



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2021"/>		208149.52
(b) Cash on Hand at Beginning of Reporting Period.....	110115.40	
(c) Total Receipts (from Line 19) .....	107661.78	226997.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	217777.18	435146.99
7. Total Disbursements (from Line 31).....	93930.19	117277.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	123846.99	317869.32
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	

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).....	0.00	92281.64
(ii) Unitemized .....	0.00	27033.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	119315.29
(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) .....	0.00	119315.29
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	20.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	107661.78	107661.78
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)).....▶	107661.78	226997.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	107661.78	226997.47

**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 .....	0.00	4998.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	4998.32
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) .....	22370.63	40719.79
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).....	71559.56	71559.56
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)) ..	93930.19	117277.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93930.19	117277.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	119315.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	119315.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	4998.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	20.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	4977.92

**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 6 OF 38
<input 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 checked="" 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. Aquino, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9830 NE 24th St  
 City Bellevue State WA Zip Code 98004-2137  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2021  
**Transaction ID : 3081410**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. DeConcini, Pat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 S Via Esperanza  
 City Tucson State AZ Zip Code 85716-5838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 4-D Properties, LLP Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2021  
**Transaction ID : 4185453**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**c. Defending Democracy Together**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 925 15th St NW  
 FI 5  
 City Washington State DC Zip Code 20005-2303  
 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 ▼ 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2021  
**Transaction ID : 4099265**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21000.00
<b>TOTAL</b> 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 7 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Fredricks, David, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2121 Terry Ave # N1201  
 City Seattle State WA Zip Code 98121-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 11 / 2021  
**Transaction ID : 4199391**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-Contribution Account

**B. Gerson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2118 Delancey St  
 City Philadelphia State PA Zip Code 19103-6512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beechwood Property Holdings Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.45

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 3105377**  
 Amount of Each Receipt this Period 516.45  
 Memo Item  
 Non-Contribution Account

**C. Grant, Adrienne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 565 Moreno Ave  
 City Los Angeles State CA Zip Code 90049-4840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 06 / 2021  
**Transaction ID : 3115233**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15516.45
<b>TOTAL</b> 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 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Green, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Bryan Dr  
 City Richboro State PA Zip Code 18954-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trinity Health Mid-Atlantic Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.32

Date of Receipt **02 / 12 / 2021**  
**Transaction ID : 3046322**  
 Amount of Each Receipt this Period 51.83  
 Memo Item  
 Non-Contribution Account

**B. Green, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Bryan Dr  
 City Richboro State PA Zip Code 18954-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trinity Health Mid-Atlantic Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.32

Date of Receipt **03 / 12 / 2021**  
**Transaction ID : 3084493**  
 Amount of Each Receipt this Period 51.83  
 Memo Item  
 Non-Contribution Account

**C. Green, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Bryan Dr  
 City Richboro State PA Zip Code 18954-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trinity Health Mid-Atlantic Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.32

Date of Receipt **04 / 12 / 2021**  
**Transaction ID : 3121660**  
 Amount of Each Receipt this Period 51.83  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.49
<b>TOTAL</b> 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 9 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Green, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Bryan Dr

City Richboro	State PA	Zip Code 18954-2027
------------------	-------------	------------------------

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

Name of Employer (for Individual) Trinity Health Mid-Atlantic	Occupation (for Individual) Executive
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2021

**Transaction ID : 4098922**

Amount of Each Receipt this Period  
51.83

Memo Item

Non-Contribution Account

**B. Le, Chris, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3747 Upland Dr

City Marietta	State GA	Zip Code 30066-3060
------------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
516.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2021

**Transaction ID : 4163915**

Amount of Each Receipt this Period  
516.45

Memo Item

Non-Contribution Account

**C. McFarland, Trisha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Gelding Rd

City Chelmsford	State MA	Zip Code 01824-1917
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Lowell Public Schools, Lowell, MA	Occupation (for Individual) Teacher
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
218.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2021

**Transaction ID : 3025314**

Amount of Each Receipt this Period  
36.34

Memo Item

Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.62
<b>TOTAL</b> 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 10 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. McFarland, Trisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Gelding Rd  
 City Chelmsford State MA Zip Code 01824-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowell Public Schools, Lowell, MA Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.04

Date of Receipt **02 / 28 / 2021**  
**Transaction ID : 3069049**  
 Amount of Each Receipt this Period 36.34  
 Memo Item  
 Non-Contribution Account

**B. McFarland, Trisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Gelding Rd  
 City Chelmsford State MA Zip Code 01824-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowell Public Schools, Lowell, MA Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.04

Date of Receipt **03 / 31 / 2021**  
**Transaction ID : 3103500**  
 Amount of Each Receipt this Period 36.34  
 Memo Item  
 Non-Contribution Account

**C. McFarland, Trisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Gelding Rd  
 City Chelmsford State MA Zip Code 01824-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowell Public Schools, Lowell, MA Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.04

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : 4080886**  
 Amount of Each Receipt this Period 36.34  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109.02
<b>TOTAL</b> 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 11 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. McFarland, Trisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Gelding Rd  
 City Chelmsford State MA Zip Code 01824-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowell Public Schools, Lowell, MA Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.04

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : 4140995**  
 Amount of Each Receipt this Period 36.34  
 Memo Item  
 Non-Contribution Account

**B. McFarland, Trisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Gelding Rd  
 City Chelmsford State MA Zip Code 01824-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lowell Public Schools, Lowell, MA Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.04

Date of Receipt **06 / 30 / 2021**  
**Transaction ID : 4190478**  
 Amount of Each Receipt this Period 36.34  
 Memo Item  
 Non-Contribution Account

**C. Minuteman Capital LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20922 Avalon Dr  
 City Rocky River State OH Zip Code 44116-1304  
 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 ▼ 5000.00

Date of Receipt **05 / 05 / 2021**  
**Transaction ID : 4183876**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5072.68
<b>TOTAL</b> 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 12 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Pardo, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Hutton Rd  
 City Dover State MA Zip Code 02030-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LionPoint Coaching Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 20 / 2021**  
**Transaction ID : 3055543**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Schoen Engineering Inc**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10478 Waterfowl Ter  
 City Columbia State MD Zip Code 21044-2463  
 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 ▼ 360.00

Date of Receipt **02 / 05 / 2021**  
**Transaction ID : 4099098**  
 Amount of Each Receipt this Period 360.00  
 Memo Item  
 Non-Contribution Account

**C. Schreiber, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Hillington Rd  
 City New Marlborough State MA Zip Code 01230-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Connecticut Children's Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 19 / 2021**  
**Transaction ID : 4099962**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1110.00
<b>TOTAL</b> 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 13 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. The Lincoln Project**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City Washington State DC Zip Code 20003-7508

FEC ID number of contributing federal political committee. **C** C00725820

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2021  
**Transaction ID : 4099116**

Amount of Each Receipt this Period  
50000.00

Memo Item

Non-Contribution Account

**B. Vittone, Mario, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5321 Fishersound Ln

City Apollo Beach State FL Zip Code 33572-3344

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

Name of Employer (for Individual) Occupation (for Individual)  
Lifesaving Systems Corp. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.15

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2021  
**Transaction ID : 3054138**

Amount of Each Receipt this Period  
51.83

Memo Item

Non-Contribution Account

**C. Vittone, Mario, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5321 Fishersound Ln

City Apollo Beach State FL Zip Code 33572-3344

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

Name of Employer (for Individual) Occupation (for Individual)  
Lifesaving Systems Corp. Manager

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
259.15

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2021  
**Transaction ID : 3090680**

Amount of Each Receipt this Period  
51.83

Memo Item

Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50103.66
<b>TOTAL</b> 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 14 OF 38
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Vittone, Mario, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5321 Fishersound Ln  
 City Apollo Beach State FL Zip Code 33572-3344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifesaving Systems Corp. Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.15

Date of Receipt **04 / 18 / 2021**  
**Transaction ID : 4099967**  
 Amount of Each Receipt this Period 51.83  
 Memo Item  
 Non-Contribution Account

**B. Vittone, Mario, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5321 Fishersound Ln  
 City Apollo Beach State FL Zip Code 33572-3344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifesaving Systems Corp. Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.15

Date of Receipt **05 / 18 / 2021**  
**Transaction ID : 4111663**  
 Amount of Each Receipt this Period 51.83  
 Memo Item  
 Non-Contribution Account

**C. Vittone, Mario, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5321 Fishersound Ln  
 City Apollo Beach State FL Zip Code 33572-3344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifesaving Systems Corp. Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.15

Date of Receipt **06 / 18 / 2021**  
**Transaction ID : 4189555**  
 Amount of Each Receipt this Period 51.83  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.49
<b>TOTAL</b> 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: PAGE 15 OF 38  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wallace, Mara, , ,

Mailing Address 433 Melville Ave

City Palo Alto State CA Zip Code 94301-3237

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2021

**Transaction ID : 3121218**

Amount of Each Receipt this Period  
5000.00

Memo Item

Non-Contribution Account

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	98827.41

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement  
Non-Contribution Account: Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 28 / 2021

FEC Identification Number: C  
Transaction ID : 500008807  
Amount of Each Disbursement this Period: 75.00

Memo Item

**B. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement  
Non-Contribution Account: Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 25 / 2021

FEC Identification Number: C  
Transaction ID : 500008957  
Amount of Each Disbursement this Period: 265.25

Memo Item

**C. Aristotle**

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Non-Contribution Account: Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 28 / 2021

FEC Identification Number: C  
Transaction ID : 500008230  
Amount of Each Disbursement this Period: 20000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20340.25

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



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. Cake**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	1

Mailing Address 1624 Market St  
Ste # 226

City Denver State CO Zip Code 80202-1559

Purpose of Disbursement  
Non-Contribution Account: Insurance

FEC Identification Number

C [ ]

**Transaction ID : 500008231**  
Amount of Each Disbursement this Period

[ ] 246.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Caplin & Drysdale**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	1

Mailing Address 1 Thomas Cir NW  
Ste 1100

City Washington State DC Zip Code 20005-5812

Purpose of Disbursement  
Non-Contribution Account: Legal Services

FEC Identification Number

C [ ]

**Transaction ID : 500008800**  
Amount of Each Disbursement this Period

[ ] 1601.50

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Google**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	1

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Non-Contribution Account: Testing Fee

FEC Identification Number

C [ ]

**Transaction ID : 500008810**  
Amount of Each Disbursement this Period

[ ] 0.25

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[ ] 1847.75

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

[ ]



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. Hootsuite Inc.**

Mailing Address 12 E 49th St  
Tower 49

City New York State NY Zip Code 10017-1028

Purpose of Disbursement  
Non-Contribution Account: Software Subscription

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008804**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hootsuite Inc.**

Mailing Address 12 E 49th St  
Tower 49

City New York State NY Zip Code 10017-1028

Purpose of Disbursement  
Non-Contribution Account: Software Subscription

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008954**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043-1140

Purpose of Disbursement  
Non-Contribution Account: Software

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008233**  
Amount of Each Disbursement this Period

Memo Item

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043-1140

Purpose of Disbursement  
Non-Contribution Account: Software

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008234**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043-1140

Purpose of Disbursement  
Non-Contribution Account: Software

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008235**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043-1140

Purpose of Disbursement  
Non-Contribution Account: Software

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008236**

Amount of Each Disbursement this Period

Memo Item

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. Intuit Inc.**

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043-1140

Purpose of Disbursement  
Non-Contribution Account: Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008805**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit Inc.**

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043-1140

Purpose of Disbursement  
Non-Contribution Account: Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008947**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit Inc.**

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043-1140

Purpose of Disbursement  
Non-Contribution Account: Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008948**

Amount of Each Disbursement this Period

Memo Item

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)  
**A. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043-1140

Purpose of Disbursement  
Non-Contribution Account: Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 30 / 2021

FEC Identification Number: C  
Transaction ID : 500009149  
Amount of Each Disbursement this Period: 76.21

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Janal Communications**

Mailing Address 2240 BRACKETTS Rd

City Excelsior State MN Zip Code 55331

Purpose of Disbursement  
Non-Contribution Account: Communications Consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 02 / 2021

FEC Identification Number: C  
Transaction ID : 500008237  
Amount of Each Disbursement this Period: 399.00

Memo Item

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

Mailing Address 2710 Walnut St

City Denver State CO Zip Code 80205-2233

Purpose of Disbursement  
Non-Contribution Account: Ad Production

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 03 / 2021

FEC Identification Number: C  
Transaction ID : 500008238  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5475.21

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. MBA Consulting Group**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City  
Washington

State  
DC

Zip Code  
20003-4303

Purpose of Disbursement  
Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008239**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MBA Consulting Group**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City  
Washington

State  
DC

Zip Code  
20003-4303

Purpose of Disbursement  
Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008240**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MBA Consulting Group**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City  
Washington

State  
DC

Zip Code  
20003-4303

Purpose of Disbursement  
Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008241**

Amount of Each Disbursement this Period

Memo Item

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. MBA Consulting Group**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City  
Washington

State  
DC

Zip Code  
20003-4303

Purpose of Disbursement  
Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008801**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MBA Consulting Group**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City  
Washington

State  
DC

Zip Code  
20003-4303

Purpose of Disbursement  
Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008802**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MBA Consulting Group**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City  
Washington

State  
DC

Zip Code  
20003-4303

Purpose of Disbursement  
Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500009009**

Amount of Each Disbursement this Period

Memo Item

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

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





**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial)

**A. Paragon Solution**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282-1895

Purpose of Disbursement  
Non-Contribution Account: Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008808**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paragon Solution**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282-1895

Purpose of Disbursement  
Non-Contribution Account: Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008949**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Payroll Data Processing**

Mailing Address 4224 Henderson Blvd

City Tampa State FL Zip Code 33629-5611

Purpose of Disbursement  
Non-Contribution Account: Payroll Taxes

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500008286**

Amount of Each Disbursement this Period

Memo Item

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Payroll Data Processing**

Full Name (Last, First, Middle Initial)

Mailing Address 4224 Henderson Blvd

City Tampa State FL Zip Code 33629-5611

Purpose of Disbursement  
Non-Contribution Account: Payroll Salaries - See Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 31 / 2021

FEC Identification Number: C

Transaction ID : 500008287

Amount of Each Disbursement this Period: 4383.33

Memo Item

**B. Patterson, Abbie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2010 Marshall St

City Edgewater State CO Zip Code 80214-1014

Purpose of Disbursement  
Non-Contribution Account: Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 31 / 2021

FEC Identification Number: C

Transaction ID : 500008906

Amount of Each Disbursement this Period: 4383.33

Memo Item

**C. Payroll Data Processing**

Full Name (Last, First, Middle Initial)

Mailing Address 4224 Henderson Blvd

City Tampa State FL Zip Code 33629-5611

Purpose of Disbursement  
Non-Contribution Account: Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 28 / 2021

FEC Identification Number: C

Transaction ID : 500008288

Amount of Each Disbursement this Period: 174.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4557.72

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

**A. Payroll Data Processing**

Full Name (Last, First, Middle Initial)

Mailing Address 4224 Henderson Blvd

City Tampa State FL Zip Code 33629-5611

Purpose of Disbursement  
Non-Contribution Account: Payroll Salaries - See Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 28 / 2021

FEC Identification Number: C

Transaction ID : 500008289

Amount of Each Disbursement this Period: 4383.33

Memo Item

**B. Patterson, Abbie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2010 Marshall St

City Edgewater State CO Zip Code 80214-1014

Purpose of Disbursement  
Non-Contribution Account: Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 28 / 2021

FEC Identification Number: C

Transaction ID : 500008905

Amount of Each Disbursement this Period: 4383.33

Memo Item

**C. Payroll Data Processing**

Full Name (Last, First, Middle Initial)

Mailing Address 4224 Henderson Blvd

City Tampa State FL Zip Code 33629-5611

Purpose of Disbursement  
Non-Contribution Account: Payroll Salaries - See Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2021

FEC Identification Number: C

Transaction ID : 500008292

Amount of Each Disbursement this Period: 4383.33

Memo Item

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

8766.66

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial) <b>A. Patterson, Abbie, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2021
Mailing Address 2010 Marshall St		FEC Identification Number C [ ] <b>Transaction ID : 500008904</b> Amount of Each Disbursement this Period [ ] 4383.33
City Edgewater	State CO	Zip Code 80214-1014
Purpose of Disbursement Non-Contribution Account: Salary		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:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) <b>B. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2021
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500008293</b> Amount of Each Disbursement this Period [ ] 409.84
City Tampa	State FL	Zip Code 33629-5611
Purpose of Disbursement Non-Contribution Account: Payroll Taxes		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2021
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500008294</b> Amount of Each Disbursement this Period [ ] 1406.06
City Tampa	State FL	Zip Code 33629-5611
Purpose of Disbursement Non-Contribution Account: Payroll Taxes		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1815.90
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

Form A: Payroll Data Processing. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Payroll Data Processing. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Payroll Data Processing. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 4913.79
TOTAL This Period (last page this line number only)

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial) <b>A. Patterson, Abbie, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2021	
Mailing Address 2010 Marshall St		FEC Identification Number C [ ] <b>Transaction ID : 500008908</b> Amount of Each Disbursement this Period [ ] 4383.33	
City Edgewater	State CO	Zip Code 80214-1014	Category/Type [ ]
Purpose of Disbursement Non-Contribution Account: Salary		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2021	
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500008910</b> Amount of Each Disbursement this Period [ ] 335.33	
City Tampa	State FL	Zip Code 33629-5611	Category/Type [ ]
Purpose of Disbursement Non-Contribution Account: Payroll Taxes		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2021	
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500008911</b> Amount of Each Disbursement this Period [ ] 52.48	
City Tampa	State FL	Zip Code 33629-5611	Category/Type [ ]
Purpose of Disbursement Non-Contribution Account: Payroll Fees		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 387.81
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial) <b>A. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500009010</b> Amount of Each Disbursement this Period [ ] 37.48
City Tampa	State FL	Zip Code 33629-5611
Purpose of Disbursement Non-Contribution Account: Payroll Fees		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500009011</b> Amount of Each Disbursement this Period [ ] 360.47
City Tampa	State FL	Zip Code 33629-5611
Purpose of Disbursement Non-Contribution Account: Payroll Taxes		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Payroll Data Processing</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address 4224 Henderson Blvd		FEC Identification Number C [ ] <b>Transaction ID : 500009012</b> Amount of Each Disbursement this Period [ ] 4383.33
City Tampa	State FL	Zip Code 33629-5611
Purpose of Disbursement Non-Contribution Account: Payroll Salaries - See Below if Itemized		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 4781.28
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

Full Name (Last, First, Middle Initial) <b>A. Patterson, Abbie, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021	
Mailing Address 2010 Marshall St		FEC Identification Number C [ ] <b>Transaction ID : 500009013</b> Amount of Each Disbursement this Period [ ] 4383.33	
City Edgewater	State CO	Zip Code 80214-1014	Category/Type [ ]
Purpose of Disbursement Non-Contribution Account: Salary		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Memo Item <input checked="" type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>B. Wilcox and Savage</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2021	
Mailing Address 440 Monticello Ave Ste 2200		FEC Identification Number C [ ] <b>Transaction ID : 500008284</b> Amount of Each Disbursement this Period [ ] 2085.90	
City Norfolk	State VA	Zip Code 23510-2243	Category/Type [ ]
Purpose of Disbursement Non-Contribution Account: Legal Services		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/Type [ ]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Memo Item <input type="checkbox"/>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2085.90
<b>TOTAL</b> This Period (last page this line number only).....▶	70697.06

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 38
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Veterans for Responsible Leadership**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TOSKR, Inc. dba GetThru</b>			Nature of Debt (Purpose): Text Messages
Mailing Address 1330 Broadway FI 3			
City Oakland	State CA	Zip Code 94612-2503	

Outstanding Balance Beginning This Period <input type="text" value="388.64"/>	<b>Transaction ID : 1250000224</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="388.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TOSKR, Inc. dba GetThru</b>			Nature of Debt (Purpose): Text Messages
Mailing Address 1330 Broadway FI 3			
City Oakland	State CA	Zip Code 94612-2503	

Outstanding Balance Beginning This Period <input type="text" value="388.64"/>	<b>Transaction ID : 1250000225</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="388.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership
FEC IDENTIFICATION NUMBER
C C00648808

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee AdQuick
Mailing Address 1291 Electric Ave
City Venice State CA Zip Code 90291-3399
Purpose of Expenditure Billboard Advertising
Name of Federal Candidate: WOOD, MICHAEL, A.,
Calendar Year-To-Date Per Election for Office Sought 21593.35
Date of Public Distribution/Dissemination 04/19/2021
Amount 10593.35
Transaction ID : 500007912
Date of Disbursement or Obligation 04/19/2021
Office Sought: House District: 06 State: TX

Full Name of Payee Majority Strategies
Mailing Address PO Box 679219
City Dallas State TX Zip Code 75267-9219
Purpose of Expenditure Billboard Advertising
Name of Federal Candidate: WOOD, MICHAEL, A.,
Calendar Year-To-Date Per Election for Office Sought 21593.35
Date of Public Distribution/Dissemination 04/21/2021
Amount 5344.78
Transaction ID : 500007968
Date of Disbursement or Obligation 04/21/2021
Office Sought: House District: 06 State: TX

(a) SUBTOTAL of Itemized Independent Expenditures 15938.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barkuff, Daniel, , Dr.,
Signature

[Electronically Filed]

Date 07/15/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership
FEC IDENTIFICATION NUMBER
C C00648808

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Majority Strategies
Mailing Address: PO Box 679219
City: Dallas, State: TX, Zip Code: 75267-9219
Purpose of Expenditure: Billboard Advertising
Date of Public Distribution/Dissemination: 04/26/2021
Amount: 1855.22
Transaction ID: 500008033
Date of Disbursement or Obligation: 04/26/2021
Name of Federal Candidate: WOOD, MICHAEL, A., Support
Office Sought: House, District: 06, State: TX
Disbursement For: Other (specify) Special General

Full Name of Payee: Majority Strategies
Mailing Address: PO Box 679219
City: Dallas, State: TX, Zip Code: 75267-9219
Purpose of Expenditure: Social Media Advertising
Date of Public Distribution/Dissemination: 04/28/2021
Amount: 3800.00
Transaction ID: 500008096
Date of Disbursement or Obligation: 04/28/2021
Name of Federal Candidate: WOOD, MICHAEL, A., Support
Office Sought: House, District: 06, State: TX
Disbursement For: Other (specify) Special General

(a) SUBTOTAL of Itemized Independent Expenditures: 5655.22
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barkuff, Daniel, , Dr.,

[Electronically Filed]

Date

07 / 15 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership
FEC IDENTIFICATION NUMBER
C C00648808

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
TOSKR, Inc. dba GetThru
Memo Item

Date of Public Distribution/Dissemination
01 / 01 / 2021

Mailing Address
1330 Broadway
FI 3

Amount
388.64
Transaction ID : 500005751

City
Oakland
State
CA
Zip Code
94612-2503

Date of Disbursement or Obligation

Purpose of Expenditure
Text Messages
Category/Type

02 / 11 / 2021

Name of Federal Candidate:
OSSOFF, T., JONATHAN,
Support
Oppose

Office Sought:
House
Senate
District: 00
State: GA

Calendar Year-To-Date
Per Election for Office Sought
4409.30

Disbursement For:
Primary
General
Other (specify) Run-off General

Full Name of Payee
TOSKR, Inc. dba GetThru
Memo Item

Date of Public Distribution/Dissemination
01 / 01 / 2021

Mailing Address
1330 Broadway
FI 3

Amount
388.64
Transaction ID : 500005752

City
Oakland
State
CA
Zip Code
94612-2503

Date of Disbursement or Obligation

Purpose of Expenditure
Text Messages
Category/Type

02 / 11 / 2021

Name of Federal Candidate:
WARNOCK, RAPHAEL,
Support
Oppose

Office Sought:
House
Senate
District: 00
State: GA

Calendar Year-To-Date
Per Election for Office Sought
4409.30

Disbursement For:
Primary
General
Other (specify) Run-off Special

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 777.28, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 22370.63

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Barkuff, Daniel, Dr., [Electronically Filed] Date: 07 / 15 / 2021