

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

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

12FE4M5

GERALD MALLOY FOR US SENATE VERMONT

ADDRESS (number and street)

PO Box 103

Check if different  
than previously  
reported. (ACC)

PERKINSVILLE

VT

05151

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00809699

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

VT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

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

Type or Print Name of Treasurer Datwyler, Tom, , ,

Signature of Treasurer

Datwyler, Tom, , ,

Date

M M / D D / Y Y Y Y

10 / 15 / 2025

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

GERALD MALLOY FOR US SENATE VERMONT

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 4623.04                 | 298958.77                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 285.00                  | 2035.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 4338.04                 | 296923.77                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 4112.61                 | 243665.73                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 209.02                  | 3517.49                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 3903.59                 | 240148.24                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 11280.61                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

GERALD MALLOY FOR US SENATE VERMONT

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

4500.00

247730.00

(ii) Unitemized .....

123.04

36258.55

(iii) TOTAL of contributions  
from individuals ▶

4623.04

283988.55

(b) Political Party Committees.....

0.00

10000.00

(c) Other Political Committees  
(such as PACs) .....

0.00

4500.00

(d) The Candidate .....

0.00

470.22

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

4623.04

298958.77

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

95000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

95000.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

209.02

3517.49

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

4832.06

397476.26

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 4112.61                       | 243665.73                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 70242.33                           |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 70242.33                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 285.00                        | 2035.00                            |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 285.00                        | 2035.00                            |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 907.00                             |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 4397.61                       | 316850.06                          |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 10846.16 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 4832.06  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 15678.22 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 4397.61  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 11280.61 |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**GERALD MALLOY FOR US SENATE VERMONT**

Full Name (Last, First, Middle Initial)

Kobayashi, Patrick, , ,

**A.**

Mailing Address 2361 Beckwith Street

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kobayashi Group LLC

Occupation

Chairman and Partner

Receipt For: 2024

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.8150

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1862.91

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 5 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.8150.0

Amount of Each Receipt this Period

1000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT, LIMIT  
NOT AFFECTED

Full Name (Last, First, Middle Initial)

Patterson, Wynne, , ,

**C.**

Mailing Address po box 714

City

pittsfiled

State

VT

Zip Code

05762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

webdesigner

Receipt For: 2024

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.8143

Amount of Each Receipt this Period

3500.00

☐ Memo Item

In-kind - Website

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

4500.00

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

4500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

|                              |                              |                              |                                        |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d           | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input checked="" type="checkbox"/> 14 |                             |

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NAME OF COMMITTEE (In Full)

**GERALD MALLOY FOR US SENATE VERMONT**

|                                                                                                                                                 |             |                                        |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Winred Technical Services LLC                                                              |             |                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 11 / 2025 |  |
| Mailing Address 1776 Wilson Blvd<br>Suite 530                                                                                                   |             |                                        | Transaction ID : SA14.8171                                 |  |
| City<br>Arlington                                                                                                                               | State<br>VA | Zip Code<br>22219                      | Amount of Each Receipt this Period<br>209.02               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>Credit Card Fees Refunded |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                             |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>209.02     |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                        |                                                            |  |
| <b>B.</b> Mailing Address                                                                                                                       |             |                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| City                                                                                                                                            | State       | Zip Code                               | Amount of Each Receipt this Period                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                              |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                             |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼               |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                        |                                                            |  |
| <b>C.</b> Mailing Address                                                                                                                       |             |                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| City                                                                                                                                            | State       | Zip Code                               | Amount of Each Receipt this Period                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                              |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                             |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼               |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                        |                                                            |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                        |                                                            |  |

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

GERALD MALLOY FOR US SENATE VERMONT

Full Name (Last, First, Middle Initial)

**A. AxCapital, LLC**Mailing Address 800 W 47th St  
Ste 200City  
Kansas CityState  
MOZip Code  
64112Purpose of Disbursement  
Compliance Consulting

001

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2024

|                                            |                                             |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                             |

State: VT

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 05  |   | 2025    |

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

355.00

Transaction ID : SB17.8165

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chase Card**

Mailing Address 270 Park Ave

City  
New YorkState  
NYZip Code  
10017Purpose of Disbursement  
Credit Card Payment

001

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2024

|                                            |                                             |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                             |

State: VT

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 11  |   | 2025    |

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.8162

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chase Card**

Mailing Address 270 Park Ave

City  
New YorkState  
NYZip Code  
10017Purpose of Disbursement  
Credit Card Payment

001

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2024

|                                            |                                             |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                             |

State: VT

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 11  |   | 2025    |

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.8161

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

435.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

GERALD MALLOY FOR US SENATE VERMONT

Full Name (Last, First, Middle Initial)

**A. Chase Card**

Mailing Address 270 Park Ave

City  
New YorkState  
NYZip Code  
10017Purpose of Disbursement  
Credit Card Payment

001

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input type="checkbox"/>            | House     |
| <input checked="" type="checkbox"/> | Senate    |
| <input type="checkbox"/>            | President |

Disbursement For: 2024

|                          |                   |                                     |         |
|--------------------------|-------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                                     |         |

State: VT

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

36.36

Transaction ID : SB17.8159

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Patterson, Wynne, , ,**

Mailing Address po box 714

City  
pittsfiledState  
VTZip Code  
05762Purpose of Disbursement  
In-kind - Website

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                     |         |
|--------------------------|-------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                                     |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.8144

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Winred Technical Services LLC**Mailing Address 1776 Wilson Blvd  
Suite 530City  
ArlingtonState  
VAZip Code  
22219Purpose of Disbursement  
Credit Card Fees

001

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input type="checkbox"/>            | House     |
| <input checked="" type="checkbox"/> | Senate    |
| <input type="checkbox"/>            | President |

Disbursement For: 2024

|                          |                   |                                     |         |
|--------------------------|-------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                                     |         |

State: VT

District:

Date of Disbursement

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

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

9.89

Transaction ID : SB17.8168

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3546.25

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

GERALD MALLOY FOR US SENATE VERMONT

Full Name (Last, First, Middle Initial)

**A. Winred Technical Services LLC**Mailing Address 1776 Wilson Blvd  
Suite 530City  
ArlingtonState  
VAZip Code  
22219Purpose of Disbursement  
Credit Card Fees

001

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input type="checkbox"/>            | House     |
| <input checked="" type="checkbox"/> | Senate    |
| <input type="checkbox"/>            | President |

Disbursement For: 2024

|                          |                   |                                     |         |
|--------------------------|-------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                                     |         |

State: VT

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 18  |   | 2025    |

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

40.36

Transaction ID : SB17.8138

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

40.36

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

4021.61

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

GERALD MALLOY FOR US SENATE VERMONT

Full Name (Last, First, Middle Initial)

**A.** O'Connor, Terry, , ,

Mailing Address 633 Elm Road

City  
BarringtonState  
ILZip Code  
60010Purpose of Disbursement  
Contribution Refund

010

Candidate Name  
GERALD MALLOY FOR US SENATE VERMONTCategory/  
Type

Office Sought:

|                                     |           |
|-------------------------------------|-----------|
| <input type="checkbox"/>            | House     |
| <input checked="" type="checkbox"/> | Senate    |
| <input type="checkbox"/>            | President |

Disbursement For: 2024

|                          |                   |                                     |         |
|--------------------------|-------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                                     |         |

State: VT

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00809699

Amount of Each Disbursement this Period

285.00

Transaction ID : SB20A.8172

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

285.00

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

285.00