

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Friends of Julian Schreibman

ADDRESS (number and street) 3 Mill Dam Road

Check if different than previously reported. (ACC)

Stone Ridge

NY

12484

2. **FEC IDENTIFICATION NUMBER** ▼

C C00513739

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NY

19

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 Christopher P Ragucci

Signature of Treasurer Christopher P Ragucci

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Julian Schreiber

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	365.00	4132.12
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	365.00	4132.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9082.68	26336.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	3606.55	3606.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5476.13	22730.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	22194.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Julian Schreiber

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	750.00
(ii) Unitemized.....	65.00	2082.12
(iii) TOTAL of contributions from individuals ▶	65.00	2832.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	300.00	1300.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	365.00	4132.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3606.55	3606.55
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3971.55	7738.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9082.68	26336.80
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9082.68	26336.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27305.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3971.55
25. SUBTOTAL (add Line 23 and Line 24).....	31277.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9082.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	22194.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Julian Schreiber

A. Full Name (Last, First, Middle Initial)
Town of Marlborough Democratic Committee

Mailing Address 1936 Rt 9W

City Milton State NY Zip Code 12547

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : C6977707

Amount of Each Receipt this Period
 300.00

Debt Reduction

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

300.00

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Julian Schreiber

A. Full Name (Last, First, Middle Initial)
The Campaign Group Inc

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3606.55**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2013

Transaction ID : C6977709

Amount of Each Receipt this Period
635.80

B. Full Name (Last, First, Middle Initial)
The Campaign Group Inc

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3606.55**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2013

Transaction ID : C6977710

Amount of Each Receipt this Period
106.25

C. Full Name (Last, First, Middle Initial)
The Campaign Group Inc

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3606.55**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2013

Transaction ID : C6977711

Amount of Each Receipt this Period
17.00

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

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

759.05

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

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

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NAME OF COMMITTEE (In Full)
Friends of Julian Schreiber

A. Full Name (Last, First, Middle Initial)
The Campaign Group Inc

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3606.55

Date of Receipt
 M M / D D / Y Y Y Y
01 / 22 / 2013

Transaction ID : C6977712

Amount of Each Receipt this Period
505.75

B. Full Name (Last, First, Middle Initial)
The Campaign Group Inc

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3606.55

Date of Receipt
 M M / D D / Y Y Y Y
01 / 22 / 2013

Transaction ID : C6977713

Amount of Each Receipt this Period
2324.75

C. Full Name (Last, First, Middle Initial)
The Campaign Group Inc

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3606.55

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2013

Transaction ID : C6977708

Amount of Each Receipt this Period
17.00

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

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

2847.50

3606.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Julian Schreibman

A. All State Business Systems

Full Name (Last, First, Middle Initial)
Mailing Address 10 Raymond Avenue Suite 1
City Poughkeepsie State NY Zip Code 12603
Purpose of Disbursement Office Equipment Rental Fee
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 01 / 10 / 2013
Amount of Each Disbursement this Period: 1958.54
Transaction ID : D498018

B. Central Hudson Gas & Electric Corp

Full Name (Last, First, Middle Initial)
Mailing Address 284 South Avenue
City Poughkeepsie State NY Zip Code 12601
Purpose of Disbursement Utilities
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 01 / 11 / 2013
Amount of Each Disbursement this Period: 1202.29
Transaction ID : D498019

C. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Suite 2000
City Atlanta State GA Zip Code 30342
Purpose of Disbursement Processing Fees
Candidate Name
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: District:

Date of Disbursement: 01 / 03 / 2013
Amount of Each Disbursement this Period: 507.39
Transaction ID : D498017

SUBTOTAL of Disbursements This Page (optional) 3668.22
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Julian Schreibman

Full Name (Last, First, Middle Initial) A. Improcom		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 3022 Avenue U		Amount of Each Disbursement this Period 338.89
City Brooklyn	State NY	
Zip Code 11229	Purpose of Disbursement Office Utilities	Transaction ID : D498012
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 153 Sawkill Rd		Amount of Each Disbursement this Period 3701.47
City Kingston	State NY	
Zip Code 12401-1226	Purpose of Disbursement Payroll Taxes	Transaction ID : D498021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Intuit Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2013
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.12
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Payroll Service Fee	Transaction ID : D498014
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4082.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Julian Schreibman

Full Name (Last, First, Middle Initial) A. Intuit Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2013
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.12 Transaction ID : D498015
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Payroll Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Intuit Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.12 Transaction ID : D498016
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Payroll Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Beatrice Moritz		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 20 West 20th Street Ste P64		Amount of Each Disbursement this Period 600.00 Transaction ID : D498013
City New York	State NY Zip Code 10010	
Purpose of Disbursement Photographer Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	684.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Julian Schreibman

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2013
Mailing Address PO Box 11820		Amount of Each Disbursement this Period 647.14
City Newark State NJ Zip Code 07101	Category/Type	
Purpose of Disbursement Office Utilities	Candidate Name	Transaction ID : D498020
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	647.14
TOTAL This Period (last page this line number only).....	9082.08

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Julian Schreibman** Transaction ID : L926

LOAN SOURCE Full Name (Last, First, Middle Initial) Julian Schreibman PERS FUNDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3 Mill Dam Road		

City	State	ZIP Code
Stone Ridge	NY	12484

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 28 / 2012	no due date	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	100000.00

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