

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

Office Use Only

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

12FE4M5

VERMONT DEMOCRATIC PARTY

ADDRESS (number and street)

PO BOX 1220



(Check if address is changed)

MONTPELIER

CITY ▲

VT

STATE ▲

05601

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

compliance@vtdemocrats.org

Optional Second E-Mail Address

tara@commoncentsconsulting.net

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

vtdemocrats.org

2. DATE

MM / DD / YYYY  
01 / 15 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00024679

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 Berryere, Deborah, R., ,

Signature of Treasurer Berryere, Deborah, R., ,

Date

MM / DD / YYYY  
01 / 15 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

## 5. TYPE OF COMMITTEE:

**Candidate 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 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**Party Committee:**

- (d) ☒ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

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

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ 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.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ 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.

Committees Participating in Joint Fundraiser

1. 2. 

C

C

Write or Type Committee Name

## VERMONT DEMOCRATIC PARTY

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

DEMOCRATIC GRASSROOTS VICTORY FUND

Mailing Address

430 SOUTH CAPITOL ST SE

WASHINGTON

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 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

Berryere, Deborah, R., ,

Mailing Address

PO Box 1220

Montpelier

VT

05601

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

802

229

1783

## 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

Berryere, Deborah, R., ,

Mailing Address

PO Box 1220

Montpelier

VT

05601

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

802

229

1783

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

Amalgamated Bank

Mailing Address

275 Seventh Avenue

New York

CITY ▲

NY

STATE ▲

10001

ZIP CODE ▲

Name of Bank, Depository, etc.

M&amp;T Bank

Mailing Address

One M&amp;T Plaza

Buffalo

CITY ▲

NY

STATE ▲

14203

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

DNC State Party Victory Fund

Mailing Address

430 South Capitol Street SE

Washington

DC

20002

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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. Citizens Bank

Mailing Address

1 Capital Piz

Concord

NH

03301

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
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FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**VERMONT SENATE VICTORY FUND  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

600 PENNSYLVANIA AVE SE  
\_\_\_\_\_  
\_\_\_\_\_#15180  
\_\_\_\_\_  
\_\_\_\_\_WASHINGTON  
\_\_\_\_\_  
\_\_\_\_\_DC  
\_\_\_\_\_  
\_\_\_\_\_20003  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

HARRIS VICTORY FUND

Mailing Address

430 SOUTH CAPITOL STREET SE

WASHINGTON

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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FEC ID number

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**FRIENDS OF STATE DEMOCRATIC PARTIES  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

959 WINDSONG PL  
\_\_\_\_\_  
\_\_\_\_\_

PETOSKEY

MI

49770  
\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

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

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_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. \_\_\_\_\_Mailing Address \_\_\_\_\_  
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CITY ▲

STATE ▲

ZIP CODE ▲



5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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

NEW ENGLAND DEMOCRATIC VICTORY FUND

Mailing Address

105 N STATE ST

CONCORD

NH

03301

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Depository, etc.

Mailing Address

CITY ▲

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