

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

VERMONT REPUBLICAN FEDERAL ELECTIONS COMMITTEE

ADDRESS (number and street)

P.O. BOX 70

☐(Check if address
is changed)

100 STATE STREET, SUITE #2

MONTPELIER

VT

05601

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jbarnett@vtgop.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.vtgop.org

COMMITTEE'S FAX NUMBER

8022291864

2. DATE

M M
0 8/ D D
1 8/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00035618

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

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

Type or Print Name of Treasurer

Tom Gorman

Signature of Treasurer

Electronically Filed by Tom Gorman

Date

M M
0 8/ D D
1 8/ Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☒ This committee is a **STA** (National, State (or subordinate) committee of the **REP** (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

VERMONT CONGRESSIONAL VICTORY COMMITTEE 2006

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Jnt Fundraising Rep

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

VERMONT REPUBLICAN FEDERAL ELECTIONS COMMITTEE

7. **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 Barnett**

Mailing Address **100 State Street**

Suite 2

Montpelier **VT** **05602** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Chairman Telephone number **802** - **223** - **3411**

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 **Tom Gorman**

Mailing Address **100 State Street**

Suite 2

Montpelier **VT** **05602** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **802** - **223** - **3411**

Full Name of Designated Agent **Joe Baker**

Mailing Address **100 State Street**

Suite 2

Montpelier **VT** **05602** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer Telephone number **802** - **223** - **3411**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chittenden Bank

Mailing Address

45 State Street

Montpelier

VT

05602

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

BB&T		
1909 K Street, N.W.		
Washington	DC	20006 -
CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

[ADDITIONAL]

ZIP CODE ▲

Telephone number _____ - _____ - _____