FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	0	(See instruction			sting upg palu
1. NAME OF COMMITTEE (in	full) (C	Check if name changed)	Example: If typying, type over the lines	12FE4M5	ffice use only
, VERMONT RE	PUBLICAN FEDERA	AL ELECTIONS	; СОММІТТЕЕ , , , ,		
ADDRESS (number and	P.O. B	OX 70			
The state of the s		ATE STREET,	SUITE #2		
(Check if addro	ess	PELIER		VT L	05601
			CITY	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI					1
	<u> </u>				
	PAGE ADDRESS (URL	-)			
www.vtgop.or	rg 				
COMMITTEE'S FAX N 8022291864	NUMBER				
2. DATE <b>M</b> N	1	2 0 0 5			
3. FEC IDENTIFICA	ATION NUMBER	(	C C00035618		
4. IS THIS STATEM	MENT X NEW (	N) OR	AMENDED (A)		
I certify that I have exami	ined this Statement and to	the best of my know	vledge and belief it is true, correc	t and complete	
Torrigo Dáid Near a f	To:	m Gorman			
Type or Print Name of	reasurer	- Gorman			
Signature of Treasurer	. Electronically Filed b	oy Tom Gorm	an	Date 03	21 2006
NOTE: Submission of fal	•	•	subject the person signing this S	·	of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Communication Free 800-424-953	nission	FEC FORM 1 (Revised 02/2003)

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5.	5. TYPE OF COMMITTEE (Check One)					
	(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.)					
information below.)  Name of  Candidate						
	Candidate Office Party Affiliation Sought: House	Senate President State District				
	(c) This committee supports/opposes only one candidate, and is NOT	an authorized committee.				
	Name of Candidate					
 6.	(d) X This committee is a STA (National, State (or subordinate) committee  (e) This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidat committee.  6. Name of Any Connected Organization or Affiliated Committee					
1						
	Mailing Address					
	CITY▲	STATE ▲ ZIP CODE ▲				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Sto	ck Labor Organization				
	Membership Organization Trade Association	Cooperative				

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Write or Type Committee Name

VERMONT REPUBLICAN FEDERAL E	ELECTIONS COMMITTEE
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Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Jim Bai	rnett					
Mailing Address	100 State Street					
	Suite 2					
	Montpelier		05602 _			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
Chairman		Telephone number				
	and address (phone number optional) designated agent (e.g., assistant treasu		nittee; and the			
	<b>7.1.1.4.1</b>					
	100 State Street					
Mailing Address	100 State Street Suite 2					
U 116434161			05602			
or rreasurer	Suite 2		05602 ZIP CODE ▲			
Mailing Address	Suite 2  Montpelier					
Mailing Address  Title or Position ♥	Suite 2  Montpelier  CITY A	STATE ▲	ZIP CODE ▲			
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	Suite 2  Montpelier  CITY A	STATE ▲	ZIP CODE ▲			
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Joe Bal	Suite 2  Montpelier  CITY A	STATE ▲	ZIP CODE ▲			
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Joe Bal	Suite 2  Montpelier  CITY A	STATE ▲	ZIP CODE ▲			
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Joe Bal	Suite 2  Montpelier  CITY A  Ker  100 State Street  Suite 2	STATE ▲ Telephone number 802	ZIP CODE <b>A</b>			

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9.	Banks or Other Depositories safety deposit boxes or maintain	ns funds.	nts, rents
	Name of Bank, Depository, etc.		
	Chitten	nden Bank 	
	Mailing Address	45 State Street	
		Montpelier VT 056	602   _
		CITY △ STATE △ ZII	P CODE △