

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED. SECRETARY OF THE SENATE

Office Use Only

05 APR 21 PM 12:02

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. Jeffords for Vermont P.O. Box 246

ADDRESS (number and street) Montpelier VT 05601 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00015362 3. IS THIS REPORT NEW OR AMENDED CITY STATE ZIP CODE STATE DISTRICT

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) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2003 through 03 31 2003

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 Darcie L. Johnston Signature of Treasurer Date 04 11 2003

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Jeffords for Vermont

Report Covering the Period:

From:

01	01	2003
----	----	------

To:

03	31	2003
----	----	------

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(c)) ..

9314.00

1,726,624.58

(b) Total Contribution Refunds
(from Line 20(d)) ..

475.00

23736.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)) ..

8839.00

1,702,888.58

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

75282.91

1,769,332.29

(b) Total Offsets to Operating
Expenditures (from Line 14) ..

0.00

25100.71

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)) ..

75282.91

1,744,231.58

**8. Cash on Hand at Close of
Reporting Period (from Line 27) ..**

1215771.61

**9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) ..**

0.00

**10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D) ..**

0.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Jeffords for Vermont

Report Covering the Period: From: 01 01 2003 To: 03 31 2003

I. RECEIPTS	COLUMN A This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) ..	1396.00	
(ii) Unitemized ..	7918.00	
(iii) TOTAL of contributions from Individuals ..	9314.00	1,667,961.64
(b) Political Party Committees ..	0.00	227.00
(c) Other Political Committees (such as PACs) ..	0.00	58435.94
(d) The Candidate ..	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	9314.00	1,726,624.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate ..	0.00	0.00
(b) All Other Loans ..	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)) ..	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	25,068.71
15. OTHER RECEIPTS (Dividends, Interest, etc.) ..		
	5099.10	50709.82
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ..		
	14413.10	1,802,403.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES ..	75282.91	1,050,628.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate ..	0.00	0.00
(b) Of All Other Loans ..	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (such as PACs) ..	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	475.00	23736.00
(b) Political Party Committees ..	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) ..	475.00	23736.00
21. OTHER DISBURSEMENTS ..	0.00	87957.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	75757.91	1,162,321.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ..	1277116.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page 3) ..	14413.10
25. SUBTOTAL (add Line 23 and Line 24) ..	1291529.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ..	75757.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) ..	1215771.61

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

11a
 11b
 11c
 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Hovey, Anthony F.

Mailing Address

600 Stewart Street

City

Seattle

State

WA

Zip Code

98101

FEC ID number of contributing federal political committee.

C

Name of Employer

A. F. Hovey & Assoc.

Occupation

Consultant

Receipt For:

Primary General
 Other (specify):

Election Cycle-to-Date

1800.00

Date of Receipt

03 / 31 / 2003

Transaction ID: C029h03

Amount of Each Receipt this Period

300.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a)(j)(4) a-1

Full Name (Last, First, Middle Initial)

B. Bishop, Julia

Mailing Address

P.O. Box 258

City

Livingston

State

TN

Zip Code

38570

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify):

Election Cycle-to-Date

500.00

Date of Receipt

02 / 14 / 2003

Transaction ID: C0Cbj01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a)(j)(4) a-1

Full Name (Last, First, Middle Initial)

C. Holland, Mary Jean C.

Mailing Address

336 1/2 President Street

City

Brooklyn

State

NY

Zip Code

11231

FEC ID number of contributing federal political committee.

C

Name of Employer

Baruch College CUNY

Occupation

Professor of Biology

Receipt For:

Primary General
 Other (specify):

Election Cycle-to-Date

250.00

Date of Receipt

01 / 23 / 2003

Transaction ID: C0BZb01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a)(j)(4) a-1

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

1050.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Olson, Jr., Norman L.		Date of Receipt 03 / 07 / 2003
Mailing Address 612 Warwick Road		Transaction ID: C0DMD01
City Kenilworth	State IL	Zip Code 60043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)(4)41 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Olivera, Michael		Date of Receipt 01 / 16 / 2003
Mailing Address 34 Ardsley Circle		Transaction ID: C02A40g
City Sacramento	State CA	Zip Code 95823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)(4)41 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Election Cycle-to-Date 472.00	

Full Name (Last, First, Middle Initial) C. Olivera, Michael		Date of Receipt 02 / 06 / 2003
Mailing Address 34 Ardsley Circle		Transaction ID: C02A40h
City Sacramento	State CA	Zip Code 95823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.00
Name of Employer	Occupation	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)(4)41 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Election Cycle-to-Date 472.00	

SUBTOTAL of Receipts This Page (optional) ...

322.00

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

1372.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 3

11a
12 11b
13a 11c
13b 11d
14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Olivera, Michael

Mailing Address

34 Ardsley Circle

City

Sacramento

State

CA

Zip Code

95823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify):

Election Cycle-to-Date

472.00

Date of Receipt

03 / 03 / 2003

Transaction ID: C02A40j

Amount of Each Receipt this Period

24.00

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

SUBTOTAL of Receipts This Page (optional)

24.00

TOTAL This Period (last page this line number only)

1396.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

11a
12 11b
13a 11c
13b 11d
14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Jeffords for Vermont

CDD015362

Full Name (Last, First, Middle Initial)

A. Raymond James Financial Services Inc.

Mailing Address

P. O. Box 1064

City

Burlington

State

VT

Zip Code

05402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify):

Election Cycle-to-Date

50544.82

Date of Receipt

03 / 31 / 2003

Transaction ID: C01Au01

Amount of Each Receipt this Period

5099.10

Limit increased Due to opponent's
Spending (2 U.S.C. 441 a(7)(441 a-1)

SUBTOTAL of Receipts This Page (optional)

5099.10

TOTAL This Period (last page this line number only)

5099.10

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 20

11 20a 1a 20b 1a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. L. Brown & Sons Printing, Inc.

Mailing Address

14-20 Jefferson Street

City State Zip Code
Barre Vt 05641

Purpose of Disbursement
contribution cards

Candidate Name

Office Sought:

District

Disbursement For:

Primary General
 Other (specify): ▼

State:

Transaction ID: D008h0f

Date of Disbursement

02 / 20 / 2003

Amount of Each Disbursement this Period

196.14

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. NGP Software, Inc.

Mailing Address

5505 Connecticut Avenue, PMB 277

City State Zip Code
Washington DC 20015

Purpose of Disbursement
list conversion

Candidate Name

Office Sought:

District

Disbursement For:

Primary General
 Other (specify): ▼

State:

Transaction ID: D00DM101

Date of Disbursement

03 / 18 / 2003

Amount of Each Disbursement this Period

380.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address

Post Office Box 1140

City State Zip Code
Memphis TN 38101

Purpose of Disbursement
federal express

Candidate Name

Office Sought:

District

Disbursement For:

Primary General
 Other (specify): ▼

State:

Transaction ID: D007v1T

Date of Disbursement

01 / 10 / 2003

Amount of Each Disbursement this Period

449.88

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1026.02

TOTAL This Period (last page this line number only)

1026.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 20

17
20a 18
20b 19a
20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Jeffords for Vermont** C00015362

Full Name (Last, First, Middle Initial)		Transaction ID: D007v1U	
A. Federal Express		Date of Disbursement	
Mailing Address Post Office Box 1140		01 / 15 / 2003	
City	State	Zip Code	Amount of Each Disbursement this Period
Memphis	TN	38101	
Purpose of Disbursement federal express		Category/ Type	19.97
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial)		Transaction ID: D007v1V	
B. Federal Express		Date of Disbursement	
Mailing Address Post Office Box 1140		02 / 07 / 2003	
City	State	Zip Code	Amount of Each Disbursement this Period
Memphis	TN	38101	
Purpose of Disbursement federal express		Category/ Type	30.65
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial)		Transaction ID: D007v1W	
C. Federal Express		Date of Disbursement	
Mailing Address Post Office Box 1140		02 / 20 / 2003	
City	State	Zip Code	Amount of Each Disbursement this Period
Memphis	TN	38101	
Purpose of Disbursement federal express		Category/ Type	33.44
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional)	84.06
TOTAL This Period (last page this line number only)	1110.08

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D007v1X Date of Disbursement:	
Mailing Address Post Office Box 1140		03 / 10 / 2003	
City Memphis	State TN	Amount of Each Disbursement this Period 54.96	
Purpose of Disbursement federal express		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name			
Office Sought:	Disbursement For:		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D007v1Y Date of Disbursement:	
Mailing Address Post Office Box 1140		03 / 18 / 2003	
City Memphis	State TN	Amount of Each Disbursement this Period 5.52	
Purpose of Disbursement federal express		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name			
Office Sought:	Disbursement For:		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D007v1Z Date of Disbursement:	
Mailing Address Post Office Box 1140		03 / 18 / 2003	
City Memphis	State TN	Amount of Each Disbursement this Period 18.72	
Purpose of Disbursement federal express		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name			
Office Sought:	Disbursement For:		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	79.20
TOTAL This Period (last page this line number only)	1189.28

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address
P. O. Box 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement
cell phone

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify): ▼

Transaction ID: D00Ez0i
Date of Disbursement

01 / 25 / 2003

Amount of Each Disbursement this Period

69.95

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address
P. O. Box 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement
cell phone

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify): ▼

Transaction ID: D00Ez0j
Date of Disbursement

02 / 20 / 2003

Amount of Each Disbursement this Period

83.79

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address
P. O. Box 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement
cell phone

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify): ▼

Transaction ID: D00Ez0k
Date of Disbursement

03 / 18 / 2003

Amount of Each Disbursement this Period

77.23

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

230.97

TOTAL This Period (last page this line number only)

1650.82

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 20

17
20a 18
20b 19a
20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address
P. O. Box 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement
cell phone

Candidate Name

Office Sought:

Disbursement For:

Primary General
 Other (specify):

State: District:

Transaction ID: D00Ez0l
Date of Disbursement

03 / 18 / 2003

Amount of Each Disbursement this Period

68.95

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Capitol Stationer's

Mailing Address
29-31 Main Street

City Montpelier State VT Zip Code 05602

Purpose of Disbursement
office supplies

Candidate Name

Office Sought:

Disbursement For:

Primary General
 Other (specify):

State: District:

Transaction ID: D007Y0k
Date of Disbursement

01 / 10 / 2003

Amount of Each Disbursement this Period

266.80

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Capitol Stationer's

Mailing Address
29-31 Main Street

City Montpelier State VT Zip Code 05602

Purpose of Disbursement
office supplies

Candidate Name

Office Sought:

Disbursement For:

Primary General
 Other (specify):

State: District:

Transaction ID: D007Y0l
Date of Disbursement

02 / 07 / 2003

Amount of Each Disbursement this Period

118.11

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

453.86

TOTAL This Period (last page this line number only)

2104.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Capitol Plaza		Transaction ID: D00D70M Date of Disbursement
Mailing Address 100 State Street		02 / 25 / 2003
City Montpelier	State VT	Zip Code 05601
Purpose of Disbursement coffee for meeting	Candidate Name	Amount of Each Disbursement this Period 397.60
Office Sought:		
State:	District:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. VTEL		Transaction ID: D00Dw0x Date of Disbursement
Mailing Address 354 River Street, P. O. Box 2020		01 / 10 / 2003
City Springfield	State VT	Zip Code 05156
Purpose of Disbursement fax bill	Candidate Name	Amount of Each Disbursement this Period 104.39
Office Sought:		
State:	District:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. VTEL		Transaction ID: D00Dw0y Date of Disbursement
Mailing Address 354 River Street, P. O. Box 2020		01 / 25 / 2003
City Springfield	State VT	Zip Code 05156
Purpose of Disbursement fax bill	Candidate Name	Amount of Each Disbursement this Period 83.93
Office Sought:		
State:	District:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

585.92

TOTAL This Period (last page this line number only)

2690.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 20

17
20a 18
20b 19a
20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Jeffords for Vermont** C00015362

Full Name (Last, First, Middle Initial) A. VTEL		Transaction ID: D00Dw0z
Mailing Address 354 River Street, P. O. Box 2020		Date of Disbursement 03 / 10 / 2003
City Springfield	State VT	Zip Code 05156
Purpose of Disbursement fax bill		Amount of Each Disbursement this Period 42.28
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
State:	District:	

Full Name (Last, First, Middle Initial) B. Johnston Consulting		Transaction ID: D00Gc15
Mailing Address 139 Main Street		Date of Disbursement 01 / 10 / 2003
City Montpelier	State VT	Zip Code 05602
Purpose of Disbursement fundraising consulting		Amount of Each Disbursement this Period 4000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
State:	District:	

Full Name (Last, First, Middle Initial) C. Johnston Consulting		Transaction ID: D00Gc15
Mailing Address 139 Main Street		Date of Disbursement 02 / 05 / 2003
City Montpelier	State VT	Zip Code 05602
Purpose of Disbursement fundraising consulting		Amount of Each Disbursement this Period 4000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ..	8042.28
TOTAL This Period (last page this line number only) ..	10732.88

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015382

Full Name (Last, First, Middle Initial)

A. Johnston Consulting

Mailing Address

139 Main Street

City

Montpelier

State

VT

Zip Code

05602

Purpose of Disbursement

fundraising consulting

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary General

Other (specify): ▼

Transaction ID: D00Gc17

Date of Disbursement:

03 / 05 / 2003

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Johnston Consulting

Mailing Address

139 Main Street

City

Montpelier

State

VT

Zip Code

05602

Purpose of Disbursement

commission from 2002 mail

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary General

Other (specify): ▼

Transaction ID: D00Gc18

Date of Disbursement:

02 / 15 / 2003

Amount of Each Disbursement this Period

37500.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Transrapid International USA, Inc

Mailing Address

400 Seventh Street, NW, Fourth Floor

City

Washington

State

DC

Zip Code

20004

Purpose of Disbursement

travel expenses

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary General

Other (specify): ▼

Transaction ID: D0DMZ01

Date of Disbursement:

02 / 25 / 2003

Amount of Each Disbursement this Period

517.63

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

42017.63

TOTAL This Period (last page this line number only)

52750.51

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Jeffords for Vermont	C00015362
---	-----------

Full Name (Last, First, Middle Initial) A. Mci Worldcom		Transaction ID: D00Br0j
Mailing Address Post Office Box 85059		Date of Disbursement MM / DD / YYYY 02 / 25 / 2003
City Louisville	State KY	Amount of Each Disbursement this Period 12.55
Zip Code 40285	Category/Type	
Purpose of Disbursement telephone	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) B. Mci Worldcom		Transaction ID: D00Br0k
Mailing Address Post Office Box 85059		Date of Disbursement MM / DD / YYYY 02 / 07 / 2003
City Louisville	State KY	Amount of Each Disbursement this Period 12.55
Zip Code 40285	Category/Type	
Purpose of Disbursement telephone	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) C. Mci Worldcom		Transaction ID: D00Br0l
Mailing Address Post Office Box 85059		Date of Disbursement MM / DD / YYYY 01 / 10 / 2003
City Louisville	State KY	Amount of Each Disbursement this Period 14.94
Zip Code 40285	Category/Type	
Purpose of Disbursement telephone	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

SUBTOTAL of Disbursements This Page (optional)	40.04
TOTAL This Period (last page this line number only)	52780.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Competitive Computers INC.

Mailing Address

201 Washington Street

City
Claremont

State
NH

Zip Code
03743

Purpose of Disbursement
memory for computer

Candidate Name

Category/
Type

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify): ▼

Transaction ID: D009N0L

Date of Disbursement

02 / 07 / 2003

Amount of Each Disbursement this Period

158.35

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Starwood Logistics

Mailing Address

29 Hubbard Street, Apt B

City
Montpelier

State
VT

Zip Code
05602

Purpose of Disbursement
installing memory

Candidate Name

Category/
Type

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify): ▼

Transaction ID: D00A1f04

Date of Disbursement

02 / 07 / 2003

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Chase Automotive Finance

Mailing Address

P.O. Box 15594

City
Shared Firm Zip

State
DE

Zip Code
19886

Purpose of Disbursement
car lease

Candidate Name

Category/
Type

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify): ▼

Transaction ID: D02EA0E

Date of Disbursement

03 / 10 / 2003

Amount of Each Disbursement this Period

398.13

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

631.48

TOTAL This Period (last page this line number only)

53422.03

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Chase Automotive Finance		Transaction ID: D02EA0F Date of Disbursement 02 / 07 / 2003
Mailing Address P.O. Box 15594		Amount of Each Disbursement this Period 147.34
City Shared Firm Zip	State DE	
Purpose of Disbursement car lease	Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) B. Chase Automotive Finance		Transaction ID: D02EA0G Date of Disbursement 01 / 10 / 2003
Mailing Address P.O. Box 15594		Amount of Each Disbursement this Period 648.92
City Shared Firm Zip	State DE	
Purpose of Disbursement car lease	Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) C. Dresner Wickers & Associates Inc.		Transaction ID: D008m19 Date of Disbursement 01 / 23 / 2003
Mailing Address 300 Brannan Street, Suite 207		Amount of Each Disbursement this Period 5124.64
City San Francisco	State CA	
Purpose of Disbursement thank you letters	Zip Code 94107	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

SUBTOTAL of Disbursements This Page (optional)	5920.90
TOTAL This Period (last page this line number only)	59342.93

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Dresner Wickers & Associates Inc.		Transaction ID: D008m1A Date of Disbursement: 02 / 07 / 2003
Mailing Address 300 Brannan Street, Suite 207		Amount of Each Disbursement this Period 1214.47
City San Francisco	State CA	
Zip Code 94107		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement Thank you letters		
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) B. Dresner Wickers & Associates Inc.		Transaction ID: D008m1B Date of Disbursement: 03 / 10 / 2003
Mailing Address 300 Brannan Street, Suite 207		Amount of Each Disbursement this Period 2706.83
City San Francisco	State CA	
Zip Code 94107		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement thank you letters		
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) C. United States Postal Service-Montpelier		Transaction ID: D00871G Date of Disbursement: D1 / 10 / 2003
Mailing Address State Street		Amount of Each Disbursement this Period 37.00
City Montpelier	State VT	
Zip Code 05601		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement stamps		
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Disbursements This Page (optional)

3958.30

TOTAL This Period (last page this line number only)

63301.23

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

17
20a 18
20b 19a
20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. United States Postal Service-Montpelier		Transaction ID: D00871H Date of Disbursement: MARCH 03 / 18 / 2003
Mailing Address State Street		Amount of Each Disbursement this Period 48.00
City Montpelier	State VT	
Purpose of Disbursement p.o. box rental	Zip Code 05601	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) B. United State Senate Resturant		Transaction ID: D007X0P Date of Disbursement: MARCH 02 / 07 / 2003
Mailing Address Capital Building		Amount of Each Disbursement this Period 363.19
City United States Sena	State DC	
Purpose of Disbursement lunch club	Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) C. Chittenden Bank Mastercard		Transaction ID: D01eSDI Date of Disbursement: MARCH 03 / 18 / 2003
Mailing Address Chittenden Bank, Two Burlington Square		Amount of Each Disbursement this Period 5085.88
City Burlington	State VT	
Purpose of Disbursement credit card payment	Zip Code 05401	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Disbursements This Page (optional)

5496.87

TOTAL This Period (last page this line number only)

68798.10

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

A. Chittenden Bank Mastercard Full Name (Last, First, Middle Initial) Mailing Address Chittenden Bank, Two Burlington Square City State Zip Code Burlington VT 05401 Purpose of Disbursement credit card payment Candidate Name		Transaction ID: D01eS0m Date of Disbursement 02 / 20 / 2003 Amount of Each Disbursement this Period 3759.73 <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Category/Type

B. Dell Computer Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Austin TX Purpose of Disbursement computer equipment Candidate Name		Transaction ID: D01xt07 Date of Disbursement 01 / 22 / 2003 Amount of Each Disbursement this Period 70.45 MEMO Credit Card Item <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Category/Type

C. Delta Air Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Atlanta GA Purpose of Disbursement airfare Candidate Name		Transaction ID: D00Au05 Date of Disbursement 01 / 09 / 2003 Amount of Each Disbursement this Period 3386.75 MEMO Credit Card Item <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Category/Type

SUBTOTAL of Disbursements This Page (optional)	3759.73
TOTAL This Period (last page this line number only)	72557.83

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

17
20a 18
20b 19a
20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address
P. O. Box 489

City Newark State NJ Zip Code 07101

Purpose of Disbursement
cell phone

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D00Ez0m
Date of Disbursement:

01 / 31 / 2003

Amount of Each Disbursement this Period

188.08

MEMO

Credit Card Item

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Chittenden Bank Mastercard

Mailing Address
Chittenden Bank, Two Burlington Square

City Burlington State VT Zip Code 05401

Purpose of Disbursement
Credit card payment

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D01eS0n
Date of Disbursement:

01 / 15 / 2003

Amount of Each Disbursement this Period

1043.39

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Aol Online

Mailing Address
P.O. 17200

City Jacksonville State FL Zip Code 32245

Purpose of Disbursement
online service

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D01C10q
Date of Disbursement:

01 / 02 / 2003

Amount of Each Disbursement this Period

23.90

MEMO

Credit Card Item

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1043.39

73601.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Dell Computer		Transaction ID: D01xt0B Date of Disbursement
Mailing Address		01 / 02 / 2003
City Austin	State TX	Zip Code
Purpose of Disbursement computer equipment	Category/ Type	Amount of Each Disbursement this Period 151.15
Candidate Name		MEMO Credit Card Item
Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.63
State: District		

Full Name (Last, First, Middle Initial) B. Dell Computer		Transaction ID: D01xt0C Date of Disbursement
Mailing Address		01 / 02 / 2003
City Austin	State TX	Zip Code
Purpose of Disbursement computer monitor	Category/ Type	Amount of Each Disbursement this Period 891.61
Candidate Name		MEMO Credit Card Item
Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.63
State: District		

Full Name (Last, First, Middle Initial) C. Neci Common,		Transaction ID: D00Et05 Date of Disbursement
Mailing Address 70 Essex Way		01 / 02 / 2003
City Essex Junction	State VT	Zip Code 05452
Purpose of Disbursement staff retreat dinner	Category/ Type	Amount of Each Disbursement this Period 747.43
Candidate Name		MEMO Credit Card Item
Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.63
State: District		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0.00
73601.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

17 20a 1a 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Southwest Air

Mailing Address

City
Dallas

State
TX

Zip Code

Purpose of Disbursement
airfare

Candidate Name

Office Sought:

Disbursement For:

Primary General
 Other (specify):

State: District:

Transaction ID: D00GJ01

Date of Disbursement:

01 / 02 / 2003

Amount of Each Disbursement this Period

79.50

MEMO

Credit Card Item

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Symquest Group

Mailing Address

P.O. Box 2384

City
South Burlington

State
VT

Zip Code
05403

Purpose of Disbursement
copier rental

Candidate Name

Office Sought:

Disbursement For:

Primary General
 Other (specify):

State: District:

Transaction ID: D03nU09

Date of Disbursement:

01 / 02 / 2003

Amount of Each Disbursement this Period

118.92

MEMO

Credit Card Item

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. United Airlines,

Mailing Address

City
Arlington, VA

State

Zip Code

Purpose of Disbursement
airfare

Candidate Name

Office Sought:

Disbursement For:

Primary General
 Other (specify):

State: District:

Transaction ID: D00C1DB

Date of Disbursement:

01 / 02 / 2003

Amount of Each Disbursement this Period

308.00

MEMO

Credit Card Item

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

73601.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

17 20a 18 20b 19a 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. The Honorable James M. Jeffords

Mailing Address

P. O. Box 347, Upper Cold River Road

City State Zip Code
Cuttingsville VT 05738

Purpose of Disbursement

march rent

Candidate Name

The Honorable James M. Jeffords

Office Sought:

State: VT District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D000e32

Date of Disbursement

03 / 18 / 2003

Amount of Each Disbursement this Period

375.00

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. The Honorable James M. Jeffords

Mailing Address

P. O. Box 347, Upper Cold River Road

City State Zip Code
Cuttingsville VT 05738

Purpose of Disbursement

feb rent

Candidate Name

The Honorable James M. Jeffords

Office Sought:

State: VT District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D000e33

Date of Disbursement

02 / 07 / 2003

Amount of Each Disbursement this Period

375.00

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Central Vermont Public Service

Mailing Address

77 Grove Street

City State Zip Code
Rutland VT 05701

Purpose of Disbursement

electric bill

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D007L18

Date of Disbursement

02 / 07 / 2003

Amount of Each Disbursement this Period

28.36

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

778.36

TOTAL This Period (last page this line number only)

74379.58

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **Jeffords for Vermont** C00015362

Full Name (Last, First, Middle Initial) A. Central Vermont Public Service		Transaction ID: D007L19 Date of Disbursement 01 / 10 / 2003	
Mailing Address 77 Grove Street			
City Rutland	State VT	Zip Code 05701	
Purpose of Disbursement electric bill		Amount of Each Disbursement this Period 24.42	
Candidate Name		Category/Type	
Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:	District:		
<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) B. Central Vermont Public Service		Transaction ID: D007L1A Date of Disbursement 03 / 10 / 2003	
Mailing Address 77 Grove Street			
City Rutland	State VT	Zip Code 05701	
Purpose of Disbursement electric bill		Amount of Each Disbursement this Period 22.67	
Candidate Name		Category/Type	
Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:	District:		
<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) C. State Farm Insurance Inc.		Transaction ID: D001MDJ Date of Disbursement 02 / 20 / 2003	
Mailing Address 100 State Farm Place, P.O. Box 8000			
City Ballston Spa	State NY	Zip Code 12020	
Purpose of Disbursement car insurance		Amount of Each Disbursement this Period 411.24	
Candidate Name		Category/Type	
Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:	District:		
<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53			

SUBTOTAL of Disbursements This Page (optional) →

458.33

TOTAL This Period (last page this line number only) →

74837.91

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

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

 FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

<input type="checkbox"/> 17 30a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
<input checked="" type="checkbox"/>			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Rhoads, James

Mailing Address

63763 County Rd. 111

City	State	Zip Code
Goshen	IN	46526

Purpose of Disbursement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

 Primary General
 Other (specify): ▼

Transaction ID: D09ib01

Date of Disbursement:

MM	DD	YYYY
01	16	2003

Amount of Each Disbursement this Period

50.00

 Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Mina, Winston

Mailing Address

3204 Appalachian Drive

City	State	Zip Code
Columbia	MO	65203

Purpose of Disbursement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

 Primary General
 Other (specify): ▼

Transaction ID: D0Apw01

Date of Disbursement:

MM	DD	YYYY
01	25	2003

Amount of Each Disbursement this Period

50.00

 Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Waldron, Therese

Mailing Address

Waldron Development, 580 Sheridan Road

City	State	Zip Code
Highland Park	IL	60035

Purpose of Disbursement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

 Primary General
 Other (specify): ▼

Transaction ID: D0BSa01

Date of Disbursement:

MM	DD	YYYY
01	27	2003

Amount of Each Disbursement this Period

35.00

 Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

135.00

135.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 4

17
 20a 18
 20b 19a
 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Adwell-Cobb Interior,

Mailing Address

Robert Adwell & William Cobb, 2709 Bransford Avenue

City State Zip Code
Nashville TN 37204

Purpose of Disbursement

Candidate Name

Office Sought

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D0BSX01

Date of Disbursement

01 / 27 / 2003

Amount of Each Disbursement this Period

50.00

22Y

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Lichtenberg, James

Mailing Address

112 East 19th Street

City State Zip Code
New York NY 10003

Purpose of Disbursement

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D074801

Date of Disbursement

01 / 27 / 2003

Amount of Each Disbursement this Period

35.00

22Y

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Digital Equipment Co,

Mailing Address

Ching Man Kwan, 290 Elwood Davis Road

City State Zip Code
Liverpool NY 13088

Purpose of Disbursement

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary General
 Other (specify):

Transaction ID: D0BSZ01

Date of Disbursement

01 / 27 / 2003

Amount of Each Disbursement this Period

35.00

22Y

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

255.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

17
 20a
 18
 20b
 19a
 20c
 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial)

A. Carney, Dede

Mailing Address

3900 Fernwood Lane

City

Greenville

State

NC

Zip Code

27834

Purpose of Disbursement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify):

Transaction ID: D09m501

Date of Disbursement

01 / 17 / 2003

Amount of Each Disbursement this Period

35.00

22Y

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Roboff, Annie

Mailing Address

P.O. Box 121431

City

Nashville

State

TN

Zip Code

37212

Purpose of Disbursement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify):

Transaction ID: D09r201

Date of Disbursement

01 / 16 / 2003

Amount of Each Disbursement this Period

100.00

22Y

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Sarris Management Co,

Mailing Address

George N. Sarris, 6579 Deepwater Point Road

City

Williamsburg

State

MI

Zip Code

49690

Purpose of Disbursement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify):

Transaction ID: D0BSc01

Date of Disbursement

01 / 27 / 2003

Amount of Each Disbursement this Period

35.00

22Y

Category/
Type

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

170.00

TOTAL This Period (last page this line number only)

425.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 4

17
 20a
 18
 20b
 19a
 20c
 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Jeffords for Vermont

C00015362

Full Name (Last, First, Middle Initial) A. Plessner, James		Transaction ID: D09r401 Date of Disbursement: 01 / 16 / 2003
Mailing Address P.O. Box 813		Amount of Each Disbursement this Period 5.00
City Hicksville	State NY	
Zip Code 11802	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type 22Y	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) B. Hulton, Arthur H.		Transaction ID: D0BSY01 Date of Disbursement: 01 / 27 / 2003
Mailing Address Strategic Valuation Services LLC, 45 Connelly Road		Amount of Each Disbursement this Period 25.00
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type 22Y	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) C. Gary Medical Ctr. Ph,		Transaction ID: D0BSb01 Date of Disbursement: 01 / 27 / 2003
Mailing Address c/o M. Onyeka, 3290 Grant Street		Amount of Each Disbursement this Period 20.00
City Gary	State IN	
Zip Code 46408	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type 22Y	
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Disbursements This Page (optional)	50.00
TOTAL This Period (last page this line number only)	475.00

CLASS

FIRST CLASS

Committee

7802 2410 0002 5364 7551



FIRST CLASS



9281



22301

U.S. POSTAGE
PAID
MONTPELIER, VT
PERMIT NO. 15
POSTNET
\$3.82
00-41588-05

FIRST CLASS MAIL

5000003599

Office of Public Records

P.O. Box 5109

Alexandria, VA 22301-0109

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

