

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Sanders	Bernard	2012	Sanders - VT
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
332 Dirksen Office Bldg. Washington DC 20510	202-224-5141		

AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, complete and attach PART I.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

FOR OFFICIAL USE ONLY
Do Not Write Below this Line

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Reporting Individual's Name <div style="font-size: 1.2em; font-family: cursive;">Sanders</div>		<input type="checkbox"/> Amendment		PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA		Page Number <div style="font-size: 1.2em; font-family: cursive;">2</div>
<p>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.</p> <p>Note: Travel expenses in excess of \$350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.</p>						
Date of Payment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount		
Example:	3/26/1X	Association of American Associations	Wash., DC	EXAMPLE	Speech	\$1,000
	7/23/1X	XYZ Magazine	NY, NY	EXAMPLE	Article	\$500
1	3/31/12	Avalon Publishing Group (for The Speech)	Berkeley, CA	Book Royalties		\$3991.57
2	9/30/12	Avalon Publishing Group (for The Speech)	Berkeley, CA	Book Royalties		\$1130.87
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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.

Reporting Individual's Name

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Sanders

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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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, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	Burlington College (Spouse)	351 North Avenue, Burlington VT	Sabbatical Spouse Salary	Over \$1,000
2	Self-employed, Antique Dealer (Spouse)	221 Van Patten Pkwy, Burlington VT	Spouse Antique Business	Over \$1,000
3	City of Burlington Vermont	Burlington City Hall, Burlington VT	Pension	\$4812.00
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

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BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly 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 PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
check the first column.

BLOCK C

Type and Amount of Income

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
		At the close of reporting period. If None, or less than \$1,001, check the first column.										Type of Income						Amount of Income																
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$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	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S,	IBM Corp. (stock)			X											X						Example		X										Example	
Example: DC, or J	(S) Keystone Fund				X													X			Example	X											Example	
1	(S) Valic Large Cap Fund	X																X				X												
2	(S) Valic Mid Cap Fund	X																X				X												
3	(S) Valic Small Cap Fund	X																X				X												
4	(S) Valic Hybrid Fund		X															X				X												
5	(S) Valic Fixed Income				X													X				X												
6	(S) Tiaa Guaranteed Traditional		X															X				X												
7	(S) Tiaa-Cref Equities		X															X				X												
8	(S) Tiaa-Real Estate		X															X				X												
9	(S) Cref Fixed Income		X															X				X												
10	(S) Cref Social Choice	X																X				X												

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.

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Reporting Individual's Name Sanders		<input type="checkbox"/> Amendment		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															Page Number 5												
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																			
<p>Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, <i>CONTENTS OF REPORTS, Part B of Instructions</i>) for production of income or investment which:</p> <p>(1) had a value exceeding \$1,000 at the close of the reporting period; and/or</p> <p>(2) generated over \$200 in "unearned" income during the reporting period.</p> <p>Include on PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.</p>		<p>At the close of reporting period. If None, or less than \$1,001, check the first column.</p>										Type of Income										Amount of Income									
												None										Amount of Income					Actual Amount				
												None (or less than \$1,001)										None (or less than \$201)					Required if "Other" Specified				
<p>Example: S. IBM Corp. (stock)</p> <p>DC, or J (S) Keystone Fund</p>																															
1 (S) TIAA Personal Annuity ^{Fixed} Account		X																													
2 (S) TIAA Personal Annuity ^{Stock} Account		X																													
3																															
4																															
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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.

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Reporting Individual's Name

☐ Amendment**PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

Page Number

Sanders

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BLOCK A**Identity of Non-Publicly Traded Assets and Unearned Income Sources**

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business 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 the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

S,
Example: DC,
or J

JP Computer, Software Design,
Wash DC
Undeveloped land, Dubuque, Iowa

BLOCK B**Valuation of Assets**

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C**Type and Amount of Income****Type of Income****Amount of Income**

your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a <u>non-public</u> trade or business 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 the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$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	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
					X											X						Example	X										Example	
Example: S, JP Computer, Software Design, Wash DC or J Undeveloped land, Dubuque, Iowa					X									X								Example	X										Example	
1	J Rental Property Burlington VT					X										X										X								
2	S People's United IRA-Cash Account			X													X						X											
3																																		
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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.

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Reporting Individual's Name

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PART VII. LIABILITIES

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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address	Type of Liability			Dis Mort		\$10,000	\$15,000	\$50,000	\$100,000	\$250,000	\$500,000	Over \$1,000,000	\$1,000,000	\$5,000,000	\$25,000,000	Over \$25,000,000
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E
1	Congressional Federal Credit Union	Wash., DC	Mortgage - Condo	2000	3.9%	0	7/1 Arm 30 yrs			X								
2	Congressional Federal Credit Union	Wash., DC	Visa Card	1991	8.5%	N/A	Revolving	X										
3	U.S. Senate Federal Credit Union	Wash., DC	Revolving Line of Credit	2006	12.35%	N/A	Revolving		X									
4	U.S. Senate Federal Credit Union	Wash., DC	Visa Card	2006	10.25%	N/A	Revolving	X										
5																		
6																		
7																		
8																		
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11																		
12																		

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.

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