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."

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1040	111	.S. Individual Incon	ne Tax F	Return	⁹ 2012	0.45.45	F15 0071	IBS Use Only	r - Do not w	ite or sta	aple in this space.	
ш но но		012, or other tax year beginning				, 2012, endir		.2			ee separate instr	uctions.
Your first name and			Last name	e						You	r social security nur	mber
SCOTT E			MILNE						•	_		
	ouse's	first name and initial	Last name	0		•		ı	•	Spo	use's social securit	y number
•		nd street). If you have a P.O	box, see in	structions.		···	,		Apt. no.	A	Make sure the SSN and on line 6c are c	(s) above
PO BOX 3!	53	, and ZIP code. If you have a fore			bataur					Pres	Idential Election Ca	mpaign
				iso compiete	spaces below.					Che if fill	ck here if you, or yo	our spouse to go to
NORTH POR		ET, VT 05053		Foreign pro	ovince/state/county			Foreign	postal cod	e this	ck here if you, or yo ng jointly, want \$3 fund, Checking a b not change your tax	ox below cor refund.
roleigh country ha	1116		"	oroign pro				7 57 51 51			You 🔲 :	Spouse
	1	X Single				4. [_	Head o	f household	(with qual		erson). If the qu	alifying
Filing Status	2	Married filing jointly (even if only o	one had in	come)		person	is a child bu	it not your	depen	dent, enter this c	hild's
Ohaale anhe	3	Married filing separate					name l	iere. ►				
Check only one box.	•	and full name here.				5.	Qualify	ing widow(e	r) with dep	endent		
	6a	X Yourself. If someone	can claim y	ou as a del	pendent, do not che	ck box 6a					Boxes checked on 6a and 6b	_1_
Exemptions	b	Spouse								/irenia ·	No. of children on 6c who:	
	C.	Dependents:			(2) Dependent's soci security number	al .		pendent's lonship to	unde	r age 17 Ing for chi credit	id lived with you	
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dependents, see Instructions and											not entered abov	· · · · · · · · · · · · · · · · · · ·
check here 🕨 📙	ᆜ _		-							· ·	Add numbers on lines above	1.4
	d	Total number of exemption								7	119,8	니_ <u>-</u>
Income	7	Wages, salaries, tips, etc.								8a		577.
	8a	Taxable Interest. Attach S						***************************************	········. 🐰	Wa		<u> </u>
Attach Form(s)	b	Tax-exempt interest. Do n Ordinary dividends. Attach						•		9a		
W-2 here. Also attach Forms	9a b	Qualified dividends						**************	·····			
W-2G and	10	Taxable refunds, credits, o	r offsets of s	tate and lo	ncal Income faxes		<u></u>			10.		
1099-R if tax	11	Alimony received								11	-	
was withheld.	12	Business income or (loss)								12		
	13	Capital gain or (loss). Attac								13	22,0	000.
If you did not get a W-2,	14	Other gains or (losses). At	tach Form 4	797				·		14		
see instructions.	15a	IRA distributions						unt		15b _		
	16a			16a		b Tax	able amo	unt		16b		
	17	Rental real estate, royalties	, partnershi _l	ps, S corpo	orations, trusts, etc.	Attach Sch	edule E			17	-25,8	<u>867.</u>
Enclose, but do not attach, any	18	Farm income or (loss). Att	ach Schedul	le F						18		
payment, Also,	19	Unemployment compensa	tion							19		
please use	20a	Social security benefits		20a		b Tax	able amo	unt		0b		
Form 1040=V.	21	Other income. List type an								21	417 1	500
	22	Combine the amounts in the					1	ome		22	117,	300.
A 377	23	Educator expenses Certain business expenses of rofficials. Attach Form 2108 or 2	eservists, perfe	orming artist	s, and fee-basis govern	ment 23						
Adjusted Gross	24.	officials, Attach Form 2108 or 2	108-EZ	ah Earm 0		25			—— }	#		
Income	25	Health savings account de							 \$		•	,
HICOHIE	26	Moving expenses. Attach F Deductible part of self-emp							' 			
•	27	Self-employed SEP, SIMPI	, -									
	28 29	Self-employed health insur						2.4	197.			
	29 30	Penalty on early withdrawa										
•	31a	Alimony paid b Recipier				······						
	32	IRA deduction	•							 	•	
	33	Student loan interest dedu	ction.			33						
	34	Tuition and fees. Attach Fo								# .		•
•	35	Domestic production activ	ties deduction	on. Attach	Form 8903	35			<u>:]</u> 8		•	
	36	Add lines 23 through 35							. <u>L:</u>	36	2,4	197.
010001		•							. .	n i	115 0	1 N 1

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- , F 40 40 40 40		COMM E WITHE			. "
Form 1040 (201)		COTT E MILNE Amount from line 37 (adjusted gross income)		-38	115,091.
Credits		Check \(\int \) You were born before January 2, 1948, \(\int \) Blind.		100	· <u>ддо , ор ш</u> у
Standard]	if: Spouse was born before January 2, 1948, Blind.			
Deduction for -	b	If your spouse itemizes on a separate return or you were a dual-status alien, cl			
People who check any .	40	Itemized deductions (from Schedule A) or your standard deduction (see left t		40	58,395.
box on line 39a or 39b 07	41	Subtract line 40 from line 38	***************************************	41	56,696.
who can be claimed as a dependent,	42	Exemptions. Multiply \$3,800 by the number on line 6d	•	42	3,800.
dependenti	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41,			52,896.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c			6,828.
	45	Alternative minimum tax. Attach Form 6251		45	10,548.
All others: Single or	46	Add lines 44 and 45		46	17,376.
Married filing . separately,	47	Foreign tax credit. Attach Form 1116 if required	1 1 -	-	
\$5,950	48	Credit for child and dependent care expenses. Attach Form 2441		-	•
Married filing jointly or	49	Education credits from Form 8863, line 19		-	
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880		-	•
\$11,900 Head of	51 52	Child tax credit. Attach Schedule 8812, if required Residential energy credits. Attach Form 5695	· · · · · · · · · · · · · · · · · · ·	-	•
household,	53	Other credits from Form: a 3800 b 8801 c		-	
\$8,700	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.
Other	56			56	
Taxes	57	Self-employment tax. Attach Schedule SE	38919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329		58	
•		Household employment taxes from Schedule H		59a	
		First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
		Other taxes. Enter code(s) from instructions		60	
		Add lines 55 through 60. This is your total tax		61	<u>17,376.</u>
Payments		Federal income tax withheld from Forms W-2 and 1099		4	
If you have		2012 estimated tax payments and amount applied from 2011 return		-	•
a qualifying	64a _	Earned income credit (EIC)	[0.05500000]		
child, attach Schedule ElC.	6E	Additional child tax credit. Attach Schedule 8812	65		
, , , , , , , , , , , , , , , , , , , ,		American opportunity credit from Form 8863, line 8		1	•
		Reserved	67		
	68	Amount paid with request for extension to file			•
•	69	Excess social security and tier 1 RRTA tax withheld	69		1
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a 2439 b Reserved 8801 d 8885	71		•
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	>	72	123,709.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount $$		73	106,333.
Direct deposit?	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check h	iere	74a	106,333.
See Instructions.	~	Routing Account number		-	
		Amount of line 73 you want applied to your 2013 estimated tax	75	70	
Amount		Amount you owe. Subtract line 72 from line 61. For details on how to pay, see	INSTRUCTIONS	76	
You Owe Third Park		Estimated tax penalty (see instructions) o you want to allow another person to discuss this return with the IRS (see instr	uctions)? X Yes, Complete be	low	No No
Designee	. Des	lanee's Phone			Identification
Sign		me Juder penaities of perjury, I declare that I have examined this return and accompanying schedu xxrect, and complete. Declaration of preparer (other than taxpayer) is based on all information	lies and statements, and to the best of m	knowledg	e and belief, they are true,
Here		correct, and complete. Declaration of preparer (other than taxpayer) is based on all information your signature Date Your occupation		Daytir	πe phone number
Joint return? See instructions.		СЕО	• •	603	3-298-5997
Keep a copy		Spouse's signature. If a joint return, both must sign. Date Spouse's occup	pation		RS sent you an Identity
for your records.		,	•		t here
	Print	Type preparer's name Preparer's signature	Date Check	if PTI	N .
Paid			self-employed	1	
Preparer			<u> </u>	. '.	•
Use Only	Firm'	s name >	Firm's EIN	-	
210002			Phone no		
01-11-19	Hilm)	s address -			

Scott Milne 2012 Income Reconciliation

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

	Jυ	.S. Individual Incon	ne Tax Retur	n ^{®9} ZU I J	OMB No. 1545-0	074 IRS Use Only - Do	not write o	or staple in this	space,	
For the year Jan. 1-D	ec. 31, 2	013, or other tax year beginning			, 2013, ending	, 20		See separa	te instr	uctions.
Your first name ar			Last name					Your social see	curity nun	nber
SCOTT E.			MILNE							 .
	ouse's	first name and initial	Last name					Spouse's soci	al security :	y number
,"			;						i_	
Home address (nu	ımber a	ind street). If you have a P.O.	. box, see instructio	ns.		. Apt.	10.	Make sure	the SSN((s) above
PO BOX 3	53	•						Presidential El		
City, town or post off	ice, state	, and ZIP code. If you have a fore	gn address, also comp	olete spaces below.				Check here if y	ou, or yo	unpaign
NORTH PO	MFR	ET, VT 05053	3					Check here if y if filing jointly, this fund. Chec will not change	want \$3 to king a bo	ox pelow
Foreign country na	ame	•	Foreign	province/state/county	'	Foreign posta		Will not change		or relund. Spouse
		[TT OL L			4 He	ad of household (with				
Filing Status	3	X Single	www.if.anlu.ana.hac	· Lingomol		rson is a child but not				
•	2	Married filing jointly (e				me here. 🕨	your do	Jonathi, one	1 1110 01	illa o
Check only	3	Married filing separate		SOM SHOVE		alifying widow(er) wit	n danan	lent child		
one box.		and full name here.	-	den and ant de not ab					hecked	1
Exemptions								on 6a ar		
	p.				1 ,	3) Dependent's	(4)√ If cl	on 6c w	ho:	
	C	Dependents:	l - d mass	(2) Dependent's so security number	ciai	relationship to	(4) √ if cl under age qualifying fo tax cred	orchild odid no	with you ot live wit	h .
	_	(1) First name .	Last name			you	LAX EI EU	or separ	to divoro ation	99
•	-		· · · · · · · · · · · · · · · · · · ·				 	(see inst	ructions)	
If more than four dependents, see	-		·						ents on 6	
instructions and -					<u> </u>				red above	•==
instructions and check here	┙.	***************************************					l	Add nur on lines above	nbers	1 1
	<u>d</u>						د ا			062.
Income	. 7	Wages, salaries, tips, etc. /							TO'	4.
	8a	Taxable interest. Attach So Tax-exempt interest. Do no	chedule B if require	d			. 8a	8		<u> </u>
Attach Form(s)	, b.							8		
W-2 here. Also	9a	Ordinary dividends, Attach	Schedule B if requi	red	l		9a	y .		
attach Forms	b	Qualified dividends		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9D	C CITATI 7			20 .	272.
W-2G and 1099-R if tax	10	Taxable refunds, credits, or						 	40,2	4/4
was withheld.	11	Alimony received						·		
	12	Business income or (loss).	Attach Schedule C	or C-EZ					2 (574.
lf you did not	13	Capital gain or (loss). Attac					13	 	4,0	3/4.
get a W-2,	14	Other gains or (losses). Att	ach Form 4797				14		· · · · · -	
see instructions.	15a	IRA distributions				amount				
	16a	Pensions and annuities	16a			mount			-9,2	7/
	17	Rental real estate, royalties					·	-	<u>- </u>	3/4.
•	18	Farm income or (loss). Atta					1	-		
	19	Unemployment compensat								
•	20a	Social security benefits		•	b Taxable a	amount				
	21	Other income. List type and	amount		711 1		21	1	20.5	738.
	22	Combine the amounts in th			1 1	mcome	22	+	<u> </u>	30.
	23	Educator expenses Certain business expenses of re officials, Attach Form 2108 or 2	servists, performing ar	lists, and fee-basis gover	nment 23		-			
Adjusted	24						-			
Gross	25	Health savings account dec			1 . 1					
ncome	26	Moving expenses. Attach F								
	27	Deductible part of self-emp					$\dashv \cdots$,		
	28	Self-employed SEP, SIMPL				7 004	$\dashv \cdots$			
	29	Self-employed health insur				7,804	- ‱∦			
	30	Penalty on early withdrawa					-			
	31a	Alimony paid b Recipien			1 1		-			
	32	IRA deduction					\dashv	·	•	
	33	Student loan interest deduc	tion		33		\dashv			
	34	Tuition and fees. Attach For					-	.		
	35	Domestic production activi					-		7 0	0 0 4
	36	Add lines 23 through 35					36	 		304.
310001 12-03-13	37	Subtract line 36 from line 2	2. This is your adju	isted gross income			37	<u> </u>	<u>31,9</u>	734.

Form 1040 (2013)		COTT E. MILNE			+					Page 2
Tax and	38	Amount from line 37 (adjusted gross in	come)						38	<u> 131,934.</u>
Credits	39a	Check \ \ \ \ You were born befo	re Jan	uary 2. 1949.	Blind.	Total boxes				
Standard	000	if: Spouse was born be	efore .	anuary 2, 1949.	Blind.	checked	▶ 39a	ļ		•
Deduction for -		If your spouse itemizes on a separate re								
People who check any box		Itemized deductions (from Schedule A							40	32,912.
on line 39a or 39b 01 who can	40								41	99,022.
be claimed as a dependent, see	41	Subtract line 40 from line 38				a Cd Othonule			42	3,900.
Instructions.	42	Exemptions. If line 38 is \$150,000 or le								95,122.
	43 .	Taxable income. Subtract line 42 from	line 4	1. It line 42 is more	tnan line 41, ei	iter -u		····· }	43	
	44			8814 b For					44	19,573.
1	45	Alternative minimum tax. Attach Form							45	0.
All others: Single or	46	Add lines 44 and 45		***************************************				🕨 🏻	46	19,573.
Married filing	47	Foreign tax credit. Attach Form 1116 if r	equire	d		47				•
separately, \$6,100	48	Credit for child and dependent care expe	enses.	Attach Form 2441		48				
Married filing	49	Education credits from Form 8863, line				49				
jointly or Qualifying	50	Retirement savings contributions credit.				50				
widow(er),	51	Child tax credit, Attach Schedule 8812,				51				
\$12,200 Head of		Residential energy credits. Attach Form								
household, .	52	Other credits from Form: , a 3800	ooso. Naf	V 0001 0	٦		- 6	193.		
\$8,950	53								54	6,193.
	54	Add lines 47 through 53. These are you	totai	creans			•••••		55	13,380.
	55	Subtract line 54 from line 46, If line 54 is								#2,2000
Other	56	Self-employment tax. Attach Schedule S Unreported social security and Medicare	Ł ,					·····	56	
Taxes	57	Unreported social security and Medicare	tax fr	om Form: a L	4137. b	8919		·····	57	
	58	Additional tax on IRAs, other qualified re	tireme	ent plans, etc. Attac	h Form 5329 if	required	.,		58	
	59a	Household employment taxes from Sch	edule I	1				·····	59a	
	· b	First-time homebuyer credit repayment.	Attach	Form 540 <u>5 if r</u> equ	ired				59b	
		Taxes from: a Form 8959 b							60	·
	61	Add lines 55 through 60. This is your to	lal tax					🕨	61	13,380.
Payments		Federal income tax withheld from Forms					22,	<u>951.</u>		
•		2013 estimated tax payments and amou	nt app	lied from 2012 retu	ırn	63		;	388 388	
If you have		Earned income credit (EIC)				64a	-			
a qualifying child, attach	h	Nontaxable combat pay election		64h						
Schedule EIC.		Additional child tax credit. Attach Sched				65				
		American opportunity credit from Form				66				
		Reserved				67				
		Amount paid with request for extension				68	***************************************			•
		The state of the s				69				
		Excess social security and tier 1 RRTA to				70				
	70	Credit for federal tax on fuels. Attach For	भा ४ । उ व				<u> </u>			
		Credits from Form: a 2439 b				71		- ×	70	22,951.
	72	Add lines 62, 63, 64a, and 65 through 7	i. Ines	se are your total pa	yments			🔼	72	
Refund		If line 72 is more than line 61, subtract li						ᢡ╬	73	9,571.
Disast densestia	74 a	Amount of line 73 you want refunded to		f Form 8888 is atta	ched, chec <u>k her</u> Account i	<u>re</u>			74a	9,571.
Direct deposit?		Routing C Type:			d number	1 1				
Instructions.		Amount of line 73 you want applied to y				75			SSSS -	
Amount	76	Amount you owe. Subtract line 72 from	line 61	l. For details on ho	w to pay, see in	structions		🕨 📗	76	•
You Owe		Estimated tax penalty (see instructions)			111	77		8		
Third Party	, Do	you want to allow another person to dis	cuss t	his return with the	IRS (see instruc	ctions)? LX	Yes. Com	iplete belo	W. Personal Identifica	」No
Designee	Des nar	onee's			Phone no.	•		n	tumber (PIN)	1 A
Sign	Ĺ	nder penalties of perjury, I declare that I have ex orrect, and complete. Declaration of preparer (of	amined	this return and accord taxpaver) is based or	npanying schedule n all information of	s and statement which preparer h	s, and to the i as any knowl	est of my ki edge,	nowledge and be	lief, they are true,
Here	Ý	our signature	101 11101	Date	Your occupation	, ,	•		Daytime phone	number .
Joint return?	A				CEO	•		-	603-29	8-5997
See instructions. Keep a copy	7	Spouse's signature, If a joint return, both must	sign.	Date	Spouse's occupa	tion			If the IRS sent	
for your records.					•				Protection PIN enter it here	'
	Drink	Type preparer's name	Prepar	er's signature		Date	Check	1		
Paid	CHBO	Type preparer's name	. ,-p.u				self-em	ployed		
Preparer		/		***		212215	ON		1	
Use Only		<u> </u>	-	and and a	·	L		- EILI - 1		-
OSE OHIN	Hirm'	a name						s EIN		
310002							. Phor	e no, .		
04-02-14	Firm'	address			•					

Scott Milne Current Asset List

REAL ESTATE	LOCATION		MILNE NET BOOK VALUE	MILNE OWNERSHIP %	MIL	NE OWNERSHIP VALUE
Primary Residence	Pomfret VT	\$	402,240	50%	¢	201,120
Washington Land	Washington VT	۶ \$	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 Mortgag	es/Notes				\$	2,641,348

TOUS!

United States House of Representatives

ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by Annual and Termination Filers

WHO MUST FILE AND WHEN: <u>Annual Filers</u>: 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. <u>Termination Filers</u>: 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 $\underline{\text{https://fd.house.gov}}$, or in hard copy form on the Committee's Web site, $\underline{\text{w}}$ ww.ethics.house.gov. The extension request must be $\underline{\text{received}}$ 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, 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	s and signature <u>WILL NOT</u> be made av	vailable to the public.
Scott Milne	802-233-1895	
(Print Full Name)	(Daytime Telephone)	
P.O. Box 353, Pomfret VT 05053		
(Complete A	ddress – Office or Home)	
Filer Status: Me	mber Officer or Employee	CERTIFICATION
- THIS DOCUMENT MUST BE SIGNED BY THE F	REPORTING INDIVIDUAL AND DATE	aD.
The attached Financial Disclosure Statement is required by the	Ethics in Government Act of 1978, as amo	ended. The Statement will be
available to any requesting person upon written application and w	vill be reviewed by the Committee on Ethics of	or its designee. Any individua
who knowingly and willfully falsifies, or who knowingly and will	fully 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. § 10	001.
Cartification	Signature of Reporting Individual	Data

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).		

			Page 1 of
UNITED STATES HOUSE OF REPRESENTATIVES		Form A	1
2013 FINANCIAL DISCLOSURE STATEMENT	For Use by	Members, Officers, and Employees	1
			1
Name: Scott Milne Daytime Telep	ohone: 802-233-1	1895	1
			(Office Use Only)
FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:		Officer or Employing Office	e:
REPORT 2013 Annual (Due: May 15, 2014)	Amendment	Termination	n Date:
PRELIMINARY INFORMATION – ANSWER EACH OF THES	SE QUESTIONS		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period? Yes	s x No	F. Did you have any reportable agreement or outside entity during the reporting period or in year up through the date of filing?	Van I Na Iv I
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	s x No	G . Did you, your spouse, or your dependent reportable gift(s) totaling more than \$350 in visource during the reporting period?	, , , , , , , , , , , , , , , , , , ,
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	s x No	H. Did you, your spouse, or your dependent or reportable travel or reimbursements for trave \$350 in value from a single source during the	el totaling more than Yes No x
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	s x No	Did any individual or organization make a clieu of paying you for a speech, appearance, reporting period?	, , , , , , , , , , , , , , , , , , ,
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	s No x	ATTACH THE CORRESPONDIN	IG SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR T	FRUST INFORM	ATION - ANSWER EACH OF	THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Publi the Committee on Ethics for further guidance.	ic Offering during the rep	orting period? If you answered "ye s" to this o	question, please contact Yes No x
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee of this report details of such a trust that benefits you, your spouse, or dependent child		er "excepted trusts" need not be disclosed. Ha	ave you excluded from Yes No x
EXEMPTION – Have you excluded from this report any other assets, "unearned" in tests for exemption? Do not answer "yes" unless you have first consulted with the		abilities of a spouse or dependent child beca	ause they meet all three Yes No x

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Scott Milne Page____of ____

			BLOCK A		Г	BLOCK B BLOCK C														BLOCK D												BLOCK E						
	Ass	set and	/or Income Source						Va	lue	of A	sset	:					Type of Income						Amount of Income												Transaction		
processor and incoming of the control of the contro	duction eeding (b) ai me tha me duri vide coi not use	of income \$1,000 at ny other it generate ing the year mplete na conly ticke	asset held for investme and with a fair marke the end of the reporting reportable asset or so ad more than \$200 in "uniar. Immes of stocks and mutuar symbols). Other retirement plans (see the value for each asset	t value period, irce of earned" il funds uch as	valu used If ar beca *Col	ation i d. n asse ause it lumn N	method et was genera	sold of ated incomes	than fa luring ome, tl	the r	erket v eporti lue sh	ng pe	pleas eriod be "No	and i	ecify ti	he me	ethod only	gene 529 colur even for a	according accord	ax-de unts), Divide einves s held	ferred you ends, sted, d in ta	incor may inter must	me (si chec rest, be c e acc	uch as k the and disclose ounts.	r accounts that 401(k), IRA, or "Tax-Deferred" capital gains, sed as income . Check "None" ng the reporting	may cate; Divide mus accompand *Color	chec gory dends t be ounts. erated	k the of ind s, into discl . Cho .	"None come erest, osed eck	by conduction and as in the thickness of	umn. heckir capit ncom	For any the tal garage for no	all other ie app ains, r asse incom	er ass propria even ets h	ets in ate be if re eld in as e	dicate ox bel	the low. In ted, stable or in the low. In	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as
For in a \$5,0	bank a	t that exce and other est-bearing t every fin	teds the reporting threshol cash accounts, total the g accounts. If the total is annial institution where the interest bearing accounts.	ds. amount s over	A		С		Е		G		I		К		М										II		IV		VI		VIII		Х		XII	follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1.000.
For prov	rental a ride a tal prop	and other complete perty," and	real property held for inve a address or description a city and state.	ı, e.g.,)*								or Farm Income)												over \$1,000,000*	∌ 1,00 0.
that busi geo	is not ness, graphic	t publicly the natu location in		of the						0		00	000'	0,000	000'00		over \$1,000,000*						TRUST		me nership Income									00	000,		with Income ove	
hom inco inter retir	nes and me dur est in ement	l vacation ing the re , or inco program, in	onal residence, including homes (unless there wa: porting period); and any fi ome derived from, a ncluding the Thrift Savings ivately-traded fund that	rental nancial federal Plan.	None	\$1-\$1,000	\$1,001-\$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	Spouse/DC Asset over \$1,000,	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income	
SP,	ou na			EIF					Х										Х										Х									S(part)
DC, JT	_	SP.	Mega Corp. Stock Simon & Schuster				Indefini	te	^										^						Royalties												1	
	Examp	oles:	ABC Hedge Fund	х							Х														Partnership Income												1	
	Equ	iities A	Account				х															х				х												S
Г	+ ·		ealty 50%		l								х					х							Partnership Income	х												
	Mil	ne Tra	avel Agency Inc										х												S-Corp Income				х								T	
	Ma	saii Pr	op. LLC 2%							х															Partnership Income						х		-					
	Wa	shingt	ton VT Land					x										х								х												
	IRA	Acco	unt								х				_									x		х												
	Rot	h IRA	Account				x																	х		х											╛	

SCHEDULE B - TRANSACTIONS

Name:	Pageof

Report any	purchase, sal	le, or exchange transactions that exceeded \$1,000 in the ecurity or real property held by you, your spouse, or your	Ty	pe of Tr	ansactio	n		Date	e Amount of Transaction										
dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.						pital Gain	(MO/DA/YR) or Quarterly, Monthly, or Bi-		В		D		F		Н		J 00)* set)	
the "capital the capital of	gains" box, un gain income on	ransaction resulted in a capital gain in excess of \$200, check pless it was an asset in a tax-deferred account, and disclose Schedule A. plely held by your spouse or dependent child.	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001-	\$100,001- \$250,000	\$250,001-	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Asset)
SP, DC, JT		Asset																	
SP	Example	Mega Corp. Stock			Х		Х	3/5/13		Х									
	AMR CO	RP			x			8/12/13	Х										

SCHEDULE C - EARNED INCOME

Name: Scott Milne	Page	_of
	_	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Examples:	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
Milne Travel W-2	2	Salary	\$118,062

SCHEDULE D - LIABILITIES

Name: Scott Milne	Page	_of
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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.

					Amount of Liability										
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type 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)
	Example First Bank of Wilmington, DE		5/98	Mortgage on Rental Property, Dover, DE				х							
			1												
	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					х						
	Mascoma Savings Bank (2% 135,000)		6/02	Masaii Mortgage	х										

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.

	is, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an nonorary 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

SCI	HFD	III F	F -	AGREEMENTS

Name: Scott Milne	Pageof
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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				
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

١	Name: Scott Milne	Page	_of

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	Y	Y	N
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Υ	Y

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Scott Milne	Pageof

List the source,	activity (i.e.	, speech,	appearance,	or article),	date, and	amount of a	ny paymer	nt made by	the sponsor	of an event	to a charitable	organization	in lieu of pa	aying an hono	rarium to you	. A
separate confide	ential list of o	charities re	eceiving such	payments n	nust be file	d directly wi	th the Com	mittee on E	Ethics.							

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
xampico.	XYZ Magazine	Article	Aug. 13, 2013	\$500

I	FIL	.ER	NO	T	ES
(0	ptio	nal)	

Name: Scott Milne	Page	of
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NOTE NUMBER	NOTES