

# 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.   
**KAROLINE FOR CONGRESS**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)     
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**   
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
STATE DISTRICT

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

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

5. Covering Period  through

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

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 04 / 01 / 2026 To: M M / D D / Y Y Y Y 06 / 30 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	0.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	326370.50	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**KAROLINE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	166068.99
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	891.30
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	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. <b>TOTAL DISBURSEMENTS</b> (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 <b>ANNINO, ANTHONY, , ,</b>			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 <b>Antony Smith</b>			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 <b>AVANZINO, JAMES, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3400.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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)	PAGE 7 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 <b>AXIOM STRATEGIES</b>			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 <input type="text" value="1269.90"/>	<b>Transaction ID : SD10.68275</b>	
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="1269.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AXIOM STRATEGIES</b>			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 <input type="text" value="878.61"/>	<b>Transaction ID : SD10.69209</b>	
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="878.61"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ax Media</b>			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 <input type="text" value="634.83"/>	<b>Transaction ID : SD10.58828</b>	
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="634.83"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2783.34"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE 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 <b>Ax Media</b>			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 <input style="width:90%;" type="text" value="836.71"/>	<b>Transaction ID : SD10.69210</b>	
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="836.71"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BALDINI, SAMMY, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="2900.00"/>	<b>Transaction ID : SD10.71396</b>	
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="2900.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BALDINI, SAMMY, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="2900.00"/>	<b>Transaction ID : SD10.71397</b>	
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="2900.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:90%;" type="text" value="6636.71"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:90%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:90%;" type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:90%;" 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

**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 <b>BOURGEOIS, MARC, , ,</b>			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 <b>BROOM, THOMAS, , ,</b>			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 <b>CALLAHAN, BOB, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	6037.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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

7000.00

Transaction ID : SD10.69212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

131.00

Transaction ID : SD10.71388

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

2900.00

Transaction ID : SD10.71348

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) .....

10031.00

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

**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)	PAGE 13 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 <b>COLDWELL BANKER - PEGGY CARTER TEAM</b>			Nature of Debt (Purpose): REFUND
Mailing Address 400 CENTRAL AVE			
City DOVER	State NH	Zip Code 03820	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.71282	
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 <b>COMEAU, KEVIN, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address 486 MAIN STREET			
City HAVERHILL	State MA	Zip Code 01830	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.71297	
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 <b>COSTA, NANINE, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 399			
City NOTTINGHAM	State NH	Zip Code 03290	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71427	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	4400.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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

**COSTA, NANINE, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 399

City  
NOTTINGHAM

State  
NH

Zip Code  
03290

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71428

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

**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

5000.00

Transaction ID : SD10.71329

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

**CRAIG, BENSON, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 6980

City  
PORTSMOUTH

State  
NH

Zip Code  
03802

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71401

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) .....

10800.00

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

**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

2000.00

Transaction ID : SD10.71317

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

**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

2000.00

Transaction ID : SD10.71430

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

1000.00

Transaction ID : SD10.71380

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) .....

5000.00

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, 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

2800.00

Transaction ID : SD10.71345

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

2900.00

Transaction ID : SD10.71288

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

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

2500.00

Transaction ID : SD10.71290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

8200.00

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

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)	PAGE 24 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 <b>GINNARD, TRACY, , ,</b>			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 <b>GOMEZ, MATTHEW, , ,</b>			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 <b>GOMEZ, MATTHEW, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3512.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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) ..... ▶
- 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) ▶

6500.00

**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

0.78

Transaction ID : SD10.71334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

120.00

Transaction ID : SD10.71342

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

20.22

Transaction ID : SD10.71355

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) .....

141.00

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

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 <b>HORNIG, PATRICK, , ,</b>			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"/>	<b>Transaction ID : SD10.71337</b>	
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 <b>HORNIG, PATRICK, , ,</b>			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"/>	<b>Transaction ID : SD10.71338</b>	
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"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HORNIG, PATRICK, , ,</b>			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"/>	<b>Transaction ID : SD10.71339</b>	
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"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:100%;" type="text" value="300.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:100%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:100%;" type="text"/>
4) <b>ADD 2) and 3)</b> 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 <b>HORNIG, PATRICK, , ,</b>			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 : SD10.71340	
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 <b>HORNIG, PATRICK, , ,</b>			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 : SD10.71359	
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 <b>HORNIG, PATRICK, , ,</b>			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 : SD10.71363	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	145.22
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>HORNIG, PATRICK, , ,</b>			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 : SD10.71360	
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 <b>HORNIG, PATRICK, , ,</b>			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 : SD10.71361	
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 <b>HORNIG, PATRICK, , ,</b>			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 : SD10.71364	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	65.44
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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

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)

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 <b>HORNIG, PATRICK, , ,</b>			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"/>	<b>Transaction ID : SD10.71366</b>
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 <b>HORNIG, PATRICK, , ,</b>			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"/>	<b>Transaction ID : SD10.71367</b>
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 <b>HORNIG, PATRICK, , ,</b>			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="500.00"/>	<b>Transaction ID : SD10.71378</b>
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"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:100%;" type="text" value="550.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:100%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:100%;" type="text"/>
4) <b>ADD 2) and 3)</b> 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

25.00

Transaction ID : SD10.71368

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 : SD10.71369

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 : SD10.71370

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) .....

75.00

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

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 <b>Kargman, Robert, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address 2275 South Ocean Boulevard			
City Palm Beach	State FL	Zip Code 33480	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71405	
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 <b>KELLEY, ERIN, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address 34 HUNTERS RUN			
City RYE	State NH	Zip Code 03870	

Outstanding Balance Beginning This Period 2900.00	Transaction ID : SD10.71407	
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 <b>LAUTER, ROBERT, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address 757 BINNACLE DR			
City NAPLES	State FL	Zip Code 34103	

Outstanding Balance Beginning This Period 100.00	Transaction ID : SD10.71385	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	5900.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>LAUTER, ROBERT, , ,</b>			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 <b>LAUTER, ROBERT, , ,</b>			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 <b>LAUTER, ROBERT, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	4000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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)

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 : SD10.71417

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**

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MCKEON, JESSICA, , ,</b>			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 <b>METRO MINI STORAGE</b>			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 <b>MILES MARINE LLC</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	3900.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>O'BRIEN ENERGY RESOURCES CORP</b>			Nature of Debt (Purpose): REFUND
Mailing Address 18 CONGRESS ST STE 207			
City PORTSMOUTH	State NH	Zip Code 03801	

Outstanding Balance Beginning This Period 250.00	Transaction ID : SD10.71332	
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 <b>OLYMPIC MEDIA LLC</b>			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 6052.80	Transaction ID : SD10.68282	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6052.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PGVG LLC</b>			Nature of Debt (Purpose): REFUND
Mailing Address 352 SOUTH BROADWAY			
City SALEM	State NH	Zip Code 03079	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.71318	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	8302.80
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>RED'S SHOE BARN</b>			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 <b>REMINGTON RESEARCH GROUP</b>			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 <b>REMINGTON RESEARCH GROUP</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	41500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>RESULTS HEAT TRANSFER VINYL INC</b>			Nature of Debt (Purpose): REFUND
Mailing Address 71 WORTHERN PL			
City TEWKSBURY	State MA	Zip Code 01876	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="250.00"/>	<b>Transaction ID : SD10.71333</b>	
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 <b>REYNOLDS, ROBERT, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address 58 KNOLLCREST RD			
City GOFFSTOWN	State NH	Zip Code 03045	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2900.00"/>	<b>Transaction ID : SD10.71406</b>	
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 <b>RICCI, NICHOLAS, , ,</b>			Nature of Debt (Purpose): REFUND
Mailing Address 84 DAVIS BLVD			
City TAMPA	State FL	Zip Code 33606	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2500.00"/>	<b>Transaction ID : SD10.71301</b>	
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="2500.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="5650.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width: 100%;" type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width: 100%;" type="text"/>
4) <b>ADD 2) and 3)</b> 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

**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)	PAGE 49 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 <b>RJS CONSULTING LLC</b>			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 <b>SANDERS, BEN, , ,</b>			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 <b>SAULSBURY, CHARLES, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	6400.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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 <b>SCHACKE, FRED, , ,</b>			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 <b>SCHUMACHER, AMANDA, , ,</b>			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 <b>SCOTT MITCHELL REAL ESTATE LLC</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	5150.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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)	PAGE 53 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 <b>STAHL, LEWIS, , ,</b>			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 <b>STANFILL, SHARON, , ,</b>			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 <b>SULLIVAN, GLADYS, , ,</b>			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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	6800.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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

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
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Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71277

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):  
REFUND

Mailing Address PO BOX 1239

City GUAYNABO	State PR	Zip Code 00970
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Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71395

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):  
REFUND

Mailing Address PO BOX 1239

City GUAYNABO	State PR	Zip Code 00970
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Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71398

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

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