

MILNE RELEASES PERSONAL FINANCIAL DATA AND ASKS GOVERNOR SHUMLIN TO TELL THE  
WHOLE TRUTH TO VERMONTERS ABOUT HIS INCOME

SOUTH BURLINGTON – Scott Milne released his personal financial data for the last two years today and said he would encourage the Vermont Legislature to adopt financial disclosure requirements for gubernatorial candidates.

Vermont is one of only three states that does not require lawmakers and statewide office holders to disclose personal financial information. In most states, it's common practice for politicians to release tax forms and lists of assets and investments. Milne called on legislators to require candidates in Vermont to provide full financial disclosure.

"It's time for both parties to come together and follow the lead of the majority of states that require candidates for office to be transparent to the people they wish to serve," said Milne.

Milne disclosed an income of \$139,738 in 2013, and \$117,588 in 2012. Milne's asset list details a net worth of approximately \$2,641,348.

Governor Shumlin only produced a 2013 tax return and an asset list, leaving the origins of around half-million dollars in question. Shumlin also neglected to release any information from 2012, including his income, taxes, investments, or capital gains.

"Governor Shumlin needs to be forthright and show Vermonters how he has made his money," said Milne. "My opponent's selective disclosure is yet another reason why our legislature should require candidates to comply with the same transparency requirements set for federal candidates."

Milne produced his 2013 tax return, 2012 tax return, a current asset list, 2012 income details and a completed federal disclosure form with all assets and liabilities for 2013. This is the same form all members of the United State Senate and House of Representatives are required by law to complete. Milne challenged his opponent to release the same documents to provide the transparency voters deserve before the election.

"The ball is in Peter Shumlin's court to show Vermonters he has nothing to hide," added Milne. "Vermonters already know that Shumlin spent 25% of his time out of the state on vacation and rubbing elbows with lobbyists. When their Governor is collecting a sizeable income aside from his government salary, residents deserve answers."

###

Form

1040

U.S. Individual Income Tax Return

2012

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

SCOTT E

MILNE

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

PO BOX 353

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

NORTH POMFRET, VT 05053

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/country

Foreign postal code

You  Spouse

Filing Status

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

Boxes checked on 6a and 6b

1

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) If child under age 17 qualifying for child tax credit

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

1

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

119,878.

8a Taxable interest. Attach Schedule B if required

8a

1,577.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or G-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

22,000.

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

-25,867.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

117,588.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

2,497.

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

2,497.

37 Subtract line 36 from line 22. This is your adjusted gross income

37

115,091.

210001 01-11-13

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2012)

<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income) .....	38	115,091.
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent.  • All others: Single or Married filing separately, \$5,950 Married filing jointly or Qualifying widow(er), \$11,900 Head of household, \$8,700	39a Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked ... 39a <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b <input type="checkbox"/>		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	58,395.
	41 Subtract line 40 from line 38 .....	41	56,696.
	42 Exemptions. Multiply \$3,800 by the number on line 6d .....	42	3,800.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43	52,896.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election .....	44	6,828.
	45 Alternative minimum tax. Attach Form 6251 .....	45	10,548.
	46 Add lines 44 and 45 .....	46	17,376.
	47 Foreign tax credit. Attach Form 1116 if required .....	47	
48 Credit for child and dependent care expenses. Attach Form 2441 .....	48		
49 Education credits from Form 8863, line 19 .....	49		
50 Retirement savings contributions credit. Attach Form 8880 .....	50		
51 Child tax credit. Attach Schedule 8812, if required .....	51		
52 Residential energy credits. Attach Form 5695 .....	52		
53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> .....	53		
54 Add lines 47 through 53. These are your total credits .....	54		
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- .....	55	17,376.	
<b>Other Taxes</b>			
56 Self-employment tax. Attach Schedule SE .....	56		
57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .....	57		
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	58		
59a Household employment taxes from Schedule H .....	59a		
b First-time homebuyer credit repayment. Attach Form 5405 if required .....	59b		
60 Other taxes. Enter code(s) from instructions .....	60		
61 Add lines 55 through 60. This is your total tax .....	61	17,376.	
<b>Payments</b>			
62 Federal income tax withheld from Forms W-2 and 1099 .....	62	123,709.	
63 2012 estimated tax payments and amount applied from 2011 return .....	63		
64a Earned income credit (EIC) .....	64a		
b Nontaxable combat pay election .....	64b		
65 Additional child tax credit. Attach Schedule 8812 .....	65		
66 American opportunity credit from Form 8863, line 8 .....	66		
67 Reserved .....	67		
68 Amount paid with request for extension to file .....	68		
69 Excess social security and tier 1 RRTA tax withheld .....	69		
70 Credit for federal tax on fuels. Attach Form 4136 .....	70		
71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 .....	71		
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments .....	72	123,709.	
<b>Refund</b>			
73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid .....	73	106,333.	
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here .....	74a	106,333.	
b Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d Account number <input type="checkbox"/>			
75 Amount of line 73 you want applied to your 2013 estimated tax .....	75		
<b>Amount You Owe</b>			
76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions .....	76		
77 Estimated tax penalty (see instructions) .....	77		

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal Identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation <b>CEO</b>	Daytime phone number <b>603-298-5997</b>
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent you an Identity Protection PIN, enter it here _____

**Paid Preparer Use Only**

Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
Firm's name _____	Firm's EIN _____	Phone no _____		
Firm's address _____				

## Scott Milne 2012 Income Reconciliation

Wages (Milne Travel)	\$ 119,878
Interest	1,577
Capital gain (Milne Travel)	22,000
Non-passive loss (B&M Realty)	(25,867)
<b>Total Income</b>	<b>\$ 117,588</b>

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending 2013, ending 2013

Your first name and initial SCOTT E. Last name MILNE Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. PO BOX 353 Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below. NORTH POMFRET, VT 05053

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 [X] Single 4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 5 [ ] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [ ] Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit. Includes rows for dependents and a total number of exemptions claimed (1).

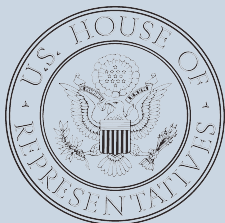
Income section table with 22 rows. Columns include description, amount, and total. Total income is 139,738.

Adjusted Gross Income section table with 15 rows. Columns include description, amount, and total. Adjusted gross income is 131,934.

<b>Tax and Credits</b>		38 Amount from line 37 (adjusted gross income) .....	38	131,934.
Standard Deduction for - ● People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.  ● All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950	39a Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked ...	39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	32,912.	
	41 Subtract line 40 from line 38 .....	41	99,022.	
	42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see inst.	42	3,900.	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	95,122.	
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	19,573.	
	45 Alternative minimum tax. Attach Form 6251 .....	45	0.	
	46 Add lines 44 and 45 .....	46	19,573.	
	47 Foreign tax credit. Attach Form 1116 if required .....	47		
48 Credit for child and dependent care expenses. Attach Form 2441 .....	48			
49 Education credits from Form 8863, line 19 .....	49			
50 Retirement savings contributions credit. Attach Form 8880 .....	50			
51 Child tax credit. Attach Schedule 8812, if required .....	51			
52 Residential energy credits. Attach Form 5695 .....	52			
53 Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	53	6,193.		
54 Add lines 47 through 53. These are your total credits .....	54	6,193.		
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	13,380.		
<b>Other Taxes</b>		56 Self-employment tax. Attach Schedule SE .....	56	
57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137. b <input type="checkbox"/> 8919 .....	57			
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	58			
59a Household employment taxes from Schedule H .....	59a			
b First-time homebuyer credit repayment. Attach Form 5405 if required .....	59b			
60 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) .....	60			
61 Add lines 55 through 60. This is your total tax .....	61	13,380.		
<b>Payments</b>		62 Federal income tax withheld from Forms W-2 and 1099 .....	62	22,951.
63 2013 estimated tax payments and amount applied from 2012 return .....	63			
64a Earned income credit (EIC) .....	64a			
b Nontaxable combat pay election .....	64b			
65 Additional child tax credit. Attach Schedule 8812 .....	65			
66 American opportunity credit from Form 8863, line 8 .....	66			
67 Reserved .....	67			
68 Amount paid with request for extension to file .....	68			
69 Excess social security and tier 1 RRTA tax withheld .....	69			
70 Credit for federal tax on fuels. Attach Form 4136 .....	70			
71 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71			
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments .....	72	22,951.		
<b>Refund</b>		73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid .....	73	9,571.
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here .....	74a	9,571.		
Direct deposit? See instructions. <input type="checkbox"/> Rolling number <input type="checkbox"/> Account number	b <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d number			
75 Amount of line 73 you want applied to your 2014 estimated tax .....	75			
76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions .....	76			
77 Estimated tax penalty (see instructions) .....	77			
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name	Phone no.	Personal Identification number (PIN)		
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Sign Here	Date	Your occupation	Daytime phone number	
Your signature		CEO	603-298-5997	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here	
Print/Type preparer's name		Preparer's signature	Date	
Paid Preparer Use Only		Check <input type="checkbox"/> If self-employed	PTIN	
Firm's name		9/25/2014		
Firm's address		Firm's EIN	Phone no.	

## Scott Milne Current Asset List

REAL ESTATE	LOCATION	MILNE NET BOOK VALUE	MILNE OWNERSHIP %	MILNE OWNERSHIP VALUE
Primary Residence	Pomfret VT	\$ 402,240	50%	\$ 201,120
Washington Land	Washington VT	\$ 39,800	50%	\$ 19,900
INVESTMENTS / CORPORATE INTERESTS		MILNE VALUE		
Masaai LLC		\$ 187,559	2%	\$ 3,751
B&M Realty		\$ 3,399,499	50%	\$ 1,699,750
Milne Travel		\$ 2,000,000	100%	\$ 2,000,000
IRA		\$ 321,657	100%	\$ 321,657
Roth IRA		\$ 5,676	100%	\$ 5,676
Stock Account		\$ 31,768	100%	\$ 31,768
MORTGAGES/NOTES				
Citizens Bank	Pomfret	\$ 135,611	50%	\$ 67,806
Mascoma	South Burlington	\$ 118,111	2%	\$ 2,362
Peoples Bank	Quechee	\$ 924,211	50%	\$ 462,106
Private Mortgage	Quechee	\$ 320,000	50%	\$ 160,000
Promissory Note		\$ 950,000	100%	\$ 950,000
Total Assets Less Mortgages/Notes				\$ 2,641,348



United States House of Representatives

## ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by Annual and Termination Filers

**WHO MUST FILE AND WHEN:** ***Annual Filers:*** Each Member, officer, and employee of the Legislative Branch compensated at or above the “senior staff” rate (\$119,553.60) for at least 60 days in calendar year 2013, and any employee designated by a Member as a principal assistant must file a Financial Disclosure Statement on or before May 15, 2014. ***Termination Filers:*** A termination report must be filed within 30 days of leaving a covered position. For all filers, a clear postmark is accepted as the filing date.

**LATE REPORTS AND PENALTIES FOR FALSE REPORTS:** A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies, or who knowingly or willingly fails to file, the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

**REPORTING PERIOD:** ***Annual Filers:*** The period covered by this report is calendar year 2013, unless otherwise indicated on the Schedule. ***Termination Filers:*** If you leave before May 15, 2014, the period covered is January 1, 2013, through the date of your termination. If you leave after May 15, 2014, the period covered is January 1, 2014, through the date of your termination.

**EXTENSIONS:** Requests for extension must be made using the extension request form either in the electronic filing system, available at <https://fd.house.gov>, or in hard copy form on the Committee’s Web site, [www.ethics.house.gov](http://www.ethics.house.gov). The extension request must be **received** by the due date of the report.

**WHERE TO OBTAIN ASSISTANCE:** Counsel from the Committee on Ethics are available to answer questions and offer assistance at (202) 225-7103. Additional forms and instructions are available on the Committee’s Web site, [www.ethics.house.gov](http://www.ethics.house.gov), under the “Financial Disclosure” tab.

**BEFORE FILING:** Answer each question on the “Preliminary Information” page, and attach the appropriate schedule for each “Yes” response. Please type or print using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section that is being continued. Type or print your name at the top of each page filed. Redact any confidential information from any attachments.

RETURN COMPLETED STATEMENT TO:  
**The Clerk, U.S. House of Representatives**  
**Legislative Resource Center**  
**B-106 Cannon House Office Building**  
**Washington, DC 20515-6612**

**Filing Instructions for Members and Candidates:** File a signed original and two photocopies of your report, including all attachments.

**Filing Instructions for Officers and Employees:** File a signed original and one photocopy of your report, including all attachments.



**UNITED STATES HOUSE OF REPRESENTATIVES**  
**ETHICS IN GOVERNMENT ACT**  
**2013 FINANCIAL DISCLOSURE STATEMENT – FORM A**

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Scott Milne

(Print Full Name)

802-233-1895

(Daytime Telephone)

P.O. Box 353, Pomfret VT 05053

(Complete Address – Office or Home)

Filer Status:

Member

Officer or Employee CERTIFICATION

**– THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		

Members must file a signed original and two photocopies thereof.  
 Officers and Employees must file a signed original and one photocopy thereof.

**\*\*\*FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW\*\*\***

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		









**SCHEDULE D – LIABILITIES**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period. Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)	
	<i>Example</i> First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X								
	Promissory Note (950,000)	04/06	Personal Loan						X						
	Mortgage (50% of 320,000)	3/10	B&M related mortgage				X								
	People’s Bank (50% of \$920,000)	5/99	B&M related mortgage					X							
	Mascoma Savings Bank (2% 135,000)	6/02	Masaii Mortgage	X											

**SCHEDULE E – POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
President	Milne Travel Agency, Inc.
Managing Member	B&M Realty LLC
Member	Masaii Properties LLC
Advisory Board Member	American Express TRS
Advisory Board Member	TravCorp USA Inc

Board of Directors Member

Vermont Public Broadcasting Systems

## SCHEDULE F – AGREEMENTS

Name: Scott Milne	Page _____ of _____
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

## SCHEDULE G – GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

Use additional sheets if more space is required.







