RECEIVED 2012 NOV -5 AM 9: 40 FEC MAIL CENTER

Committee Name:

VERMONT DEMOCRATIC TRUST FUND

If registered, FEC ID:

Today's Date:

10/29/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: RICHARD KEVINSTON

, Treasurer

	STATEMENT OF	RECEIVED
FEC FORM 1	ORGANIZATION	
		FEC MALDING Estation R
1. NAME OF COMMITTEE (in full)	(Check if name Example: is changed) over the	If typing, type 12FE4M5 lines.
	EMOCRATIC TRUST FU	
ADDRESS (number and stree	" P. O. BOX 8394	
(Check if address is changed)	DELRAY BEACH	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADI	DRESS (Please provide only one e-mail address	-
(Check if addres		raticTrustFund@yahoo.com
is changed)		
COMMITTEE'S WEB PAGE	ADDRESS (URL)	
(Check if addres	s	
Ll is changed)		
2. DATE 10 [™] ′	29° ′ 2012 Č	
3. FEC IDENTIFICATIO		
4. IS THIS STATEMENT		AMENDED (A)
I certify that I have examin	ed this Statement and to the best of my know	ledge and belief it is true, correct and complete.
Type or Print Name of Trea	surer RICHARD KEVINS	TON
Signature of Treasurer	Kup	Date 10 [™] 29 [™] 2012 1
NOTE: Submission of false, e	nroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SHOULD	the person signing this Statement to the penalties of 2 U.S.C. §437g. BE REPORTED WITHIN 10 DAYS.
Office Use Only	Fede Toll	further information contact: FEC FORM 1 tral Election Commission (Revised 02/2009) Free 800-424-9530 (Revised 02/2009) 1 202-694-1100

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FEC Form 1 (Revised 02/2009)

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5.			OMMITTEE
	Cano	didate	Committee:
	(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 Candi		<u></u>
	Candi Party	date Affiliatio	Office State State Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	v Com	Imittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
•	(0)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(0)		Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	\mathbf{X}	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
,			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least obe of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number C
		3.	FEC ID number
		4.	FEC ID number
1.			

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Write or Type Committee Name

VERMONT DEMOCRATIC TRUST FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor

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7. Custodian of Records: Iden									_								_										-									
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	ARD KEVINSTON		
Mailing Address	P. O. BOX 8394		
		- <u></u>	
	DELRAYBEACH		33482
Title or Position	CITY	STATE	ZIP CODE
GOVERNMENTR	ELATIONS DIRECTOR	Telephone number 56	19452234

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			
Mailing Address	P. O., BOX 8394		
			33482
Title or Desilion	CITY	STATE	ZIP CODE
Title or Position		Telephone number 56	61,[945,[2234,]

FEC Form 1 (Revised 02/2009)

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Full Name of			
Designated			
Agent	┹ <u>╸╊╼┖╼┶╶┖╼┶╶</u> ┠╶┹╸┟╶┙╼ <u></u> ┹╺┟╶┙		
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Banks or Other Deposito	orles: List all banks or other depositories in which	the committee deno	eite funde holde accounte rente
safety deposit boxes or m	aintains funds.		
Name of Bank, Depository	ı, etc.		
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Federal Election (ENVELOPE REPLACEMENT PAGE The FEC added this page to the end of this	FOR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or	Signature Confirmation [™] Label
	Postmarked
USPS Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registra	Date of Receipt tion Office
Received from Senate Public Records Off	Date of Receipt ice
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Amp.	11/5/12
PREPARER	DATE PREPARED
(3/2005)	· · ·