

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Veterans for Responsible Leadership

ADDRESS (number and street) PO Box 9219

Check if different than previously reported. (ACC)

South Burlington VT 05407

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00648808 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2020 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2020

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

Barkhuff, Daniel, , Dr.,

Type or Print Name of Treasurer

Signature of Treasurer Barkhuff, Daniel, , Dr., [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2020

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

**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="2020"/>	<input type="text" value="2169.18"/>	<input type="text" value="2169.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14764.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61971.80"/>	<input type="text" value="74566.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="76735.98"/>	<input type="text" value="76735.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31320.51"/>	<input type="text" value="31320.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45415.47"/>	<input type="text" value="45415.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="5420.87"/>	

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).....	34799.85	46299.85
(ii) Unitemized	11084.84	12179.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45884.69	58479.69
(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)	45884.69	58479.69
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).....	16087.11	16087.11
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	61971.80	74566.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61971.80	74566.80

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	15760.00	15760.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	15560.51	15560.51
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)) ..	31320.51	31320.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31320.51	31320.51

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45884.69	58479.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45884.69	58479.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	16087.11	16087.11
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 16087.11	- 16087.11

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dixon, Andrew, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1865 Newton St.
 No. 2
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Unknown
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2020
Transaction ID : SA11AI.4713
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Duffy, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Unknown
 City Unknown State VA Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Unknown
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2020
Transaction ID : SA11AI.4621
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Gottstein, Sandy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Unknown
 City Unknown State VT Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Unknown
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 258.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2020
Transaction ID : SA11AI.4750
 Amount of Each Receipt this Period
 258.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1758.32
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

A. Kuehne, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Unknown
 City Unknown State VT Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 16 / 2020
Transaction ID : SA11AI.4600
 Amount of Each Receipt this Period: 500.00
 Memo Item

B. Lopez de Azua, Rafael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Unknown
 City Unknown State VT Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Unknown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 07 / 02 / 2020
Transaction ID : SA11AI.4361
 Amount of Each Receipt this Period: 2000.00
 Memo Item

C. Manzi, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Appleton St.
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unknown Occupation (for Individual) Unknown
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 01 / 2020
Transaction ID : SA11AI.4339
 Amount of Each Receipt this Period: 500.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Meduna, Chad, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2020		
Mailing Address Unknown			Transaction ID : SA11AI.4399		
City Unknown	State VT	Zip Code 00000	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer (for Individual) Unknown		Occupation (for Individual) Unknown		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oelschlaeger, Terry, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2020		
Mailing Address Unknown			Transaction ID : SA11AI.4537		
City Unknown	State VT	Zip Code 00000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer (for Individual) Unknown		Occupation (for Individual) Unknown		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Oelschlaeger, Terry, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2020		
Mailing Address Unknown			Transaction ID : SA11AI.4568		
City Unknown	State VT	Zip Code 00000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer (for Individual) Unknown		Occupation (for Individual) Unknown		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

A. Other Contributions

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address Unknown

City Unknown State VT Zip Code 00000

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 ▼
24041.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020
Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
24041.53

Memo Item

B. Rothhouse, Robert, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address Unknown

City Unknown State VT Zip Code 00000

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2020
Transaction ID : SA11AI.4629

Amount of Each Receipt this Period
3000.00

Memo Item

C. Tawa, Nicholas, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address Unknown

City Unknown State VT Zip Code 00000

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

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

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
 07 / 17 / 2020
Transaction ID : SA11AI.4508

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27541.53
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 14
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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
Wittrup, Karl, , ,

Mailing Address Unknown

City Unknown State VT Zip Code 00000

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2020

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
500.00

Memo Item

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	34799.85

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 14
(check only one)

<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Veterans for Responsible Leadership

A. Advertising and Marketing

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Unknown

City Unknown State VT Zip Code 00000

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 ▼
15760.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2020

Transaction ID : SA15.4790

Amount of Each Receipt this Period
 15760.00

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15760.00
TOTAL This Period (last page this line number only).....▶	15760.00

**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. Office Supplies & Software

Full Name (Last, First, Middle Initial)
Mailing Address Unknown

City Unknown State VT Zip Code 00000

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number: C
Transaction ID : SB29.4795
Amount of Each Disbursement this Period: 3995.49

Memo Item

B. Patterson, Abbie, , ,

Full Name (Last, First, Middle Initial)
Mailing Address Unknown

City Unknown State CO Zip Code 00000

Purpose of Disbursement: Payroll expenses Q3
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number: C
Transaction ID : SB29.4789
Amount of Each Disbursement this Period: 10649.16

Memo Item

C. Paypal

Full Name (Last, First, Middle Initial)
Mailing Address Unknown

City Unknown State CA Zip Code 12345

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2020

FEC Identification Number: C
Transaction ID : SB29.4755
Amount of Each Disbursement this Period: 780.38

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15425.03
TOTAL This Period (last page this line number only).....▶	15425.03

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Veterans for Responsible Leadership** Transaction ID : **SC/10.4157**

LOAN SOURCE Full Name (Last, First, Middle Initial) Barkhuff, Daniel, , Dr.,			<input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 166 Hiddenmeadow Ln				
City South Burlington	State VT	ZIP Code 05401		

Original Amount of Loan <input type="text" value="5420.87"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="5420.87"/>
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TERMS

Date Incurred <input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2017"/>	Date Due <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2020"/>	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)	<input type="text" value="5420.87"/>
TOTALS This Period (last page in this line only)	<input type="text" value="5420.87"/>

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

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: Advertising and Marketing
Mailing Address: Unknown
City: Unknown State: VT Zip Code: 00000
Purpose of Expenditure: Election-related communications
Category/Type: 004
Amount: 15760.00
Transaction ID: SE.4793
Date of Disbursement or Obligation: 09/30/2020
Name of Federal Candidate: Trump, Donald, . . .
Office Sought: President
Disbursement For: General 2020

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Office Sought
Disbursement For

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 15760.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 15760.00

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.

Barkhuff, Daniel, . Dr.,

[Electronically Filed]

Date 10/15/2020

Signature