FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	See instruction		N								
4 NAME OF		·		-la. If t		_	-	(Office use	only		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	over t	ple: If typyir he lines	ng, type	12	FE4I	M 5				
Martha Rainv	ille for Congress	1 1 1 1 1 1		111	1 1 1	1.1		1 1				
	<u> </u>	1 1 1 1 1 1		111	111	11				11		لب
ADDRESS (number and	d street)	Box 505	шш					ш	ш	1 1		لب
(Check if add	ress	1 1 1 1 1 1					ш		ш			
is changed)		ston	шш		ш	Ľ	<u>/</u> T_		05	495 _	ـــــا	ш
			CITY▲			STA	TE_		2	ZIP COI	DE 📥	
COMMITTEE'S E-MA												
info@martha			шш				Щ	Щ	ш			ш
			ш				ш	ш	ш		ш	
COMMITTEE'S WEE	B PAGE ADDRESS (U	JRL)										
www.martha	rainville.com		1 1 1	1 1 1	1 1 1	1.1		1 1		11	1 1	1
	<u> </u>			1 1 1	1 1 1							—— ——
COMMITTEE'S FAX 802-872-878	NUMBER											
2. DATE M 1.0	M / D D / Y	2006										
3. FEC IDENTIFIC	ATION NUMBER	(C C004	114755								
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMENI	DED (A)							
I certify that I have exam	nined this Statement and	d to the best of my know	wledge and	belief it is tr	ue, correct	and com	plete					
Type or Print Name o	f Treasurer I	Mr. Kevin Manah	an									
Signature of Treasure	er Electronically File	ed by Mr. Kevin	Manaha	n		Date		1 0 ^M	/ D 2	20 /	Y Y	0 [°] 0 6 [°]
NOTE: Submission of fa		nplete information may							s of 2 U.	S.C. S4	37g.	
Office			T	For further i	nformation	n contac	et:					
Use Only				Federal Elec Toll Free 800	tion Commi 0-424-9530	ission				FOI vised 02/		l

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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 car information below.)	ndidate
	Name of Ms. Martha Rainville Candidate	
	Party Affiliation REP Sought: House Senate President	State VT District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, ublican,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 function committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	VT-AL Congressional Victory Committee	
L		
	Mailing Address P.O. Box 40177	
	Washington DC 2210	02
	CITY▲ STATE ▲ ZI	IP CODE 🛦
	Relationship Joint Fundraising Representative	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	1
	Membership Organization Trade Association Cooperative	

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Write or Type Comr	mittee Name					
Martha Rain	ville for Congress					
	ecords: Identify by name Committee books and red		ber optional), and pos	sition of th	e person in	
Full Name	Nathan Rice					
Mailing Address		254 Twin Oaks Terrac	ee			
		Williston		<u> </u>	05403	
Title or Position	▼	CITY A	STA	TE▲	ZIP CO	DE A
	Campaign Manager		Telephone number	802	. – <mark></mark>	9682
 Treasurer: List name and add Full Name of Treasurer Mailing Address 	st the name and address (dress of any designated ag	gent (e.g., assistant trea	asurer).			
		St. Albans		<u> </u>	05478 _	
Title or Position	▼	CITY A	STA	TE▲	ZIP CO	DE 🛦
	Treasurer		Telephone number	802	527	0505
Full Name of Designated Agent	Mr. Nathan Rice					
Mailing Address	:	254 Twin Oaks Terrac	e			
	:	South Burlington		<u>Γ</u>	05403 _	
Title or Position	▼	CITY A	STA	TE 🛦	ZIP COI	DE A
	Campaign Manager		Telephone number	802	_ 878 _	9682

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9.	Banks or Other Deposafety deposit boxes o	·	accounts, rents
	Name of Bank, Depos	itory, etc.	
		Chittenden Bank	
	Mailing Address	P.O. Box 820	
		Burlington	05402 _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Relationship

Type of Connected Organization:

Membership Organization

Corporation

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Banks or Other Do safety deposit boxe Name of Bank, Dep	s or maintains funds.
Mailing Address	McLean CITY A STATE A ZIP CODE A
Name of Any Cor	nnected Organization or Affiliated Committee [ADDITIONAL]
Retain Our Maj	ority Party III
Mailing Address	228 S. Washington ST Suite 115
	Alexandria VA 22314

CITY A

Corporation w/o Capital Stock

Trade Association

Joint Fundraising Representative

STATE A

Labor Organization

Cooperative

ZIP CODE 🛦

Designated Agent		[ADDITIONAL]
Full Name		
Title or Position ♥	CITY A	
		elephone number = =

Type of Connected Organization:

Membership Organization

Corporation

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Banks or Other Depositories: safety deposit boxes or maintain: Name of Bank, Depository, etc.	List all banks or other depositories in which the committee s funds.	e deposits funds, l	nolds accounts, rents
BBQ1			
Mailing Address	1909 K Street NW		
	Washington	DC	20006 _
	CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connected Orga	anization or Affiliated Committee		L ADDITIONAL 1
, ,			[ADDITIONAL]
Vermont Congressional V	(ictory 2006		
Mailing Address	228 South Washington St, Suite 115		
	Alexandria	VA	22314 _
	CITY▲	STATE A	ZIP CODE 🛦
Relationship Joint Fu	Indraising Representative		

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		[ADDITIONAL]	
Full Name Mailing Address			
-			
Title or Position ▼	CITY A	STATE▲ ZIP CODE ▲ Telephone number	

Membership Organization

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Banks or Other De	epositories: List all banks or other depositories in which the committe s or maintains funds.	
Name of Bank, Dep		[ADDITIONAL]
Mailing Address		
	1	
	CITY △	STATE ZIP CODE △
Name of Any Con	nected Organization or Affiliated Committee	[ADDITIONAL]
2006 Joint Cand	didate Committee	
Mailing Address	228 South Washington St. Suite 115	
Ü	1	
	Alexandria	VA , 22314 _
	710/41414	[12] [124.1] - [11]
	CITY	STATE ▲ ZIP CODE ▲
Relationship	Joint Fundraising Representative	
Type of Connected	l Organization:	
Corporatio	n Corporation w/o Capital Stock	Labor Organization

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY &	STATE▲	ZIP CODE A
		elephone number	