

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 JUN -1 A 9:03

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MATT DUNNE FOR CONGRESS

ADDRESS (number and street)

P O BOX 1134

(Check if address is changed)

WHITE RIVER JCT VT 05001-1134

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO.MATTDUNNEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MATTDUNNEFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

2. DATE 05 26 2005

3. FEC IDENTIFICATION NUMBER ► C

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 HENRY SCHEIER

Signature of Treasurer Henry Scheier Date 05 26 2005

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 Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

25038820000

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 Candidate MATT DUNNE

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State VT District

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

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (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

NONE

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

25038820661

Write or Type Committee Name

MATT DUNNE FOR CONGRESS

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

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

HENRY SCHEIGER

Mailing Address

P O BOX 1134

WHITE RIVER JCT VT 05001-1134

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 603-448-1272

Full Name of Designated Agent

CHARLES G LIEF

Mailing Address

38 TUCKAWAY POND LANE

GOLCHESTER VT 05446

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 802-872-5939

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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

190 MAPLE STREET

WHITE RIVER JCT VT 05001-~~2194~~

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*SR* 6/1/05  
 PREPARER DATE PREPARED  
 (3/2005)

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