

Edgar Filing: WELLS DALE - Form 5

WELLS DALE  
Form 5  
February 13, 2003

|  |   |  |                        |   |  |  |                                    |  |  |
|--|---|--|------------------------|---|--|--|------------------------------------|--|--|
| FORM 5   | UNITED STATES SECURITIES AND EXCHANGE COMMISSION  |  |                        |   |  |  |                                    |  |  |
|  |   |  | Washington, D.C. 20549 |   |  |  | OMB APPROVAL                       |  |  |
| Check this box if no longer subject to   |   |  |                        |   |  | OMB Number:<br>3235-0362   |                                    |  |  |
| Section 16. Form 4 or Form 5 obligations   | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP   |  |                        |   |  |  | Expires: January 31, 2005          |  |  |
| may continue. See instruction 1(b).  |   |  |                        |   |  | Estimated average burden   |                                    |  |  |
| Form 3 Holdings Reported   | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility |  |                        |   |  |  | hours per response. . . .<br>.1.0  |  |  |
| Form 4 Transactions Reported   | Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940                          |  |                        |   |  |  |                                    |  |  |
| 1. Name and Address of Reporting Person*   |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |                        |   | 6. Relationship of Reporting Person(s) to Issuer |  |                                    |  |  |
|  |   |  |                        |   | (Check all applicable)                           |  |                                    |  |  |
| Wells  | Date  | Community Bancorp.                                 |                        | CMTV                                      | <input checked="" type="checkbox"/> Director     |  | <input type="checkbox"/> 10% Owner |  |  |
| (Last)   | (First/Middle)  | 3. I.R.S. Identification                           |                        | 4. Statement for                          |  | <input type="checkbox"/> Officer (give                                 |                                    | <input type="checkbox"/> Other (specify below) |  |
|  |   | Number of Reporting                                |                        | Month/Day/Year                            |  | title below)   |                                    |  |  |
| 129 Johnson Road   |   | Person, if an entity                               |                        | 12/31/2002                                |  |  |                                    |  |  |
| (Street)   |   | (Voluntary)  |                        | 5. If Amendment, Date of                  |  | 7. Individual or Joint/Group Filing (Check Applicable Line)            |                                    |  |  |
| St. Johnsbury  |   | VT 05819   |                        | Original (Month/Day/Year)                 |  | <input checked="" type="checkbox"/> Form filed by One Reporting Person |                                    |  |  |
| (City)   |   | (State/Zip)  |                        | 009-34-1881                               |  | <input type="checkbox"/> Form filed by More than One Reporting Person  |                                    |  |  |
| Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |  |                        |   |  |  |                                    |  |  |
| 1. Title of Security   | 2. Transaction  | 2A. Deemed Execution                               | 3. Code (Instr.)       | 4. Securities Acquired or Disposed of (D) | 5. Amount of Securities Beneficially             | 6. Ownership Form:   | 7. Nature of                       |  |  |
| (Instr. 3)   | Date  | Execution  | (Instr.)               | (Instr. 3, 4 and 5)                       | Beneficially                                     | Direct (D)   | Beneficial                         |  |  |

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| 8)  |  |           |  |   |         |   |            |            |   |  |
|---|--|-----------|--|---|---------|---|------------|------------|---|--|
| Date, if  |  |           |  |   |         |   |            |            |   |  |
| any   |  |           |  |   |         |   |            |            |   |  |
| (Month/ (Month/ (A)   |  |           |  |   |         |   |            |            |   |  |
| Day/ Day/ or  |  |           |  |   |         |   |            |            |   |  |
| Year) Year) Code V Amount (D) Price (Instr. 3 and (Instr. 4) (Instr. 4)                                     |  |           |  |   |         |   |            |            |   |  |
| 4)  |  |           |  |   |         |   |            |            |   |  |
| Community Bancorp. Common Stock   |  | 2/1/2002  |  | R | 57.9637 | A | \$ 14.1630 | 5,188.8086 | D |  |
| Community Bancorp. Common Stock   |  | 5/1/2002  |  | R | 58.8801 | A | \$ 14.1000 | 5,247.6887 | D |  |
| Community Bancorp. Common Stock   |  | 8/1/2002  |  | R | 57.9535 | A | \$ 14.4880 | 5,305.6422 | D |  |
| Community Bancorp. Common Stock   |  | 11/1/2002 |  | R | 54.1598 | A | \$ 15.6740 | 5,359.8020 | D |  |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. |  |           |  |   |         |   |            |            |   |  |
| *If the form is filed by more than one reporting person, see Instruction 4(b)(v).                           |  |           |  |   |         |   |            |            |   |  |
| **Intentional misstatements or omissions of facts constitute Federal Criminal                               |  |           |  |   |         |   |            |            |   |  |
| Violations. See 18 U.S.C. 1001 and U.S.C. 78ff(a).  |  |           |  |   |         |   |            |            |   |  |
| Persons who respond to the collection of information contained in this form are not required                |  |           |  |   |         |   |            |            |   |  |
| to respond unless the form displays a currently valid OMB control number.                                   |  |           |  |   |         |   |            |            |   |  |
| NOTE: Table II Not Applicable at this time  |  |           |  |   |         |   |            |            |   |  |