Exertate | Ĥ | | | | | | | 一 | | | | Lxonipio |
| 1 S_ Valic Large Capturd | ╂╌ | X | - | \dashv | \dashv | - | \dashv | | | | | H | _ | | \vdash | | - | X | - | | | X | Н | Н | | | | | | | | | |
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| Reporting Individual's Name | | | • | | | | • | | | | | | | | | | | | | - | | | | | | | | | | _ | 1 | Page | Number . |
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| traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind | one (or less than \$1,001) | ,001 - \$15,000 | 5,001 - \$50,000 | | 90,001 - \$250,000 | 000 001 - \$1 000 000 | | 000 001 - \$5,000,000 | _ | 55,000,001 - \$50,000,000 | ver \$50,000,000 | | one | Moenas | ent | erest | apital Gains | xcepted investment Fund | cepted Trust | alified Blind Trust | Other (Specify Type) | lone (or less than \$201) | 201 - \$1,000 | 1,001 - \$2,500 | ,501 - \$5,000 | 101 - \$15,000 | ,001 - \$50,000 | .001 - \$100,000 | 100,001 - \$1,000,000 | ver \$1,000,000. | ,000,001 - \$5,000,000 | ver \$5,000,000 | Actual Amount Required if "Other" Specified |
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| identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public but accounts are public by traded partnership interest, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public by traded partnership interest, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public by traded partnership interest, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. Solution of each public by traded partnership interest, excepted and qualified blind trusts, and publicly traded partnership interest, excepted and qualified blind trusts, and publicly traded partnership interest, excepted and qualified blind trusts, and publicly traded partnership interest, excepted and qua | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Reporting Individual's Name | | | | | | | | | | | | | | | | | • | | | • | | | | | | | | | | | | Pag | e Number |
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PART VII. LIABILITIES

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| CONTENTS Couring the reproduction Excludes secured by aucertain relative accounts. | OF REPORTS Part orting period. Chec de: (1) Mortgages of lomobiles, households listed in Instruction | B of Instructions), to a ck the highest amount on your personal resid old furniture or applian ons. See Instructions | se, or dependent child (See p.3 any one creditor at any time lowed during the reporting ences unless rented; (2) loans nces; and (3) liabilities owed to for reporting revolving charge | Date Incurred | interest Rate | Term if Applicable | 0,001 - \$15,000 | 5,001 - 550,000 | 0,001 - \$100,000 | 00,001 - \$250,000 | 350,001 - \$500,000 | 00,000,000 | er \$1,000,000*** | ,000,0001 - \$5,000,000 | ,000,001 - \$25,000,000 | ,000,000,050 - \$50,000,000 | 2 CEO 000 000 |
| . ivame | of Creditor First District Bank | Address Wash., DC | Type of Liability | 4000 | 4004 | 0.5 | \$1(| \$15 | \$5 | \$1(| 0, | \$500, | ŏ | S | \$5 | \$25 | Č |
| Example: DC, or J | (J) John Jones | Wash., DC | Mortgage on undeveloped land Brownierory Note | 1992 | 13% | 25yrs On | | | Х | | E | X | A | M | P _ | L | E |
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
"This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held use the other categories of value, as appropriate.