

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Veterans for Responsible Leadership

ADDRESS (number and street)

PO Box 9219

Check if different than previously reported. (ACC)

South Burlington

VT

05407

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00648808

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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

Barkuff, Daniel, , Dr.,

Type or Print Name of Treasurer

Signature of Treasurer

Barkuff, Daniel, , Dr.,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Veterans for Responsible Leadership

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="189.35"/>	<input type="text" value="189.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="189.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7822.87"/>	<input type="text" value="7822.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8012.22"/>	<input type="text" value="8012.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3058.00"/>	<input type="text" value="3058.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4954.22"/>	<input type="text" value="4954.22"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

Veterans for Responsible Leadership

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7050.00	7050.00
(ii) Unitemized	700.00	700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7750.00	7750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7750.00	7750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	72.87	72.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7822.87	7822.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7822.87	7822.87

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3058.00	3058.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3058.00	3058.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3058.00	3058.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3058.00	3058.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7750.00	7750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7750.00	7750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3058.00	3058.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3058.00	3058.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

The Committee made a cash-on-hand adjustment to ensure that its cash-on-hand figure was accurate on its reports. If the Committee learns any additional information regarding the cause of the discrepancy, it will make any necessary amendments to its reports.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Veterans for Responsible Leadership

A. Barkhuff, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 Hidden Meadow Ln
 City South Burlington State VT Zip Code 05403-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Vermont Med. Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 9470.87

Date of Receipt **01 / 01 / 2019**
Transaction ID : 3125379
 Amount of Each Receipt this Period 5420.87
 Memo Item
 * Loan Forgiveness

B. Barkhuff, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 Hidden Meadow Ln
 City South Burlington State VT Zip Code 05403-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Vermont Med. Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 9470.87

Date of Receipt **01 / 02 / 2019**
Transaction ID : 3126660
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Barkhuff, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 Hidden Meadow Ln
 City South Burlington State VT Zip Code 05403-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Vermont Med. Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 9470.87

Date of Receipt **01 / 29 / 2019**
Transaction ID : 3126666
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

A. Barkhuff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 Hidden Meadow Ln

City South Burlington	State VT	Zip Code 05403-4436
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ. of Vermont Med. Center	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9470.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2019

Transaction ID : 3126663

Amount of Each Receipt this Period
1450.00

Memo Item

B. Barkhuff, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Place Rd

City Falmouth	State MA	Zip Code 02540-1814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2019

Transaction ID : 3125349

Amount of Each Receipt this Period
1000.00

Memo Item

C. Dotzler, Frederick, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19438 Burgundy Way

City Saratoga	State CA	Zip Code 95070-6130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) De Novo Ventures	Occupation (for Individual) Venture Capitalist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2019

Transaction ID : 3126661

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4450.00
TOTAL This Period (last page this line number only).....	7050.00

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

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

FOR LINE NUMBER: PAGE 9 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

A. Cash Correction
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 72.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2019
Transaction ID : 3126677
 Amount of Each Receipt this Period
 72.87
 Memo Item
 Cash Correction Pursuant to Reconciliation

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	72.87
TOTAL This Period (last page this line number only).....▶	72.87

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

A. 1735 Group, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2254 Ontario Rd NW

City Washington State DC Zip Code 20009-2607

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 07 / 2019

FEC Identification Number: C

Transaction ID : 500007827

Amount of Each Disbursement this Period: 3000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Veterans for Responsible Leadership** Transaction ID : 2781498L

LOAN SOURCE Full Name (Last, First, Middle Initial) Barkhuff, Daniel, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 166 Hidden Meadow Ln			
City South Burlington	State VT	ZIP Code 05403-4436	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5420.87	5420.87	0.00

TERMS

Date Incurred MM / DD / YYYY 12 / 12 / 2017	Date Due MM / DD / YYYY 01 / 01 / 2020	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.