

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**Leahy Green Mountain Committee**

ADDRESS (number and street) PO Box 1142  
 Check if different than previously reported. (ACC) Montpelier VT 05601

2. **FEC IDENTIFICATION NUMBER** ▼ C00566547 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
VT

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of   
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
10 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judith Zamore  
Signature of Treasurer Judith Zamore *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 29 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Leahy Green Mountain Committee**

Report Covering the Period: From:   /   /  To:   /   /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	49450.00	68950.00
(b) Total Contribution Refunds (from Line 20(d)) .....	5000.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44450.00	63950.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1160.25	1400.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1160.25	1400.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	218.68	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Leahy Green Mountain Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5950.00	19450.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	5950.00	19450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43500.00	49500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	49450.00	68950.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	49450.00	68950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1160.25	1400.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	44250.00	62825.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	5000.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50410.25	69225.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1178.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49450.00
25. SUBTOTAL (add Line 23 and Line 24).....	50628.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50410.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	218.68

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 15  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Dahlberg**

Mailing Address 9014 Captains Row

City State Zip Code  
Alexandria VA 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dahlberg Strategies Government Relations

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : INCA62**

Amount of Each Receipt this Period  
3500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ralph McNall**

Mailing Address 996 Main St

City State Zip Code  
Fairfax VT 05454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Dairy Farmer

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : INCA63**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Gray**

Mailing Address 6354 Alderman Dr

City State Zip Code  
Alexandria VA 22315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northeast Dairy Farmers Cooperative Government Relations

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : INCA52**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

Full Name (Last, First, Middle Initial) <b>Lloyd Hand</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2015	
Mailing Address 3519 Overlook Ln NW		<b>Transaction ID : INCA53</b>	
City Washington	State DC	Zip Code 20016	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer King & Spaulding	Occupation Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>Michael Martineau</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2015	
Mailing Address 777 7th St NW Apt 516		<b>Transaction ID : INCA54</b>	
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Department of Justice	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	5950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

**A. Mylan Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 6th St NW  
 Ste 525  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C C00332395**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : INCA40**  
 Amount of Each Receipt this Period  
 3500.00

**B. Echostar Corp and Dish Network Corp PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 Vermont Ave NW  
 Ste 750  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00330647**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : INCA61**  
 Amount of Each Receipt this Period  
 5000.00

**C. Lockheed Martin Employees's PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Crystal Dr  
 Ste 100  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C C00303024**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : INCA41**  
 Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

11000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Holland & Knight Committee for Effective Government**

Mailing Address 800 17th St NW  
Ste 1100

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : INCA44**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**SAP America Inc PAC**

Mailing Address 3999 W Chester Pike

City Newtown Sq State PA Zip Code 19073

FEC ID number of contributing federal political committee. **C** C00367375

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : INCA43**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Fraternal Order of Police PAC**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00382556

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : INCA42**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

15000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

**A.** Full Name (Last, First, Middle Initial)  
**SAP America Inc PAC**

Mailing Address 3999 W Chester Pike

City State Zip Code  
Newtown Sq PA 19073

FEC ID number of contributing federal political committee. **C C00367375**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : INCA55**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Teva PAC**

Mailing Address 1090 Horsham Rd  
PO Box 1090

City State Zip Code  
North Wales PA 19454

FEC ID number of contributing federal political committee. **C C00434811**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : INCA56**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Viacom International Inc PAC**

Mailing Address 1501 M St NW  
Ste 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00167759**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : INCA51**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 15  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Charter Communications PAC**

Mailing Address 400 Atlantic St  
10th Fl

City State Zip Code  
Stamford CT 06901

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : INCA49**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Patton Boggs PAC**

Mailing Address 2500 M St NW

City State Zip Code  
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00401083

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : INCA50**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

43500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015	
Mailing Address 650 Pennsylvania Ave SE			Amount of Each Disbursement this Period 2.00	
City Washington	State DC	Zip Code 20003	Transaction ID : EXPB39	
Purpose of Disbursement Bank Fee		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 650 Pennsylvania Ave SE			Amount of Each Disbursement this Period 2.00	
City Washington	State DC	Zip Code 20003	Transaction ID : EXPB57	
Purpose of Disbursement Bank Fee		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 650 Pennsylvania Ave SE			Amount of Each Disbursement this Period 2.00	
City Washington	State DC	Zip Code 20003	Transaction ID : EXPB58	
Purpose of Disbursement Bank Fee		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

Full Name (Last, First, Middle Initial) <b>A. Capitol Compliance Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 1154.25
City Washington State DC Zip Code 20003	Purpose of Disbursement Compliance Services	
Candidate Name	Category/Type	<b>Transaction ID : EXPB48</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1154.25
<b>TOTAL</b> This Period (last page this line number only).....	1160.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

Full Name (Last, First, Middle Initial) <b>A. Green Mountain PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 1142		Amount of Each Disbursement this Period 14900.00 <b>Transaction ID : EXPB60</b>
City Montpelier	State VT	
Zip Code 05601	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>Green Mountain PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Leahy for US Senator Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 1042		Amount of Each Disbursement this Period 14800.00 <b>Transaction ID : EXPB59</b>
City Montpelier	State VT	
Zip Code 05601	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>Patrick Leahy</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VT District:	

Full Name (Last, First, Middle Initial) <b>c. Green Mountain PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address PO Box 1142		Amount of Each Disbursement this Period 5800.00 <b>Transaction ID : EXPB45</b>
City Montpelier	State VT	
Zip Code 05601	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>Green Mountain PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

Full Name (Last, First, Middle Initial) <b>A. Leahy for US Senator Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 17 / 2015</b>
Mailing Address PO Box 1042		Amount of Each Disbursement this Period <b>8750.00</b>
City <b>Montpelier</b>	State <b>VT</b>	
Zip Code <b>05601</b>	Purpose of Disbursement <b>Transfer</b>	<b>Transaction ID : EXPB46</b>
Candidate Name <b>Patrick Leahy</b>	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>VT</b> District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>44250.00</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Leahy Green Mountain Committee**

Full Name (Last, First, Middle Initial) <b>A. SAP America Inc PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 17 / 2015</b>
Mailing Address 3999 W Chester Pike		Amount of Each Disbursement this Period <b>5000.00</b>
City Newtown Sq	State PA	
Zip Code 19073	Purpose of Disbursement Refund	<b>Transaction ID : EXPB47</b>
Candidate Name <b>SAP America Inc PAC</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5000.00</b>