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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

N. BROOKE PRIGE FOR U.S. SENATE - CAMPAIGN
COMMITTEE, LLC

ADDRESS (number and street)

P.O. BOX #41

(Check if address is changed)

WASHINGTON

CITY ▲

VT
STATE ▲

05675-0041
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

donnap@sover.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.brookeprige.us

2. DATE

07 15 2012

3. FEC IDENTIFICATION NUMBER

C

NEW

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

DONNA E. Z. PRIGE

Signature of Treasurer

Donna E. Z. Prige

Date

07 15 2012

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.

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

FEC FORM 1
(Revised 06/2012)

12020610762

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 Candidate H. BROOKS PRICE

Candidate Party Affiliation REP 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 _____

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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	_____	FEC ID number	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

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Write or Type Committee Name

H. BROOKE PRIGG FOR U.S. SENATE - CAMPAIGN COMMITTEE, LLC

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

NONE

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

TREASURER

Mailing Address

P.O. BOX #41

WASHINGTON V.T 05675-0041

Title or Position

TOWN CITY STATE ZIP CODE

Telephone number [Empty]

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

DONNA E. Z. PRIGG

Mailing Address

P.O. BOX #41

WASHINGTON VT 05675-0041

Title or Position

TREASURER Telephone number 802-883-2322

1120021615 1107154

Full Name of Designated Agent

M. BROOKS PAIGE

Mailing Address

P.O. BOX 41

WASHINGTON

CITY

VT

STATE

05675-0041

ZIP CODE

Title or Position

CANDIDATE

Telephone number

802-883-7322

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.

TD BANK

Mailing Address

36 NORTH MAIN STREET

BARRE

CITY

VT

STATE

05641

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12020610765

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From/Expéditeur:

H. BROOKE PAIGE For U.S. Senate - Committee on Health, Education, Labor, and Pensions
TOWN ROAD # 17, BOX # 41
WASHINGTON, VERMONT 05675

RETURN RECEIPT
REQUESTED

To/Destinataire:

FEDERAL ELECTION COMMISSION
999 'E' STREET N.W.
WASHINGTON, DC, 20543

Country of Destination/Pays de destination:

48
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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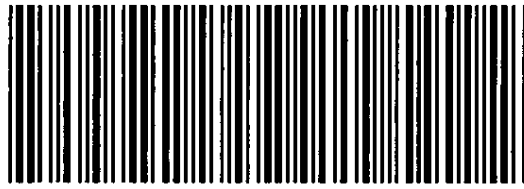
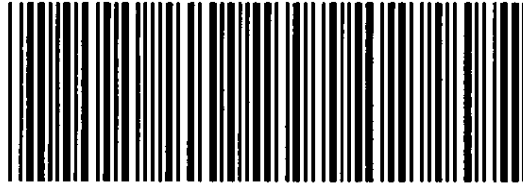
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