# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

SECRETARY OF THE SENATE
07 JUL 17 AM 10: 56
Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT ▼** — Example: If typing, type over the lines.

Jeffords for Vermont Committee

P.O. Box 246

ADDRESS (number and street) ▼

☐ Check if different than previously reported. (ACC)

Montpelier — CITY ▲ | VT — STATE ▲ | 05601 — ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER▼** C C0015362

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

STATE ▼ VT — DISTRICT 1

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [X] 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) 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

(b) 30-Day **Post-** Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y 0 in the State of

5. Covering Period 01 / 01 / 2007 through 03 / 31 / 2007

*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 Allan Mackey

Signature of Treasurer Allan N. Mackey Date 07 / 10 / 2007

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

**FEC FORM 3**
(Revised 02/2003)

27020250439

# SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)



Write or Type Committee Name

Jeffords for Vermont Committee, Inc.

Report Covering the Period: From: 01 / 01 / 2007 To: 03 / 31 / 2007

| | 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)) ... | 0.00 | 0.00 |
| (b) Total Contribution Refunds (from Line 20(d)) ..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..... | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) ..... | 78086.21 | 78,086.21 |
| (b) Total Offsets to Operating Expenditures (from Line 14) ..... | 76.84 | 76.84 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..... | 78009.37 | 78,009.37 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) ..... | 84,471.70 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..... | 0.00 | |
| 10. Debts and Obligations Owed BY 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

27020250440

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)



Write or Type Committee Name

Jeffords for Vermont Committee, Inc.

Report Covering the Period: From: M M 01 / D D 01 / Y Y Y Y 2007 To: M M 03 / D D 31 / Y Y Y Y 2007

| I. RECEIPTS | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 0.00 | |
| (ii) Unitemized | 0.00 | |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (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 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 76.84 | 76.84 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 10331.48 | 10331.48 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶ | 10408.32 | 10408.32 |

27020250441

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)



| II. DISBURSEMENTS | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES | 78086.21 | 78086.21 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 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 (such as PACs) | 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) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 212000.00 | 212000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 290086.21 | 290086.21 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 364149.59 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | 10.4.0.8.3.2 |
| 25. SUBTOTAL (add Line 23 and Line 24) | 374.5.5.7.9.1 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | 290086.21 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 84.4.7.1.7.0 |

27020250442

**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)
☐ 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)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): TD BankNorth
Mailing Address: 111 Main Street
City: Burlington State: VT Zip Code: 05401
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify): ▼
Election Cycle-to-Date ▼ 50166.56

Date of Receipt: 01 / 15 / 2007
Transaction ID: C-102634-0NwJ
Amount of Each Receipt this Period 06 9230.69
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

**B.**
Full Name (Last, First, Middle Initial): TD BankNorth
Mailing Address: 111 Main Street
City: Burlington State: VT Zip Code: 05401
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify): ▼
Election Cycle-to-Date ▼ 50166.56

Date of Receipt: 02 / 10 / 2007
Transaction ID: C-102633-0NwJ
Amount of Each Receipt this Period 04 1100.79
☐ Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

**SUBTOTAL** of Receipts This Page (optional) ▶ 10331.48

**TOTAL** *This Period (last page this line number only)* ▶ 10331.48

27020250443

**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)

[ ] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [X] 14 [ ] 15



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

A.
Full Name (Last, First, Middle Initial)
Cream Hill Consulting

Mailing Address
Mr. Bill Kurtz, P.O. Box 266

City: Woodstock
State: VT
Zip Code: 05091

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For:
[ ] Primary [X] General
[ ] Other (specify): ▼

Election Cycle-to-Date ▼ 76.84

Date of Receipt
M M 02 / D D 16 / Y Y Y Y 2007

Transaction ID: C-21054-01cR02

Amount of Each Receipt this Period 76.84

[ ] Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1

**SUBTOTAL** of Receipts This Page (optional) ▶ 76.84

**TOTAL** This Period (last page this line number only) ▶ 76.84

27020250444

**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)
☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☐ 20c ☒ 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Catholic University,
Mailing Address: Columbus School of Law, 620 Michigan Avenue NE
City: Washington State: DC Zip Code: 20064
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify): ▼
Transaction ID: D333-0Nwq01
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 1000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Duke University,
Mailing Address: Alumni & Development Records, Box 90581
City: Durham State: NC Zip Code: 27708
Purpose of Disbursement: charitable gift
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify): ▼
Transaction ID: D704-0Nwh01
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Georgetown Universit,
Mailing Address: 37th & O Street NW
City: Washington State: DC Zip Code: 20037
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify): ▼
Transaction ID: D993-0Nwr01
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 30000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 33000.00

**TOTAL** This Period (last page this line number only) ▶ 33000.00

27020250445

**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)
☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☐ 20c ☒ 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Humane Society of th,
Mailing Address: 2100 L Street NW
City: Washington State: DC Zip Code: 20037
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify): ▼
Transaction ID: D1057-0Nwi01
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Rutland Area Hockey,
Mailing Address: PO Box 455
City: Rutland State: VT Zip Code: 05702
Purpose of Disbursement: donation
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify): ▼
Transaction ID: D1628-0Nwo01
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 2500.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): University of Vermont
Mailing Address: 109 South Prospect Street
City: Burlington State: VT Zip Code: 05405
Purpose of Disbursement: gift
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify): ▼
Transaction ID: D2175-00m104
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 150000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 155000.00

**TOTAL** *This Period (last page this line number only)* ▶ 188000.00

27020250446

**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)
☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☐ 20c ☒ 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Castleton State Coll,
Mailing Address: 1 Seminary
City: Castleton State: VT Zip Code: 05735
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D328-0Nwj01
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Catholic University,
Mailing Address: School of Architecture, 620 Michigan Avenue NE
City: Washington State: DC Zip Code: 20064
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D332-0Nwm01
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Eddy Farm School,
Mailing Address:
City: Middlebury State: VT Zip Code: 05753
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D715-0Nwk01
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 5000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 9000.00

**TOTAL** This Period (last page this line number only) ▶ 197000.00

27020250447

**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)
☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☐ 20c ☒ 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Fisher House Foundat,
Malling Address: 1401 Rockville Pike, Suite 600
City: Rockville State: MD Zip Code: 20853
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D951-0Nwl01
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 10000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): YMCA of Vermont,
Malling Address: 1241 Prim Road
City: Colchester State: VT Zip Code: 05446
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify):
Transaction ID: D2464-0Nwn01
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 5000.00
☐ Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 15000.00

**TOTAL** This Period (last page this line number only) ..... 212000.00

27020250448

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D6-02Ou06
Date of Disbursemenmt: 01 / 01 / 2007
Amount of Each Disbursement this Period: 25.78
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Senate Gift Store,
Mailing Address:
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: gifts
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D10-00Ad02
Date of Disbursemenmt: 01 / 02 / 2007
Amount of Each Disbursement this Period: 219.00
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Cream Hill Consulting
Mailing Address: Mr. Bill Kurtz, P.O. Box 266
City: Woodstock State: VT Zip Code: 05091
Purpose of Disbursement: campaign consulting/closi
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D593-01cR0U
Date of Disbursemenmt: 01 / 03 / 2007
Amount of Each Disbursement this Period: 14400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 14400.00

**TOTAL** This Period (last page this line number only) ..... 14400.00

27020250449

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Johnston Consulting
Mailing Address: 97 State Street
City: Montpelier State: VT Zip Code: 05602
Purpose of Disbursement: campaign accounting/closi
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1256-00Gc24
Date of Disbursemenmt: 01 / 03 / 2007
Amount of Each Disbursement this Period: 3000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Amazon.com
Mailing Address: 1516 Second Avenue
City: Seattle State: WA Zip Code: 98101
Purpose of Disbursement: book
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-0NwY02
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 72.24
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Booska Movers, Inc.,
Mailing Address: 180 Flynn Avenue
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: moving expense
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-0NwO03
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 459.00
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) ..... 17400.00

27020250450

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Burlington Self Storage
Mailing Address:
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: storage unit
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-0NwX02
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 135.00
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Federal Express
Mailing Address: Post Office Box 371461
City: Pittsburgh State: PA Zip Code: 15250
Purpose of Disbursement: shipping charge
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D7-007v2J
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 134.27
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Hunan Dynasty Restaurant
Mailing Address: Pennsylvania Avenue, SE
City: Washington State: DC Zip Code:
Purpose of Disbursement: staff lunch
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D8-00GL09
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 486.25
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) ..... 17400.00

27020250451

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Paxton Vanlines
Mailing Address: 8001 Forbes
City: Springfield State: VA Zip Code: 22151
Purpose of Disbursement: moving expense
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D9-0Nwa02
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 94.30
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Staples
Mailing Address: Paine Turnpike, Shaw's Plaza
City: Berlin State: VT Zip Code: 05602
Purpose of Disbursement: office supplies
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D11-00CG0h
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 78.42
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Staples
Mailing Address: Paine Turnpike, Shaw's Plaza
City: Berlin State: VT Zip Code: 05602
Purpose of Disbursement: office supplies
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D12-00CG0i
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 46.08
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) ..... 17400.00

27020250452

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): United States Postal Service-Montpelier
Mailing Address: State Street
City: Montpelier State: VT Zip Code: 05601
Purpose of Disbursement: postage
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify): ▼
Transaction ID: D13-00871d
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 57.80
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): WCAX - TV
Mailing Address: Joy Drive
City: South Burlington State: VT Zip Code: 05403
Purpose of Disbursement: legacy video
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify): ▼
Transaction ID: D14-01xb02
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 210.70
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): TD BankNorth
Mailing Address: 111 Main Street
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: Bank fee
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify): ▼
Transaction ID: D1898-0NwJ02
Date of Disbursemenmt: 01 / 04 / 2007
Amount of Each Disbursement this Period: 97.07
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 97.07

**TOTAL** This Period (last page this line number only) ..... 17497.07

27020250453

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Booska Movers, Inc.,
Mailing Address: 180 Flynn Avenue
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: moving
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D180-0NwO01
Date of Disbursemenmt: 01 / 05 / 2007
Amount of Each Disbursement this Period: 688.50
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Central Vermont Public Service
Mailing Address: 77 Grove Street
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: electric bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D394-007L1m
Date of Disbursemenmt: 01 / 05 / 2007
Amount of Each Disbursement this Period: 13.30
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Exxon
Mailing Address: Pennsylvania Avenue
City: Washington State: DC Zip Code:
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D4-00GK1R
Date of Disbursemenmt: 01 / 05 / 2007
Amount of Each Disbursement this Period: 24.61
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 701.80

**TOTAL** This Period (last page this line number only) ▶ 18198.87

27020250454

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Ford Credit,
Mailing Address: Box 220564
City: Pittsburgh State: PA Zip Code: 15257
Purpose of Disbursement: lease pay
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D974-0Moi0K
Date of Disbursemenmt: 01 / 05 / 2007
Amount of Each Disbursement this Period: 814.19
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): MCI Worldcom
Mailing Address: Post Office Box 85059
City: Louisville State: KY Zip Code: 40285
Purpose of Disbursement: long distance
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1389-00Br1O
Date of Disbursemenmt: 01 / 05 / 2007
Amount of Each Disbursement this Period: 63.27
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: P. O. Box 489
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: phone bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D2253-00FN1j
Date of Disbursemenmt: 01 / 05 / 2007
Amount of Each Disbursement this Period: 35.47
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 912.93

**TOTAL** This Period (last page this line number only) ▶ 19111.80

27020250455

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D5-02Ou05
Date of Disbursemenmt: 01 / 07 / 2007
Amount of Each Disbursement this Period: 20.30
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Staples
Mailing Address: Paine Turnpike, Shaw's Plaza
City: Berlin State: VT Zip Code: 05602
Purpose of Disbursement: office supplies
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D9-00CG0j
Date of Disbursemenmt: 01 / 08 / 2007
Amount of Each Disbursement this Period: 83.98
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Booska Movers, Inc.,
Mailing Address: 180 Flynn Avenue
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: moving expense
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-0NwO04
Date of Disbursemenmt: 01 / 10 / 2007
Amount of Each Disbursement this Period: 306.00
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) ..... 19111.80

27020250456

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Staples
Mailing Address: Paine Turnpike, Shaw's Plaza
City: Berlin State: VT Zip Code: 05602
Purpose of Disbursement: office supplies
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D10-00CG0k
Date of Disbursemenmt: 01 / 14 / 2007
Amount of Each Disbursement this Period: 26.63
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Credit Card Services,
Mailing Address: P. O. Box 1044
City: Brattleboro State: VT Zip Code: 05302
Purpose of Disbursement: credit cards
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D609-0NuB0F
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 5227.28
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-02Ou0B
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 31.01
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 5227.28

**TOTAL** This Period (last page this line number only) ..... 24339.08

27020250457

**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)

[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Federal Express
Mailing Address: Post Office Box 371461
City: Pittsburgh State: PA Zip Code: 15250
Purpose of Disbursement: shipping fees
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D943-007v2H
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 210.25
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Jeffords, James M.
Mailing Address: P. O. Box 347, Upper Cold River Road
City: Cuttingsville State: VT Zip Code: 05738
Purpose of Disbursement: rent for January and Feb
Candidate Name: The Honorable James M. Jeffords
Category/Type:
Office Sought: State: VT District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1168-000e5g
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 750.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Kurtz, Bill
Mailing Address: 234 Maryland Ave NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: reimbursement expense
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1290-0MbN0D
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 590.84
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 1551.09

**TOTAL** This Period (last page this line number only) ..... 25890.17

27020250458

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: P. O. Box 489
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: phone bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2255-00FN1I
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 68.06
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): WinXnet, Inc.,
Mailing Address: Post Office Box 1700
City: Portland State: ME Zip Code: 04101
Purpose of Disbursement: web site
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2456-0Mli0A
Date of Disbursemenmt: 01 / 16 / 2007
Amount of Each Disbursement this Period: 150.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Sheraton Burlington Hotel
Mailing Address: 870 Williston Road
City: Burlington State: VT Zip Code: 05403
Purpose of Disbursement: hotel
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D8-007T0n
Date of Disbursemenmt: 01 / 17 / 2007
Amount of Each Disbursement this Period: 43.15
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 218.06

**TOTAL** This Period (last page this line number only) ..... 26108.23

27020250459

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D4-02Ou0C
Date of Disbursemenmt: 01 / 20 / 2007
Amount of Each Disbursement this Period: 24.05
MEMO: Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D5-02Ou0D
Date of Disbursemenmt: 01 / 22 / 2007
Amount of Each Disbursement this Period: 27.00
MEMO: Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Staples
Mailing Address: Paine Turnpike, Shaw's Plaza
City: Berlin State: VT Zip Code: 05602
Purpose of Disbursement: office supplies
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D11-00CG0I
Date of Disbursemenmt: 01 / 23 / 2007
Amount of Each Disbursement this Period: 63.31
MEMO: Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) ..... 26108.23

27020250460

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Bickford, Trecia
Mailing Address: 1516 Dogwood Drive
City: Alexandria State: VA Zip Code: 22302
Purpose of Disbursement: campaign coordination
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify): ▼
Transaction ID: D171-007t0K
Date of Disbursemenmt: 01 / 24 / 2007
Amount of Each Disbursement this Period: 3000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Burlington Self Storage
Mailing Address:
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: monthly fee
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify): ▼
Transaction ID: D2-0NwX03
Date of Disbursemenmt: 02 / 02 / 2007
Amount of Each Disbursement this Period: 135.00
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify): ▼
Transaction ID: D6-02Ou0E
Date of Disbursemenmt: 02 / 02 / 2007
Amount of Each Disbursement this Period: 20.11
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ 3000.00

**TOTAL** This Period (last page this line number only) ▶ 29108.23

27020250461

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): TD BankNorth
Mailing Address: 111 Main Street
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: Bank fee
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1899-0NwJ03
Date of Disbursemenmt: 02 / 04 / 2007
Amount of Each Disbursement this Period: 250.38
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Cream Hill Consulting
Mailing Address: Mr. Bill Kurtz, P.O. Box 266
City: Woodstock State: VT Zip Code: 05091
Purpose of Disbursement: campaign consulting
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D595-01cR0W
Date of Disbursemenmt: 02 / 06 / 2007
Amount of Each Disbursement this Period: 14400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1-02Ou07
Date of Disbursemenmt: 02 / 06 / 2007
Amount of Each Disbursement this Period: 22.88
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 14650.38

**TOTAL** This Period (last page this line number only) ..... 43758.61

27020250462

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Staples
Mailing Address: Paine Turnpike, Shaw's Plaza
City: Berlin State: VT Zip Code: 05602
Purpose of Disbursement: office supplies
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D7-00CG0m
Date of Disbursemenmt: 02 / 07 / 2007
Amount of Each Disbursement this Period: 15.13
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): MCI Worldcom
Mailing Address: Post Office Box 85059
City: Louisville State: KY Zip Code: 40285
Purpose of Disbursement: phone bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1391-00Br1Q
Date of Disbursemenmt: 02 / 07 / 2007
Amount of Each Disbursement this Period: 12.19
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: P. O. Box 489
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: phone bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2256-00FN1m
Date of Disbursemenmt: 02 / 07 / 2007
Amount of Each Disbursement this Period: 37.21
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 49.40

**TOTAL** This Period (last page this line number only) ..... 43808.01

27020250463

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Verizon DC Account,
Mailing Address: PO Box 17577
City: Baltimore State: MD Zip Code: 21297
Purpose of Disbursement: phone calls
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2259-0Nwb02
Date of Disbursemenmt: 02 / 07 / 2007
Amount of Each Disbursement this Period: 76.09
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-02Ou08
Date of Disbursemenmt: 02 / 08 / 2007
Amount of Each Disbursement this Period: 29.60
**MEMO**
***Credit Card Item***
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-02Ou09
Date of Disbursemenmt: 02 / 13 / 2007
Amount of Each Disbursement this Period: 23.68
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 76.09

**TOTAL** This Period (last page this line number only) ..... 43884.10

2702025046 4

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2-02Ou0F
Date of Disbursemenmt: 02 / 13 / 2007
Amount of Each Disbursement this Period: 24.16
**MEMO**
**Credit Card Item**
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Baker & Hostetler
Mailing Address: 1050 Connecticut Avenue, NW, 11th Floor
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: legal advice
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D153-0NvF07
Date of Disbursemenmt: 02 / 16 / 2007
Amount of Each Disbursement this Period: 602.15
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): TD BankNorth
Mailing Address: 111 Main Street
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: fees
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1900-0NwJ04
Date of Disbursemenmt: 02 / 20 / 2007
Amount of Each Disbursement this Period: 250.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 852.15

**TOTAL** This Period (last page this line number only) ..... 44736.25

27020250465

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D3-02Ou0G
Date of Disbursemenmt: 02 / 23 / 2007
Amount of Each Disbursement this Period: 20.44
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Exxon,
Mailing Address: RT 7
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: gas
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D4-02Ou0A
Date of Disbursemenmt: 02 / 26 / 2007
Amount of Each Disbursement this Period: 18.61
MEMO
Credit Card Item
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Credit Card Services,
Mailing Address: P. O. Box 1044
City: Brattleboro State: VT Zip Code: 05302
Purpose of Disbursement: credit cards
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D610-0NuB0G
Date of Disbursemenmt: 02 / 28 / 2007
Amount of Each Disbursement this Period: 960.02
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 960.02

**TOTAL** This Period (last page this line number only) ..... 45696.27

27020250466

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): State Farm Insurance Inc.
Mailing Address: 100 State Farm Place, P.O. Box 8000
City: Ballston Spa State: NY Zip Code: 12020
Purpose of Disbursement: car insurance
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1835-001M0S
Date of Disbursemenmt: 02 / 28 / 2007
Amount of Each Disbursement this Period: 200.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Verizon Wireless
Mailing Address: P. O. Box 489
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: cell phone
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2328-00Ez1X
Date of Disbursemenmt: 02 / 28 / 2007
Amount of Each Disbursement this Period: 63.93
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Central Vermont Public Service
Mailing Address: 77 Grove Street
City: Rutland State: VT Zip Code: 05701
Purpose of Disbursement: electric bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D396-007L1o
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 100.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 363.93

**TOTAL** This Period (last page this line number only) ..... 46060.20

27020250467

**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)

[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Cream Hill Consulting
Mailing Address: Mr. Bill Kurtz, P.O. Box 266
City: Woodstock State: VT Zip Code: 05091
Purpose of Disbursement: travel expense reimbursem
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D596-01cR0X
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 14000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Ford Credit,
Mailing Address: Box 220564
City: Pittsburgh State: PA Zip Code: 15257
Purpose of Disbursement: car lease
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D976-0Moi0M
Date of Disbursemenmt: 03 / 02 / 2007
Amount of Each Disbursement this Period: 1628.38
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Federal Express
Mailing Address: Post Office Box 371461
City: Pittsburgh State: PA Zip Code: 15250
Purpose of Disbursement: shipping fee
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D944-007v2I
Date of Disbursemenmt: 03 / 15 / 2007
Amount of Each Disbursement this Period: 25.48
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 15653.86

**TOTAL** This Period (last page this line number only) ..... 61714.06

27020250468

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Kurtz, Bill
Mailing Address: 234 Maryland Ave NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: expense reimbursement
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1291-0MbN0E
Date of Disbursemenmt: 03 / 15 / 2007
Amount of Each Disbursement this Period: 1866.33
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Postal Service, U.S.
Mailing Address: State Street
City: Montpelier State: VT Zip Code: 05602
Purpose of Disbursement: PO Box
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1570-00F30J
Date of Disbursemenmt: 03 / 15 / 2007
Amount of Each Disbursement this Period: 25.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): Credit Card Services,
Mailing Address: P. O. Box 1044
City: Brattleboro State: VT Zip Code: 05302
Purpose of Disbursement: credit cards
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D611-0NuB0H
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 145.18
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 2036.51

**TOTAL** This Period (last page this line number only) ..... 63750.57

27020250469

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Credit Card Services,
Mailing Address: P. O. Box 1044
City: Brattleboro State: VT Zip Code: 05302
Purpose of Disbursement: credit cards
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D612-0NuB0I
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 337.65
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Nolin, Kelly
Mailing Address: 35 Slate Ave
City: Northfield State: VT Zip Code: 05663
Purpose of Disbursement: archiving service
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1533-0K9Q03
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 10000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): State Farm Insurance Inc.
Mailing Address: 100 State Farm Place, P.O. Box 8000
City: Ballston Spa State: NY Zip Code: 12020
Purpose of Disbursement: car insurance
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1836-001M0T
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 253.10
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 10590.75

**TOTAL** This Period (last page this line number only) ..... 74341.32

27020250470

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: P. O. Box 489
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: phone bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2257-00FN1n
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 37.28
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Verizon Wireless
Mailing Address: P. O. Box 489
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: cell phone
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2329-00Ez1Y
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 69.19
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.**
Full Name (Last, First, Middle Initial): VTEL
Mailing Address: 354 River Street, P. O. Box 2020
City: Springfield State: VT Zip Code: 05156
Purpose of Disbursement: phone bill
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D2429-00Dw1c
Date of Disbursemenmt: 03 / 20 / 2007
Amount of Each Disbursement this Period: 98.87
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... 205.34

**TOTAL** This Period (last page this line number only) ..... 74546.66

27020250471

**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)
[X] 17 [ ] 18 [ ] 19a
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (in Full)
Jeffords for Vermont Committee C0015362

**A.**
Full Name (Last, First, Middle Initial): Johnston Consulting
Mailing Address: 97 State Street
City: Montpelier State: VT Zip Code: 05602
Purpose of Disbursement: campaign accounting/closi
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify):
Transaction ID: D1258-00Gc26
Date of Disbursemenmt: 03 / 22 / 2007
Amount of Each Disbursement this Period: 3000.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.**
Full Name (Last, First, Middle Initial): Jeffords, James M.
Mailing Address: P. O. Box 347, Upper Cold River Road
City: Cuttingsville State: VT Zip Code: 05738
Purpose of Disbursement: March rent
Candidate Name: The Honorable James M. Jeffords
Category/Type:
Office Sought: State: VT District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D1169-000e5h
Date of Disbursemenmt: 03 / 30 / 2007
Amount of Each Disbursement this Period: 375.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

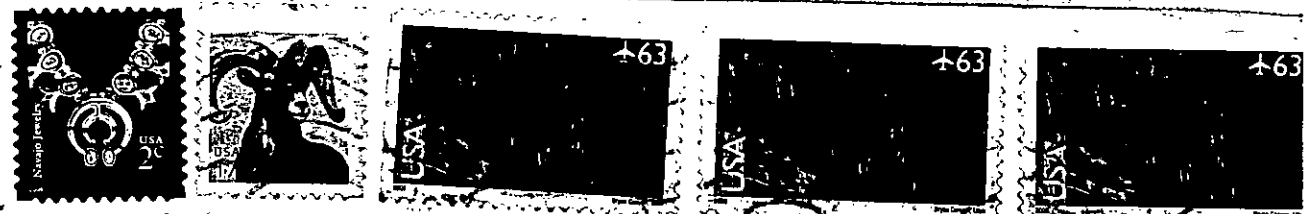
**C.**
Full Name (Last, First, Middle Initial): Chittenden Bank
Mailing Address: 2 Burlington Square
City: Burlington State: VT Zip Code: 05401
Purpose of Disbursement: bank fees
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify):
Transaction ID: D439-007n19
Date of Disbursemenmt: 03 / 31 / 2007
Amount of Each Disbursement this Period: 122.85
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

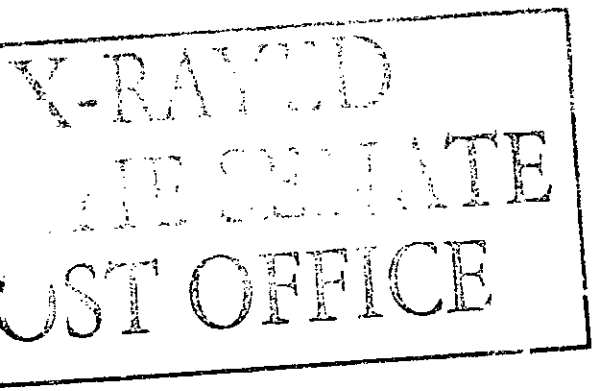
**SUBTOTAL** of Disbursements This Page (optional) ..... 3497.85

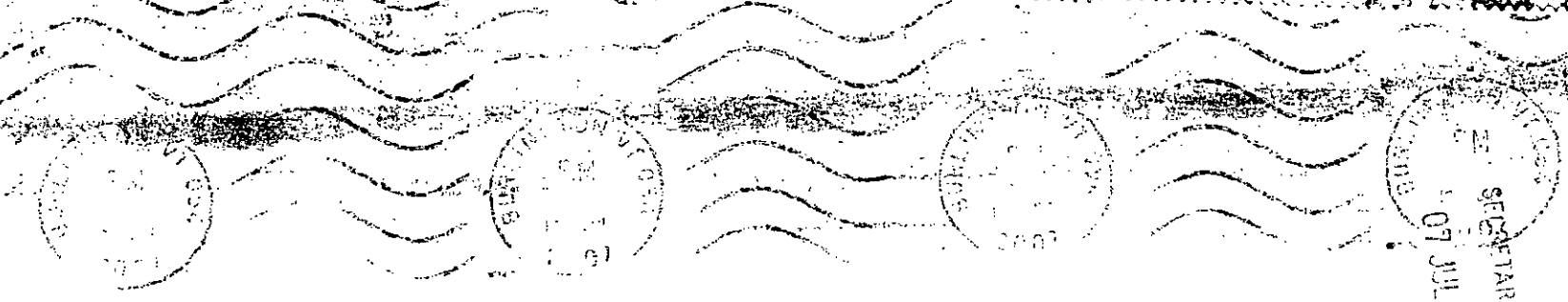
**TOTAL** This Period (last page this line number only) ..... 78044.51

2702025047 2

Vermont Committee
5
VT 05601



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**ALEXANDRIA, VA 22301-0109**

SECRETARY OF THE SENATE
07 JUL 17 AM 10: 57

27020250473

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

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Postmark

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| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|---|---|---|
| FEDERAL EXPRESS | _____ | ☐ |
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| DHL | _____ | ☐ |
| AIRBORNE EXPRESS | _____ | ☐ |

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27020250474

27020250475