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# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

MILNE FOR VERMONT

ADDRESS (number and street) ▼ 40 PATCHEN ROAD

PO BOX 2018

☐ Check if different than previously reported. (ACC)

SOUTH BURLINGTON — CITY ▲ — VT — STATE ▲ — 05407-2018 — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00620534

3. IS THIS REPORT ☐ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT: VT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☑ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on 08/09/2016 in the State of VT

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM/DD/YY in the State of

5. Covering Period 07/01/2016 through 07/20/2016

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

Type or Print Name of Treasurer CATHY MILNE FREY

Signature of Treasurer Cathy Milne Frey — Date 08/01/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

FEC FORM 3 (Revised 02/2003)

FE6AN023

2016080820033129 2

# SUMMARY PAGE
of Receipts and Disbursements



Write or Type Committee Name

MILNE FOR VERMONT

Report Covering the Period: From: 07 / 01 / 2016 To: 07 / 20 / 2016

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) ... | 26656.60 | 31756.60 |
| (b) Total Contribution Refunds (from Line 20(d)) .. | | |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ... | 26656.60 | 31756.60 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 5173.22 | 10190.22 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | | |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ... | 5173.22 | 10190.22 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 21566.38 | |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) .. | 0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) .. | 0.00 | |

**For further information contact:**

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2016080802003312993

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)



Write or Type Committee Name

MILNE FOR VERMONT

Report Covering the Period: From: 07 / 01 / 2016 To: 07 / 20 / 2016

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)... | 22563.00 | 22563.00 |
| (ii) Unitemized..... | | |
| (iii) TOTAL of contributions from individuals . ▶ | | |
| (b) Political Party Committees... | | |
| (c) Other Political Committees (such as PACs)... | | |
| (d) The Candidate..... | 4093.60 | 9110.60 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))... | 26656.60 | 31756.60 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.. | 0.00 | 0.00 |
| 13. LOANS: (a) Made or Guaranteed by the Candidate... | | |
| (b) All Other Loans... | | |
| (c) TOTAL LOANS (add Lines 13(a) and (b))... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).. | | |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶ | 26656.60 | 317561.60 |

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# DETAILED SUMMARY PAGE
of Disbursements



| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES... | 5173.22 | 10190.22 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .. | | |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate... | | |
| (b) Of All Other Loans ..... | | |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... | | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees .... | | |
| (b) Political Party Committees... | | |
| (c) Other Political Committees (such as PACs) ... | | |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))... | | |
| 21. OTHER DISBURSEMENTS... | | |
| 22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 5173.22 | 10190.22 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | 83.00 |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | 26656.60 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 26739.60 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 5173.22 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 21566.38 |

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**SCHEDULE A (FEC Form 3)**
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): HALE, ALAN L
Mailing Address: 41 FOREST STREET
City: Winooski State: VT Zip Code: 05404
FEC ID number of contributing federal political committee: C
Name of Employer: Champlain Marina
Occupation: Technician
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2.00
Date of Receipt: 07 / 05 / 2016
Amount of Each Receipt this Period: 2.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): DANA, DAVID
Mailing Address: 83 VT RTE 14 S
City: E. RANDOLPH State: VT Zip Code: 05041
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: retired
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 100.00
Date of Receipt: 07 / 16 / 2016
Amount of Each Receipt this Period: 100.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): HEWETT, CYNTHIA
Mailing Address: 83 VT RTE 14
City: E. RANDOLPH State: VT Zip Code: 05041
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: retired
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 48.00
Date of Receipt: 07 / 16 / 2016
Amount of Each Receipt this Period: 48.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶

**TOTAL** This Period (last page this line number only) ▶

2016080802003312996

**SCHEDULE A (FEC Form 3)**
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): HALE, ALAN L
Mailing Address: 41 FOREST STREET
City: Winooski State: VT Zip Code: 05404
FEC ID number of contributing federal political committee: C
Name of Employer: Champlain Marina
Occupation: Technician
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5.00
Date of Receipt: 07 / 16 / 2016
Amount of Each Receipt this Period: 5.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): SILVERSTEIN, GARY
Mailing Address: 3331 LAZY BRANCH ROAD
City: CHARLOTTE State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Mann Travels
Occupation: Travel Agent
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 100.00
Date of Receipt: 07 / 20 / 2016
Amount of Each Receipt this Period: 100.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): MORAN, MARK
Mailing Address: SAWYER MT RD
City: STRAFFORD State: VT Zip Code: 05072
FEC ID number of contributing federal political committee: C
Name of Employer: US Army Corps of Engineers
Occupation: Geophysicist
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 48.00
Date of Receipt: 07 / 20 / 2016
Amount of Each Receipt this Period: 48.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

2016080800331297

**SCHEDULE A (FEC Form 3)**
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Sutton, Rudyard
Mailing Address: 6735 N Andrea Doria Dr
City: Tuscon State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: Meridian Engineering, Inc
Occupation: Manager
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Davison-Sutton, Leslie A
Mailing Address: 6735 N Andrea Doria Dr
City: Tuscon State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: Amphitheater School District
Occupation: Teacher
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Sutton, Mark B.
Mailing Address: 6735 N Andrea Doria Dr
City: Tuscon State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: Meridian Engineering, Inc.
Occupation: Engineer
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

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**SCHEDULE A (FEC Form 3)**
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Sutton, Rudyard
Mailing Address: 6735 N Andrea Doria Dr
City: Tuscon State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: Meridian Engineering, Inc
Occupation: Manager
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial): Davison-Sutton, Leslie A
Mailing Address: 6735 N Andrea Doria Dr
City: Tuscon State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: Amphitheater School District
Occupation: Teacher
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
☐ Memo Item

**C.**
Full Name (Last, First, Middle Initial): Sutton, Mark B.
Mailing Address: 6735 N Andrea Doria Dr
City: Tuscon State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: Meridian Engineering, Inc.
Occupation: Engineer
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

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**SCHEDULE A (FEC Form 3)**
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Sutton, Olivia
Mailing Address: 527 NW Portland Ave Apt 1
City: Bend State: OR Zip Code: 97701
FEC ID number of contributing federal political committee: C
Name of Employer: Bag Ladies
Occupation: Retail Assistant
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Roosevelt, Michael A
Mailing Address: PO Box 162
City: Danville State: VT Zip Code: 05873
FEC ID number of contributing federal political committee: C
Name of Employer: Caledonia County State Attny
Occupation: Investigator
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 100.00
Date of Receipt: 07 / 20 / 2016
Amount of Each Receipt this Period: 100.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Dublois, Edward
Mailing Address: 129 Hard Farm Road
City: Manchester State: VT Zip Code: 05255
FEC ID number of contributing federal political committee: C
Name of Employer: Equinox
Occupation: President
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 07 / 01 / 2016
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶

**TOTAL** This Period (last page this line number only) ▶

2016080200331300

**SCHEDULE A (FEC Form 3)**
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [ ] 11a [ ] 11b [x] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency, Inc.
Occupation: Travel Agent
Receipt For: [x] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 20 / 2016
Amount of Each Receipt this Period: 2034.18
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Elise
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [x] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 60.00
Date of Receipt: 07 / 01 / 2016
Amount of Each Receipt this Period: 60.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency
Occupation: Travel Agent
Receipt For: [x] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 20 / 2016
Amount of Each Receipt this Period: 89.73
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶

**TOTAL** This Period (last page this line number only) ▶

2016080200331301

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency, Inc.
Occupation: Travel Agent
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 01 / 2016
Amount of Each Receipt this Period: 355.75
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott E.
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 01 / 2016
Amount of Each Receipt this Period: 16.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency
Occupation: Travel Agent
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 01 / 2016
Amount of Each Receipt this Period: 42.57
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

2016080802003313 02

# SCHEDULE A (FEC Form 3)
## ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [ ] 11a [ ] 11b [ ] 11c [ ] 11d [ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency, Inc.
Occupation: Travel Agent
Receipt For: [x] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 06 / 2016
Amount of Each Receipt this Period: 620.92
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott E.
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [x] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 15 / 2016
Amount of Each Receipt this Period: 4.45
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency
Occupation: Travel Agent
Receipt For: [x] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 15 / 2016
Amount of Each Receipt this Period: 45.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

2016080820033130 3

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Sutton, Olivia
Mailing Address: 527 NW Portland Ave Apt 1
City: Bend State: OR Zip Code: 97701
FEC ID number of contributing federal political committee: C
Name of Employer: Bag Ladies
Occupation: Retail Assistant
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 5400.00
Date of Receipt: 07 / 19 / 2016
Amount of Each Receipt this Period: 2700.00
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
FEC ID number of contributing federal political committee: C
Name of Employer: Milne Travel Agency
Occupation: Travel Agent
Receipt For: ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 9110.60
Date of Receipt: 07 / 20 / 2016
Amount of Each Receipt this Period: 635.00
☐ Memo Item

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶

**TOTAL** This Period (last page this line number only) ▶

201608080200331304

**SCHEDULE B (FEC Form 3)**
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Elise
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Parade supplies- gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/01/2016
Amount of Each Disbursement this Period: 60.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Washington County GOP Sponsorship/Gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/09/2016
Amount of Each Disbursement this Period: 250.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Green fees Lebanon, NH
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/01/2016
Amount of Each Disbursement this Period: 635.00
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

2016080802003313305

**SCHEDULE B (FEC Form 3)**
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Square Space web site- gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/01/2016
Amount of Each Disbursement this Period: 16.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Lavalley building /sign material/gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/06/2016
Amount of Each Disbursement this Period: 42.57
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Clear Bearing/IT support- gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/06/2016
Amount of Each Disbursement this Period: 620.92
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶

**TOTAL** This Period (last page this line number only) ▶



201608080200331306

**SCHEDULE B (FEC Form 3)**
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: USPS-postage- gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 15 / 2016
Amount of Each Disbursement this Period: 4.45
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Paypal/website/gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 06 / 2016
Amount of Each Disbursement this Period: 45.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Stripe
Mailing Address: 3180 18th Street
City: San Francisco State: CA Zip Code: 94110
Purpose of Disbursement: Electronic donation fees
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 20 / 2016
Amount of Each Disbursement this Period: 19.62
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3)**
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: mileage 7/1-7/20 3767 mi at $0.54 - gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 20 / 2016
Amount of Each Disbursement this Period: 2034.18
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Facebook- social media/gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 20 / 2016
Amount of Each Disbursement this Period: 89.73
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Milne, Scott E
Mailing Address: PO Box 3
City: N Pomfret State: VT Zip Code: 05053
Purpose of Disbursement: Staples- banners and signs- gift in kind
Candidate Name: Scott Milne
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 01 / 2016
Amount of Each Disbursement this Period: 355.75
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

2016080802003313 08

**SCHEDULE B (FEC Form 3)**
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
MILNE FOR VERMONT

**A.**
Full Name (Last, First, Middle Initial): Milne for Vermont
Mailing Address: PO Box 2018
City: 40 Patchen Road State: VT Zip Code: 05407
Purpose of Disbursement: Purchase campaign assets from 2014 state campaign
Candidate Name: Scott Milne
Category/Type
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 16 / 2016
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name: Scott Milne
Category/Type
Office Sought: [ ] House [X] Senate [ ] President
State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: VT District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶
**TOTAL** This Period (last page this line number only) ▶

2016080802003313309

# SCHEDULE C (FEC Form 3)
## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ☐ Memo Item

Election: ☐ Primary ☐ General ☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

**TERMS** Date Incurred MM / DD / YYYY Date Due MM / DD / YYYY Interest Rate % (apr) Secured: ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City State ZIP Code | Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City State ZIP Code | Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City State ZIP Code | Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial) | Name of Employer
Mailing Address | Occupation
City State ZIP Code | Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)... ▶

**TOTALS** This Period (last page in this line only).. ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**



2016080802003331310

# SCHEDULE C-1 (FEC Form 3)
# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on Page 20 of Schedule C

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER C

**LENDING INSTITUTION (LENDER)**
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established MM / DD / YYYY

Date Due MM / DD / YYYY

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: MM / DD / YYYY

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE MM / DD / YYYY

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE MM / DD / YYYY

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# SCHEDULE D (FEC Form 3)
## DEBTS AND OBLIGATIONS
### Excluding Loans

(Use separate schedule(s) for each numbered line)



FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ... ▶

2) **TOTALS** This Period (last page this line number only) ... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ... ▶

4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶



2016080802003331312

# FEC FORM 3Z (File with Form 3)

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

**(To Be Used By A Principal Campaign Committee)**

| Name of Principal Campaign Committee (In Full) | Report Covering Period: From: | To: |
|---|---|---|
| MILNE FOR VERMONT | 07 / 01 / 2016 | 07 / 20 / 2016 |

| | Committee Name | (a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees | (b) Line No. 11(b) Total Contributions From Political Party Committees |
|---|---|---|---|
| A | | 22563.00 | 0 |
| B | Column Total Last Page Only..... | 22563.00 | 0 |

| | (c) Line No. 11(c) Total Contributions From Other Political Committees | (d) Line No. 11(d) Total Contributions From The Candidate | (e) Line No. 11(e) Total Contributions | (f) Line No. 12 Total Transfers From Other Authorized Committees | (g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate | (h) Line No. 13(b) Total All Other Loans |
|---|---|---|---|---|---|---|
| A | 0 | 4093.60 | 26656.60 | 0 | 0 | 0 |
| B | 0 | 9110.60 | 31756.60 | 0 | 0 | 0 |

| | (i) Line No. 13(c) Total Loans | (j) Line No. 14 Total Offsets to Operating Expenditures | (k) Line No. 15 Total Other Receipts | (l) Line No. 16 Total Receipts | (m) Line No. 17 Total Operating Expenditures | (n) Line No. 18 Total Transfers to Other Authorized Committees |
|---|---|---|---|---|---|---|
| A | 0 | 0 | 0 | 26656.60 | 5173.22 | 0 |
| B | 0 | 0 | 0 | 31756.60 | 10190.22 | 0 |

| | (o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate | (p) Line No. 19(b) Total Loan Repayments of All Other Loans | (q) Line No. 19(c) Total Loan Repayments | (r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons | (s) Line No. 20(b) Total Contribution Refunds to Political Party Committees | (t) Line No. 20(c) Total Contribution Refunds to Other Political Committees |
|---|---|---|---|---|---|---|
| A | 0 | 0 | 0 | 0 | 0 | 0 |
| B | | | | | | |

| | (u) Line No. 20(d) Total Contribution Refunds | (v) Line No. 21 Total Other Disbursements | (w) Line No. 22 Total Disbursements | (x) Line No. 23 Cash on Hand Beginning of Reporting Period | (y) Line No. 27 Cash on Hand Close of Reporting Period | (z) Line No. 9 Debts & Obligations Owed TO the Committee |
|---|---|---|---|---|---|---|
| A | 0 | 0 | 5173.22 | 83.00 | 21566.38 | 0 |
| B | 0 | 0 | 10190.22 | | | 0 |

| | (aa) Line No. 10 Debts & Obligations Owed BY the Committee | (bb) Line No. 6(c) Net Contributions | (cc) Line No. 7(c) Net Operating Expenditures | | | |
|---|---|---|---|---|---|---|
| A | 0 | 26656.60 | 5173.22 | | | |
| B | 0 | 31756.60 | 10190.22 | | | |

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Milne For Vermont
40 Patchen Rd
PO Box 2018
South Burlington VT 05407-

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| 1235 ☐ AM ☑ PM | $ | $ | $ |
| Weight ☑ Flat Rate | Sunday/Holiday Premium Fee | Total Postage & Fees | |
| lbs. ozs. | $ | $22.95 | |
| | Acceptance Employee Initials | | |

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|---|---|---|
| | ☐ AM ☐ PM | |
| Delivery Attempt (MM/DD/YY) | Time | Employee Signature |
| | ☐ AM ☐ PM | |

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SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

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PHONE(202) 224-0322

# United States Senate

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