

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 KAROLINE FOR CONGRESS

ADDRESS (number and street) PO BOX 307 PLAISTOW NH 03865 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00784884 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT NH 01

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 01 / 01 / 2026 through M M / D D / Y Y Y Y 03 / 31 / 2026

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 PHILLIPS, ROBERT, , , Signature of Treasurer PHILLIPS, ROBERT, , , Date M M / D D / Y Y Y Y 04 / 09 / 2026

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KAROLINE FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y
01 / 01 / 2026 To: M M / D D / Y Y Y Y
03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	3569006.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	23041.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	3545965.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	3565313.08
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	3565313.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	326370.50	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KAROLINE FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	0.00	2351960.81
(ii) Unitemized.....	0.00	1024600.72
(iii) TOTAL of contributions from individuals ▶	0.00	3376561.53
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	192444.74
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	3569006.27
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	166068.99
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	891.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	3735966.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	3565313.08
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 (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	23041.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	23041.00
21. OTHER DISBURSEMENTS	0.00	1300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	3589654.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	0.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 5 OF 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANNINO, ANTHONY, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 55 EDGEWOOD DRIVE			
City HAMPTON	State NH	Zip Code 03842	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71408	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Antony Smith			Nature of Debt (Purpose): REFUND
Mailing Address PO Box 307			
City Plaistow	State NH	Zip Code 03865	

Outstanding Balance Beginning This Period 200.00	Transaction ID : SD10.71410	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVANZINO, JAMES, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 401 MAIN STREET			
City SALEM	State NH	Zip Code 03079	

Outstanding Balance Beginning This Period 300.00	Transaction ID : SD10.71373	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

1) SUBTOTALS This Period This Page (optional)	▶	3400.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ax Capital			Nature of Debt (Purpose): Compliance
Mailing Address 555 Metro Place N Suite 525			
City Dublin	State OH	Zip Code 43017	

Outstanding Balance Beginning This Period 518.00	Transaction ID : SD10.69872	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 518.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AXIOM STRATEGIES			Nature of Debt (Purpose): PRINTED MATERIALS
Mailing Address 800 W 47TH ST STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 14599.36	Transaction ID : SD10.58831	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14599.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AXIOM STRATEGIES			Nature of Debt (Purpose): General Consulting
Mailing Address 800 W 47TH ST STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 30000.00	Transaction ID : SD10.68274	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 30000.00

1) SUBTOTALS This Period This Page (optional)	▶	45117.36
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AXIOM STRATEGIES			Nature of Debt (Purpose): Travel - airfare, hotel, meals
Mailing Address 800 W 47TH ST STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 1269.90	Transaction ID : SD10.68275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1269.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AXIOM STRATEGIES			Nature of Debt (Purpose): Printed Materials
Mailing Address 800 W 47TH ST STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 878.61	Transaction ID : SD10.69209	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 878.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ax Media			Nature of Debt (Purpose): TRAVEL : AIRLINE
Mailing Address 800 W 47TH ST			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 634.83	Transaction ID : SD10.58828	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 634.83

1) SUBTOTALS This Period This Page (optional)	▶	2783.34
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ax Media

Nature of Debt (Purpose):

Media Buy

Mailing Address 800 W 47TH ST

City
KANSAS CITY

State
MO

Zip Code
64112

Outstanding Balance Beginning This Period

836.71

Transaction ID : SD10.69210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

836.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BALDINI, SAMMY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71396

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BALDINI, SAMMY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71397

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

6636.71

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BARONI, JOSEPH, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 300 CONSTITUTION AVENUE			
City PORTSMOUTH	State NH	Zip Code 03801	

Outstanding Balance Beginning This Period 2100.00	Transaction ID : SD10.71389	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Berrios, Israel, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 300 Ave La Sierra Apt 69			
City San Juan	State PR	Zip Code 00926	

Outstanding Balance Beginning This Period 100.00	Transaction ID : SD10.71387	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

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

Outstanding Balance Beginning This Period 7100.00	Transaction ID : SD10.71436	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7100.00

1) SUBTOTALS This Period This Page (optional)	▶	9300.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BOURGEOIS, MARC, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 296 EDGEWATER DRIVE

City
GILFORD

State
NH

Zip Code
03249

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.71390

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BROOM, THOMAS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 176 NEWPORT RD

City
NEW LONDON

State
NH

Zip Code
03257

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CALLAHAN, BOB, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 3120 11TH AVE

City
PORTLAND

State
OR

Zip Code
97239

Outstanding Balance Beginning This Period

2937.00

Transaction ID : SD10.71409

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2937.00

1) **SUBTOTALS** This Period This Page (optional) ▶

6037.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CANNON RESEARCH GROUP			Nature of Debt (Purpose): Polling
Mailing Address 800 W 47TH ST STE 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="7000.00"/>		Transaction ID : SD10.69212	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="7000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CARLISLE, JEFFREY, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 99 BOW STREET. STE 100E			
City PORTSMOUTH	State NH	Zip Code 03801	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="131.00"/>		Transaction ID : SD10.71388	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="131.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHOQUETTE, ALEXANDER, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 233 VAUGHAN ST UNIT 302			
City PORTSMOUTH	State NH	Zip Code 03801	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2900.00"/>		Transaction ID : SD10.71348	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="2900.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="10031.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CHOQUETTE, ALEXANDER, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST
UNIT 302

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71414

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CLEARBROOK LLC

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 191238

City MOBILE State AL Zip Code 36619

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71281

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CLEGG JR, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 39 TRIGATE ROAD

City HUDSON State NH Zip Code 03051

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

4400.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLDWELL BANKER - PEGGY CARTER TEAM			Nature of Debt (Purpose): REFUND
Mailing Address 400 CENTRAL AVE			
City DOVER	State NH	Zip Code 03820	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="500.00"/>		Transaction ID : SD10.71282	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COMEAU, KEVIN, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 486 MAIN STREET			
City HAVERHILL	State MA	Zip Code 01830	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1000.00"/>		Transaction ID : SD10.71297	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COSTA, NANINE, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 399			
City NOTTINGHAM	State NH	Zip Code 03290	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2900.00"/>		Transaction ID : SD10.71427	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2900.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="4400.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COSTA, NANINE, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 399			
City NOTTINGHAM	State NH	Zip Code 03290	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2900.00"/>	Transaction ID : SD10.71428	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2900.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COURTYARD PORTSMOUTH LLC			Nature of Debt (Purpose): REFUND
Mailing Address 1000 MARKET ST			
City PORTSMOUTH	State NH	Zip Code 03801	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="5000.00"/>	Transaction ID : SD10.71329	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CRAIG, BENSON, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 6980			
City PORTSMOUTH	State NH	Zip Code 03802	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2900.00"/>	Transaction ID : SD10.71401	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2900.00"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="10800.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CRESENT GROUP LLC			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 1261			
City RAYMOND	State NH	Zip Code 03077	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.71317
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CRESENT GROUP LLC			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 1261			
City RAYMOND	State NH	Zip Code 03077	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.71430
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CUNNINGHAM, CAROLYN, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 417			
City KINGSTON	State MA	Zip Code 02364	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.71380
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CUNNINGHAM, CAROLYN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City
KINGSTON

State
MA

Zip Code
02364

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71381

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CUNNINGHAM, CAROLYN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City
KINGSTON

State
MA

Zip Code
02364

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71382

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CUNNINGHAM, LAWRENCE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City
KINGSTON

State
MA

Zip Code
02364

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)

2500.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CUNNINGHAM, LAWRENCE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City
KINGSTON

State
MA

Zip Code
02364

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CUNNINGHAM, LAWRENCE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City
KINGSTON

State
MA

Zip Code
02364

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71376

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DAGESSE, DANIEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 160 W CAMINO REAL

City
BOCA RATON

State
FL

Zip Code
33432

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

3900.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DAGESSE, DANNY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 40 E MAIN ST

City
TILTON

State
NH

Zip Code
03276

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DESIGNS BY KYMM LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 312 DANIEL WEBSTER HIGHWAY

City
MEREDITH

State
NH

Zip Code
03253

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DILORENZO, ANTHONY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 549 US HIGHWAY 1 BYPASS

City
PORTSMOUTH

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71354

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

6300.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DILORENZO, RACHEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 325 LITTLE HARBOR RD.

City
PORTSMOUTH

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71399

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DILORENZO, RACHEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 325 LITTLE HARBOR RD.

City
PORTSMOUTH

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71400

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DREW, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 1 WARWICK CIR

City
ANDOVER

State
MA

Zip Code
01810

Outstanding Balance Beginning This Period

400.00

Transaction ID : SD10.71321

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

1) **SUBTOTALS** This Period This Page (optional)

6200.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DUNLAPS ICE CREAM LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 418 STATE ROUTE 286

City SEABROOK

State NH

Zip Code 03874

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.71303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DUNLAPS ICE CREAM LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 418 STATE ROUTE 286

City SEABROOK

State NH

Zip Code 03874

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.71429

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EGAN, DANIEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 18 CORNERSTONE RD

City EAST KINGSTON

State NH

Zip Code 03827

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71335

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional)

400.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EGAN, DANIEL, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 18 CORNERSTONE RD			
City EAST KINGSTON	State NH	Zip Code 03827	

Outstanding Balance Beginning This Period <input style="width: 150px;" type="text" value="2800.00"/>	Transaction ID : SD10.71345	
Amount Incurred This Period <input style="width: 150px;" type="text" value="0.00"/>	Payment This Period <input style="width: 150px;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 150px;" type="text" value="2800.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EJM HOLDINGS LLC			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 1596			
City MEREDITH	State NH	Zip Code 03253	

Outstanding Balance Beginning This Period <input style="width: 150px;" type="text" value="2900.00"/>	Transaction ID : SD10.71288	
Amount Incurred This Period <input style="width: 150px;" type="text" value="0.00"/>	Payment This Period <input style="width: 150px;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 150px;" type="text" value="2900.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EKEYS4CARS LLC			Nature of Debt (Purpose): REFUND
Mailing Address 8 MARBLEHEAD ST			
City NO. ANDOVER	State MA	Zip Code 01845	

Outstanding Balance Beginning This Period <input style="width: 150px;" type="text" value="2500.00"/>	Transaction ID : SD10.71290	
Amount Incurred This Period <input style="width: 150px;" type="text" value="0.00"/>	Payment This Period <input style="width: 150px;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 150px;" type="text" value="2500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width: 150px;" type="text" value="8200.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 150px;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 150px;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 150px;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ELLIOTT, WILLIAM, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 5 BAYSHORE DRIVE

City GREENLAND

State NH

Zip Code 03840

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71327

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ENXING, DAN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 140 PORTSMOUTH AVE

City EXETER

State NH

Zip Code 03833

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FARO, SAMANTHA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71432

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

4900.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FINN, PAUL, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 31 PELHAM RD			
City SALEM	State NH	Zip Code 03079	

Outstanding Balance Beginning This Period 2100.00	Transaction ID : SD10.71344	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FUNDRAISING INC.			Nature of Debt (Purpose): Fundraising Commission
Mailing Address 411 FIRST ST SE			
City WASHINGTON	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 12815.00	Transaction ID : SD10.69213	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12815.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor GIDLEY, ADAM, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 54			
City SALEM	State NH	Zip Code 03079	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.71275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)	▶	15915.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GINNARD, TRACY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 4 HUBBARD RD

City
AMHERST

State
NH

Zip Code
03031

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71433

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GOMEZ, MATTHEW, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 91 HALL STREET, SUITE 401

City
CONCORD

State
NH

Zip Code
03301

Outstanding Balance Beginning This Period

550.00

Transaction ID : SD10.71418

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

550.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GOMEZ, MATTHEW, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 91 HALL STREET, SUITE 401

City
CONCORD

State
NH

Zip Code
03301

Outstanding Balance Beginning This Period

62.00

Transaction ID : SD10.71421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.00

1) **SUBTOTALS** This Period This Page (optional)

3512.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HAMPTON HOUSEHOLD EXPENSE LLC			Nature of Debt (Purpose): REFUND
Mailing Address 233 VAUGHAN ST			
City PORTSMOUTH	State NH	Zip Code 03801	

Outstanding Balance Beginning This Period 5800.00	Transaction ID : SD10.71296	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hartshorn, Ronald, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 4089 Wayne St			
City Hilliard	State OH	Zip Code 43026	

Outstanding Balance Beginning This Period 600.00	Transaction ID : SD10.71419	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOMER, CHESTER, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 89 OCEAN AVE			
City KENNEUNKPORT	State ME	Zip Code 04046	

Outstanding Balance Beginning This Period 100.00	Transaction ID : SD10.71386	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

1) SUBTOTALS This Period This Page (optional)	▶	6500.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.78"/>		Transaction ID : SD10.71334	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="0.78"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="120.00"/>		Transaction ID : SD10.71342	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="120.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="20.22"/>		Transaction ID : SD10.71355	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="20.22"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="141.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71358

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

1) **SUBTOTALS** This Period This Page (optional)

60.66

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71337

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71339

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional)

300.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="100.00"/>	Transaction ID : SD10.71340	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="20.22"/>	Transaction ID : SD10.71359	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="20.22"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="25.00"/>	Transaction ID : SD10.71363	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="145.22"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="20.22"/>		Transaction ID : SD10.71360	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="20.22"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="20.22"/>		Transaction ID : SD10.71361	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="20.22"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="25.00"/>		Transaction ID : SD10.71364	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="25.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="65.44"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period 25.00	Transaction ID : SD10.71365	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period 20.22	Transaction ID : SD10.71362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.22

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.71377	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) SUBTOTALS This Period This Page (optional)	▶	545.22
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period 25.00	Transaction ID : SD10.71366	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period 25.00	Transaction ID : SD10.71367	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.71378	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) SUBTOTALS This Period This Page (optional)	550.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="25.00"/>		Transaction ID : SD10.71368	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="25.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="25.00"/>		Transaction ID : SD10.71369	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="25.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="25.00"/>		Transaction ID : SD10.71370	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="25.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="75.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

93.00

Transaction ID : SD10.71379

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

93.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71371

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City
MERRIMAC

State
MA

Zip Code
01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71372

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

1) **SUBTOTALS** This Period This Page (optional)

143.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HUSSON MOTORS INC

Nature of Debt (Purpose):

REFUND

Mailing Address 8 LOWELL ROAD

City
SALEM

State
NH

Zip Code
03079

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.71331

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JDW REALTY CORP

Nature of Debt (Purpose):

REFUND

Mailing Address 22 KENSINGTON LN

City
BEDFORD

State
NH

Zip Code
03110

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71330

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JMG BUSINESS STRATEGY

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 773

City
LACONIA

State
NH

Zip Code
03247

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.71304

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)

650.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kargman, Robert, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 2275 South Ocean Boulevard			
City Palm Beach	State FL	Zip Code 33480	

Outstanding Balance Beginning This Period <input style="width: 150px;" type="text" value="2900.00"/>	Transaction ID : SD10.71405	
Amount Incurred This Period <input style="width: 150px;" type="text" value="0.00"/>	Payment This Period <input style="width: 150px;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 150px;" type="text" value="2900.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KELLEY, ERIN, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 34 HUNTERS RUN			
City RYE	State NH	Zip Code 03870	

Outstanding Balance Beginning This Period <input style="width: 150px;" type="text" value="2900.00"/>	Transaction ID : SD10.71407	
Amount Incurred This Period <input style="width: 150px;" type="text" value="0.00"/>	Payment This Period <input style="width: 150px;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 150px;" type="text" value="2900.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LAUTER, ROBERT, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 757 BINNACLE DR			
City NAPLES	State FL	Zip Code 34103	

Outstanding Balance Beginning This Period <input style="width: 150px;" type="text" value="100.00"/>	Transaction ID : SD10.71385	
Amount Incurred This Period <input style="width: 150px;" type="text" value="0.00"/>	Payment This Period <input style="width: 150px;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 150px;" type="text" value="100.00"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width: 150px;" type="text" value="5900.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 150px;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 150px;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 150px;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City
NAPLES

State
FL

Zip Code
34103

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71415

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City
NAPLES

State
FL

Zip Code
34103

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71392

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City
NAPLES

State
FL

Zip Code
34103

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71383

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)

4000.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City
NAPLES

State
FL

Zip Code
34103

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD10.71413

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City
NAPLES

State
FL

Zip Code
34103

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71411

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City
NAPLES

State
FL

Zip Code
34103

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71416

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)

800.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LAUTER, ROBERT, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 757 BINNACLE DR			
City NAPLES	State FL	Zip Code 34103	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.71417	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEWIS, LISA, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 317 SOUTH ROAD			
City EXETER	State NH	Zip Code 03833	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.71295	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYONS, CYNTHIA, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 290756			
City CHARLESTOWN	State MA	Zip Code 02129	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71424	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00

1) SUBTOTALS This Period This Page (optional)	8400.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LYONS, CYNTHIA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 290756

City

CHARLESTOWN

State

MA

Zip Code

02129

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

M., JOSEPH, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 120 ROUTE 17 NORTH SUITE115

City

PARAMUS

State

NJ

Zip Code

07652

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD10.71412

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MANCHESTER MILLYARD REALTY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 186 GRANITE ST

City

MANCHESTER

State

NH

Zip Code

03101

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.71298

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional)

9900.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MCKEON, JESSICA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST

City
PORTSMOUTH

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71394

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

METRO MINI STORAGE

Nature of Debt (Purpose):

REFUND

Mailing Address 100 METRO PARKWAY

City
PELHAM

State
AL

Zip Code
35124

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71315

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MILES MARINE LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 142 LILY POND ROAD

City
GILFORD

State
NH

Zip Code
03249

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71299

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)

3900.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MORSE, HAROLD, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 59 SAWYER AVENUE

City
ATKINSON

State
NH

Zip Code
03811

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.71343

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MULKIGIAN, GARY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 15 CAPTAINS WAY

City
EXETER

State
NH

Zip Code
03833

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71350

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MURACO, FRANK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 8 RIVERVIEW TERR

City
HAMPTON

State
NH

Zip Code
03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)

7000.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MURACO, FRANK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 8 RIVERVIEW TERR

City
HAMPTON

State
NH

Zip Code
03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71293

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW ENGLAND AUTO & TRUCK LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 1180 WHITTIER HIGHWAY

City
MOULTONBOROUGH

State
NH

Zip Code
03254

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.71300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEWKUMET, WAYNE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 11330

City
MIDLAND

State
TX

Zip Code
79702

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71352

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional) ▶

5200.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
O'BRIEN ENERGY RESOURCES CORP

Nature of Debt (Purpose):
REFUND

Mailing Address 18 CONGRESS ST
STE 207

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71332

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
OLYMPIC MEDIA LLC

Nature of Debt (Purpose):
Advertising:Print advertising

Mailing Address 2402 POTOMAC AVE
UNIT 102

City ALEXANDRIA State VA Zip Code 22301

Outstanding Balance Beginning This Period

Transaction ID : SD10.68282

6052.80

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

6052.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PGVG LLC

Nature of Debt (Purpose):
REFUND

Mailing Address 352 SOUTH BROADWAY

City SALEM State NH Zip Code 03079

Outstanding Balance Beginning This Period

Transaction ID : SD10.71318

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

1) **SUBTOTALS** This Period This Page (optional)

8302.80

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PINO, ARTHUR, , ,

Nature of Debt (Purpose):
REFUND

Mailing Address 10 WALNUT PARK

City WOBURN State MA Zip Code 01801

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71278

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PINO, ARTHUR, , ,

Nature of Debt (Purpose):
REFUND

Mailing Address 10 WALNUT PARK

City WOBURN State MA Zip Code 01801

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71279

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUATTRUCCI, DYLAN, , ,

Nature of Debt (Purpose):
TRAVEL : MILAGE

Mailing Address 5 1/2 PERRY AVE

City CONCORD State NH Zip Code 03301

Outstanding Balance Beginning This Period

609.75

Transaction ID : SD10.58829

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

609.75

1) **SUBTOTALS** This Period This Page (optional)

2609.75

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED'S SHOE BARN			Nature of Debt (Purpose): REFUND
Mailing Address 35 BROADWAY			
City DOVER	State NH	Zip Code 03820	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.71311	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor REMINGTON RESEARCH GROUP			Nature of Debt (Purpose): OPERATIONS : POLLING
Mailing Address 800 W 47TH ST STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 33000.00	Transaction ID : SD10.58834	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor REMINGTON RESEARCH GROUP			Nature of Debt (Purpose): Polling
Mailing Address 800 W 47TH ST STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 8000.00	Transaction ID : SD10.69211	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

1) SUBTOTALS This Period This Page (optional)	▶	41500.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RESULTS HEAT TRANSFER VINYL INC

Nature of Debt (Purpose):
REFUND

Mailing Address 71 WORTHERN PL

City TEWKSBURY	State MA	Zip Code 01876
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Outstanding Balance Beginning This Period

Transaction ID : SD10.71333

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
REYNOLDS, ROBERT, , ,

Nature of Debt (Purpose):
REFUND

Mailing Address 58 KNOLLCREST RD

City GOFFSTOWN	State NH	Zip Code 03045
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Outstanding Balance Beginning This Period

Transaction ID : SD10.71406

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RICCI, NICHOLAS, , ,

Nature of Debt (Purpose):
REFUND

Mailing Address 84 DAVIS BLVD

City TAMPA	State FL	Zip Code 33606
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Outstanding Balance Beginning This Period

Transaction ID : SD10.71301

2500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2500.00

1) **SUBTOTALS** This Period This Page (optional)

5650.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICCIO, NICHOLAS, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 143 ASHWORTH AVE			
City HAMPTON	State NH	Zip Code 03842	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.71302	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICCIO ENTERPRISES LLC			Nature of Debt (Purpose): REFUND
Mailing Address 143 ASHWORTH AVE			
City HAMPTON	State NH	Zip Code 03842	

Outstanding Balance Beginning This Period 1300.00	Transaction ID : SD10.71319	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richards, Daniel, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 271 Dorado Beach East			
City Dorado	State PR	Zip Code 00646	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71404	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00

1) SUBTOTALS This Period This Page (optional)	5200.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RJS CONSULTING LLC

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 233

City
ATKINSON

State
NH

Zip Code
03811

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71320

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SANDERS, BEN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 17 LOON SONG LANE

City
MOULTONBOROUGH

State
NH

Zip Code
03254

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71393

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SAULSBURY, CHARLES, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 12770

City
ODESSA

State
TX

Zip Code
79768-2770

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71402

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional) ▶

6400.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SCHACKE, FRED, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1018

City
HAMPTON

State
NH

Zip Code
03843

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SCHUMACHER, AMANDA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 105 CLARENDON AVE

City
PALM BEACH

State
FL

Zip Code
33480

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SCOTT MITCHELL REAL ESTATE LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 321 D LAFAYETTE RD

City
HAMPTON

State
NH

Zip Code
03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)

5150.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SHAFMASTER, AMY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 158 SHATTUCK WAY

City
NEWINGTON

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71349

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIVRET, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 50 FERN AVE

City
RYE

State
NH

Zip Code
03870

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71351

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SNOW SQUALL LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 155 FLEET STREET

City
PORTSMOUTH

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional) ▶

6050.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Solinsky, Kenneth, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 3410 Flamingo Dr.

City
Sarasota

State
FL

Zip Code
34242

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71423

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SOTERIA INVESTIGATION & SECURITY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 679 MAST RD STE
22B

City
MANCHESTER

State
NH

Zip Code
03102

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71324

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SPOFFORD, ERIC, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1563

City
SALEM

State
NH

Zip Code
03079

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

6050.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STAHL, LEWIS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 6398 AVALON POINTE CT

City
BOCA RATON

State
FL

Zip Code
33496

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71347

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STANFILL, SHARON, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 43 HUCKLEBERRY HILL ROAD

City
LINCOLN

State
MA

Zip Code
01773

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71384

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SULLIVAN, GLADYS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 53 PEBBLE BEACH DR

City
BEDFORD

State
NH

Zip Code
03110

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

1) **SUBTOTALS** This Period This Page (optional)

6800.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TAVOULARIS, DAMON, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 142 MARSH RD			
City PELHAM	State NH	Zip Code 03076	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71283	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TAVOULARIS, DAMON, , ,			Nature of Debt (Purpose): REFUND
Mailing Address 142 MARSH RD			
City PELHAM	State NH	Zip Code 03076	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71328	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS MEDIA GROUP			Nature of Debt (Purpose): REFUND
Mailing Address 36 MEADOWBROOK DR			
City EPPING	State NH	Zip Code 03042	

Outstanding Balance Beginning This Period 300.00	Transaction ID : SD10.71326	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

1) SUBTOTALS This Period This Page (optional)	▶	6100.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TOYOTA OF PORTSMOUTH

Nature of Debt (Purpose):

REFUND

Mailing Address 150 GREENLEAF AVE

City
PORTSMOUTH

State
NH

Zip Code
03801

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71309

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TUCKER, PAMELA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 199

City
RYE BEACH

State
NH

Zip Code
03871

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71353

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

URIAH LAND COMPANY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 450 ST LOUIS STREET

City
MOBILE

State
AL

Zip Code
36602

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71313

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)

4900.00

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VAILAS, ALEX, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 172			
City NEW CASTLE	State NH	Zip Code 03854	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="250.00"/>	Transaction ID : SD10.71277	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALENTIN, LEONARDO, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 1239			
City GUAYNABO	State PR	Zip Code 00970	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2900.00"/>	Transaction ID : SD10.71395	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="2900.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VALENTIN, LEONARDO, , ,			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 1239			
City GUAYNABO	State PR	Zip Code 00970	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2900.00"/>	Transaction ID : SD10.71398	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="2900.00"/>

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="6050.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WALCOTT, ROGER, , ,

Nature of Debt (Purpose):
REFUND

Mailing Address 2820 GREENBRIAR BLVD

City
WELLINGTON

State
FL

Zip Code
33414

Outstanding Balance Beginning This Period

600.00

Transaction ID : SD10.71420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WARD, CHRISTOPHER, , ,

Nature of Debt (Purpose):
REFUND

Mailing Address PO BOX 19

City
NEW CASTLE

State
NH

Zip Code
03854

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71280

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1600.00

2) **TOTALS** This Period (last page this line number only)

326370.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

326370.50