

0000080396

**UNITED STATES SENATE FIN. CLOSURE REPORT
FOR ANNUAL AND TERMINATION REPORTS**

<input type="checkbox"/> Amendment			
Last Name <i>Sanders</i>		First Name and Middle Initial <i>Bernard</i>	
Senate Office Address (Number, Street, City, State, and ZIP Code) <i>330 Dirksen Office Building Washington DC 20510</i>		Senate Office Telephone Number (Include Area Code) <i>202-224-5141</i>	
Annual Report Calendar Year Covered by Report: <i>2011</i>		Senate Office / Agency in Which Employed <i>Sanders - VT</i>	
Termination Report Termination Date (mm/dd/yy):		Prior Office / Agency in Which Employed:	

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 FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two 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.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

Certification <i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>	Signature of Reporting Individual <i>Bernard Sanders</i>	Date (Month, Day, Year) <i>May 15, 2012</i>
For Official Use Only - Do Not Write Below This Line		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

**MAY 15 PM 2:52
SECRETARY OF THE SENATE**

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Reporting individual's Name <i>Sheldon, Bernard</i>	<input type="checkbox"/> Amendment	PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA	Page Number 2
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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 Payment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	3/26/1X	Association of American Associations	Wash., DC	EXAMPLE	\$1,000
	7/23/1X	XYZ Magazine	NY, NY	EXAMPLE	\$500
1	April 2011	Real Time with Bill Maher Show	Los Angeles, CA	Television Appearance	\$ 856.00
2	October 2011	Avalon Publishing Group (for the Speech)	Berkeley, CA	Book 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.

Reporting Individual's Name Sanders	<input type="checkbox"/> Amendment	PART II. EARNED AND NON-INVESTMENT INCOME	Page Number 3
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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	351 North Avenue, Burlington, VT	Spouse Salary	over \$1,000
2	City of Burlington	Burlington, VT	Pension	\$4663
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Reporting Individual's Name <i>Sanders</i>	<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 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 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.	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	
	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)	Amount of Income 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) Example: DC, or J (S) Keystone Fund	X X	X X	Example X Example X
1 <i>S TIA Personal Annuity - Fixed</i>	X	X	X
2 <i>S TIA Personal Annuity - Stock</i>	X	X	Y
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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 Sanders		<input type="checkbox"/> Amendment	PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES												Page Number 6							
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 <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.			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					
											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*** \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000					
S, JP Computer, Software Design, Wash DC Example: DC, or J Undeveloped land, Dubuque, Iowa											Example Example						Example Example					
1 S People's United IRA Cash Acct			X																			
2 J Rental Property, Burlington VI											X											
3																						
4																						
5																						
6																						
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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.															<input type="checkbox"/>							
*** 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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 Sanders

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; (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.

Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)														
			\$10,001 - \$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				
Name of Creditor	Address	Type of Liability															
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				X	E	X	A	M	P	L	E
1	Congressional Federal Credit Union	Washington DC	Mortgage - Condo Rental Property	2000	3.375%	7/1 Arm 30 yrs			X								
2	Congressional Federal Credit Union	Washington DC	Loan - revolving line of credit	1991	11.9%	Revolving	X										
3	Congressional Federal Credit Union	Washington DC	Visa Card	1991	8.5%	Revolving		X									
4	Senate Federal Credit Union	Washington DC	Loan - revolving line of credit	2006	10.25%	Revolving		X									
5	U.S. Senate Federal Credit Union	Washington DC	Visa Card	2006	10.25%	Revolving		X									
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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.

