

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

16 JUN 22 PM 2:59

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

12FE4M5

Milne for Vermont

ADDRESS (number and street) 40 Patchen Road

(Check if address is changed) PO Box 2018

S Burlington VT 05403-2018 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) info@scottmilne.org

Optional Second E-Mail Address elise.milne@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) scottmilne.org

2. DATE 06 / 17 / 2016

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 Cathy Frey

Signature of Treasurer [Handwritten Signature]

Date 06 / 19 / 2016

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.

201606220200209874

Table with 4 columns: Office Use Only, empty, empty, empty

For 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 Candidate S c o t t M i l l e r

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

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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 | Elise Milne

Mailing Address | 40 Patchen Road

| P.O. Box 2018

| S. Burlington, VT | 05403-2018

Title or Position

CITY

STATE

ZIP CODE

| Custodian of Records

Telephone number | 802-272-9771

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 | Cathy Frey

Mailing Address | 40 Patchen Road

| P.O. Box 2018

| S. Burlington, VT | 05403-2018

Title or Position

CITY

STATE

ZIP CODE

| Treasurer

Telephone number | 802-793-9561

201606220200209876

Full Name of Designated Agent

E, l, i, s, e, M, i, l, l, i, n, e

Mailing Address

4, 0, P, a, t, c, h, e, n, R, o, a, d

P, O, B, o, x, 2, 0, 1, 8

S, B, u, r, l, i, n, g, t, o, n, V, T, 0, 5, 4, 0, 3 - 2, 0, 1, 8

CITY

STATE

ZIP CODE

Title or Position

A, s, s, i, s, t, a, n, t, T, r, e, a, s, u, r, e, r,

Telephone number

8, 0, 2 - 2, 7, 2 - 9, 7, 7, 1

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

Name of Bank, Depository, etc.

N, o, r, t, h, f, i, e, l, d, S, a, v, i, n, g, s, B, a, n, k,

Mailing Address

2, 8, 9, N, o, r, t, h, M, a, i, n, S, t, r, e, e, t

B, a, r, r, i, e, V, T, 0, 5, 6, 4, 1 -

CITY

STATE

ZIP CODE

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ORIGIN (POSTAL SERVICE USE ONLY)		<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage \$			
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee		
	<input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM	\$	\$		
	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON	\$	\$		
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee		
	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$		
Weight	Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees		
lb. oz.	\$	\$	\$		
Acceptance Employee Initials		Employee Signature			
Employee Signature		Employee Signature			
Delivery Address (MM/DD/YYYY) Time		Delivery Address (MM/DD/YYYY) Time			
10-21-16 11:30 AM		10-21-16 11:30 AM			

DATE: 11/18/2016 JANUARY 2014 PSN 7500/02-000-8998 3-ADDRESSEE COPY

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

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Postmark

USPS PRIORITY MAIL _____
Postmark **6-18-16**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

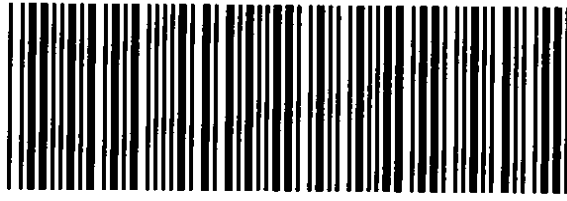
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

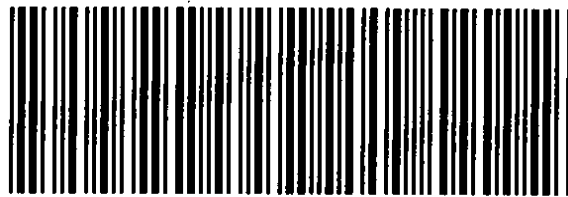
OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **6-22-16**

201606220200209879



SEN PATCH



SEN PATCH

201606220200209880