

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KAROLINE FOR CONGRESS

ADDRESS (number and street)

PO BOX 307

Check if different
than previously
reported. (ACC)

PLAISTOW

NH

03865

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00784884

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NH

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
11 / 29 / 2022

through

M M / D D / Y Y Y Y
12 / 31 / 2022*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer PHILLIPS, ROBERT, , ,

Signature of Treasurer

PHILLIPS, ROBERT, , ,

Date

M M / D D / Y Y Y Y
01 / 23 / 2025

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KAROLINE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

	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))	10779.85	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))	10779.85	3545965.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45274.84	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))	45274.84	3565313.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	25370.41	
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)	353101.58	

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KAROLINE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 29 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022

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).....**

1900.00

2351960.81

(ii) Unitemized.....

8879.85

1024600.72

(iii) TOTAL of contributions from individuals ▶

10779.85

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))..

10779.85

3569006.27

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

166068.99

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

891.30

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

10779.85

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.....	45274.84	3565313.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	23041.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	23041.00
21. OTHER DISBURSEMENTS	0.00	1300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45274.84	3589654.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	59865.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10779.85
25. SUBTOTAL (add Line 23 and Line 24).....	70645.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45274.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25370.41

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 77

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

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

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

BLOVKB, MICHAEL, , ,

A.

Mailing Address 1370 TORTOLITA MOUNTAIN CIRCLE

City

ORO VALLEY

State

AZ

Zip Code

85755

FEC ID number of contributing
federal political committee.

C

Name of Employer

BASISed

Occupation

Entrepreneur

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 29 2022

Transaction ID : SA11AI.69173

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIVED THROUGH WINRED CONDUIT, LIMITS
ARE NOT AFFECTED

Full Name (Last, First, Middle Initial)

BLOVKB, MICHAEL, , ,

B.

Mailing Address 1370 TORTOLITA MOUNTAIN CIRCLE

City

ORO VALLEY

State

AZ

Zip Code

85755

FEC ID number of contributing
federal political committee.

C

Name of Employer

BASISed

Occupation

Entrepreneur

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2022

Transaction ID : SA11AI.69174

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIVED THROUGH WINRED CONDUIT, LIMITS
ARE NOT AFFECTED

Full Name (Last, First, Middle Initial)

BRYAN, ANNE, , ,

C.

Mailing Address PO BOX 360

City

BRISTOL

State

NH

Zip Code

03222

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 19 2022

Transaction ID : SA11AI.69179

Amount of Each Receipt this Period

500.00

☐ Memo Item

RECEIVED THROUGH WINRED CONDUIT, LIMITS
ARE NOT AFFECTED

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

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

1000.00

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 77

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

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

FITZHUGH, GRAYSON, , ,

A.

Mailing Address 6921 GLEN ELLYN DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2022

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 09 2022

Transaction ID : SA11AI.69180

Amount of Each Receipt this Period

200.00

☐ Memo Item

RECEIVED THROUGH WINRED CONDUIT, LIMITS
ARE NOT AFFECTED

Full Name (Last, First, Middle Initial)

MCCARTHY III, ALLEN, , ,

B.

Mailing Address 38 BROWN RD

City

HAMPTON FALLS

State

NH

Zip Code

03844

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2022

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 08 2022

Transaction ID : SA11AI.69182

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MILNER, JOHN, , ,

C.

Mailing Address 10841 SE ARIELLE TERRACE

City

TEQUESTA

State

FL

Zip Code

33469

FEC ID number of contributing
federal political committee.

C

Name of Employer

UES

Occupation

SALES

Receipt For: 2022

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2022

Transaction ID : SA11AI.69185

Amount of Each Receipt this Period

200.00

☐ Memo Item

RECEIVED THROUGH WINRED CONDUIT, LIMITS
ARE NOT AFFECTED

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

650.00

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

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

PAGE 7 OF 77

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

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

STERGIOS, WILLIAM, , ,

A.

Mailing Address PO BOX 217

City

CANDIA

State

NH

Zip Code

03034

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEWPORT NEWS SHIPBUILDING

Occupation

PRODUCTION PLANNER

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		08		2022

Transaction ID : SA11AI.69178

Amount of Each Receipt this Period

250.00

☐ Memo Item**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
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**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
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

250.00

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

1900.00

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 8 OF 77

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

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2022

Transaction ID : SA11C.69172

Amount of Each Receipt this Period

10059.85

☒ Memo Item
Conduit Contributions

Full Name (Last, First, Middle Initial)

B. 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

0.00

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

PAGE 9 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. bob Gibbs Photo

Mailing Address 861 International Drive

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Fundraising:Events

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.69200

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Leavitt Auto & Truck

Mailing Address 103 Plaistow Rd

City
PlaistowState
NHZip Code
03865Purpose of Disbursement
Travel:Rental Car

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.69193

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DonorBureau

Mailing Address 1900 N Culpeper St

City
ArlingtonState
VAZip Code
22207Purpose of Disbursement
Direct Mail Costs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

337.69

Transaction ID : SB17.69218

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

2087.69

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

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

PAGE 10 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FARO, JOSEPH, , ,

Mailing Address 63 MAIN ST

City
SALEMState
NHZip Code
03079Purpose of Disbursement
Revenue:Refunds

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.69188

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGE, DEIRDRE, , ,

Mailing Address 31 OCEAN DR

City
SEABROOKState
NHZip Code
03874Purpose of Disbursement
Revenue:Refunds

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.69194

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GEORGE, MICHAEL, , ,

Mailing Address 31 OCEAN DR

City
SEABROOKState
NHZip Code
03874Purpose of Disbursement
Revenue:Refunds

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.69195

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

4000.00

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

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

PAGE 11 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Global Payments

Mailing Address 10705 Red Run Blvd

City
RockvilleState
MDZip Code
20855-2745Purpose of Disbursement
Direct Mail Costs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

131.41

Transaction ID : SB17.69217

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Goddu Enterprises, Inc.

Mailing Address 5 Candlestick Lane

City
SalemState
NHZip Code
03079Purpose of Disbursement
Advertising:Printed Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5650.00

Transaction ID : SB17.69187

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HSP Direct LLC

Mailing Address 20130 Lakeview Center Plaza, Suite

City
AshburnState
VAZip Code
20147Purpose of Disbursement
Direct Mail Costs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1437.21

Transaction ID : SB17.69219

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

7218.62

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

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

PAGE 12 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP Direct LLC

Mailing Address 20130 Lakeview Center Plaza, Suite

Date of Disbursement

M M	D D	Y Y Y Y
12	15	2022

City
AshburnState
VAZip Code
20147Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

13759.11

Transaction ID : SB17.71147

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Integram

Mailing Address 22695 Commerce Center Court

Date of Disbursement

M M	D D	Y Y Y Y
12	01	2022

City
DullesState
VAZip Code
20166Purpose of Disbursement
Direct Mail Costs

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1815.48

Transaction ID : SB17.69220

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leavitt, Karoline, , ,

Mailing Address 137 Winnacunnet Road

Date of Disbursement

M M	D D	Y Y Y Y
12	27	2022

City
HamptonState
NHZip Code
03842Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1378.15

Transaction ID : SB17.69191

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

16952.74

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

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

PAGE 13 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Nova List

Mailing Address 20130 Lakeview Center Plaza, Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

City
AshburnState
VAZip Code
20147Purpose of Disbursement
Direct Mail Costs

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1403.69

Transaction ID : SB17.69221

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Sunrise Data Services

Mailing Address 20130 Lakeview Center Plaza, Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

City
AshburnState
VAZip Code
20147Purpose of Disbursement
Direct Mail Costs

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

897.66

Transaction ID : SB17.69222

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

City
ChantillyState
VAZip Code
20151Purpose of Disbursement
Direct Mail Expense

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3408.96

Transaction ID : SB17.69215

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

5710.31

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

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

PAGE 14 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

453.69

Transaction ID : SB17.71054

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

587.34

Transaction ID : SB17.71055

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

668.13

Transaction ID : SB17.71056

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

1709.16

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

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

PAGE 15 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

228.94

Transaction ID : SB17.71057

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	05	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

82.41

Transaction ID : SB17.71058

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	06	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

169.57

Transaction ID : SB17.71059

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

480.92

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

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

PAGE 16 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	07	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

245.69

Transaction ID : SB17.71060

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	08	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

114.21

Transaction ID : SB17.71061

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	09	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

318.14

Transaction ID : SB17.71062

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

678.04

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

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

PAGE 17 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

763.10

Transaction ID : SB17.71063

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1256.46

Transaction ID : SB17.71064

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

245.12

Transaction ID : SB17.71065

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

2264.68

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

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

PAGE 18 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

716.60

Transaction ID : SB17.71066

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

249.68

Transaction ID : SB17.71067

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address 1776 Wilson Blvd

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1416.09

Transaction ID : SB17.71068

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

2382.37

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

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

PAGE 19 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	22	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

159.14

Transaction ID : SB17.71069

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	23	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

142.72

Transaction ID : SB17.71070

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	D D	Y Y Y Y
12	29	2022

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

956.01

Transaction ID : SB17.71071

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

1257.87

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

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

PAGE 20 OF 77

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address 1776 Wilson Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2022

City
ArlingtonState
VAZip Code
22209

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PROCESSING FEESCategory/
Type

Amount of Each Disbursement this Period

45.50

Transaction ID : SB17.71072

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

45.50

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

44787.90

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 21 OF 77

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

ANDERSON, JILLIAN, , ,

Nature of Debt (Purpose):

OPERATIONS : WAGES

Mailing Address 8206 Northwest 105th Lane

City

Parkland

State

FL

Zip Code

33076

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.58832

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

ANNINO, ANTHONY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 55 EDGEWOOD DRIVE

City

HAMPTON

State

NH

Zip Code

03842

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71408

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

Antony Smith

Nature of Debt (Purpose):

REFUND

Mailing Address PO Box 307

City

Plaistow

State

NH

Zip Code

03865

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.71410

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

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)

PAGE 22 OF 77

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

AVANZINO, JAMES, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 401 MAIN STREET

City
SALEMState
NHZip 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

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. 200City
KANSAS CITYState
MOZip 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. 200City
KANSAS CITYState
MOZip 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)

44899.36

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 23 OF 77

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

AXIOM STRATEGIES

Nature of Debt (Purpose):

Travel - airfare, hotel, meals

Mailing Address 800 W 47TH ST
STE. 200

City
KANSAS CITY

State
MO

Zip Code
64112

Outstanding Balance Beginning This Period

1269.90

Transaction ID : SD10.68275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1269.90

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

AXIOM STRATEGIES

Nature of Debt (Purpose):

Printed Materials

Mailing Address 800 W 47TH ST
STE. 200

City
KANSAS CITY

State
MO

Zip Code
64112

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.69209

Amount Incurred This Period

878.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

878.61

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

Ax Media

Nature of Debt (Purpose):

TRAVEL : AIRLINE

Mailing Address 800 W 47TH ST

City
KANSAS CITY

State
MO

Zip Code
64112

Outstanding Balance Beginning This Period

634.83

Transaction ID : SD10.58828

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

634.83

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

2783.34

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

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

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 77

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

Ax Media

Nature of Debt (Purpose):

Media Buy

Mailing Address 800 W 47TH ST

City

KANSAS CITY

State

MO

Zip Code

64112

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.69210

Amount Incurred This Period

836.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

836.71

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

BALDINI, SAMMY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71396

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

BALDINI, SAMMY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71397

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6636.71

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 25 OF 77

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)

PAGE 26 OF 77

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

BOURGEOIS, MARC, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 296 EDGEWATER DRIVE

City

GILFORD

State

NH

Zip Code

03249

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.71390

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

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

BROOM, THOMAS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 176 NEWPORT RD

City

NEW LONDON

State

NH

Zip Code

03257

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

CALLAHAN, BOB, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 3120 11TH AVE

City

PORTLAND

State

OR

Zip Code

97239

Outstanding Balance Beginning This Period

2937.00

Transaction ID : SD10.71409

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2937.00

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

6037.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 77

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 200City
KANSAS CITYState
MOZip Code
64112

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.69212

Amount Incurred This Period

7000.00

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
PORTSMOUTHState
NHZip 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 302City
PORTSMOUTHState
NHZip 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)

PAGE 28 OF 77

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 302City
PORTSMOUTHState
NHZip 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
MOBILEState
ALZip 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
HUDSONState
NHZip 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 29 OF 77

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

COLDWELL BANKER - PEGGY CARTER TEAM

Nature of Debt (Purpose):

REFUND

Mailing Address 400 CENTRAL AVE

City
DOVERState
NHZip 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

COMEAU, KEVIN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 486 MAIN STREET

City
HAVERHILLState
MAZip 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

COSTA, NANINE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 399

City
NOTTINGHAMState
NHZip 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) **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 30 OF 77

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)

PAGE 31 OF 77

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)

PAGE 32 OF 77

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)

PAGE 33 OF 77

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)

PAGE 34 OF 77

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)

PAGE 35 OF 77

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)

PAGE 36 OF 77

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)

PAGE 37 OF 77

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)

PAGE 38 OF 77

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)

PAGE 39 OF 77

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

Fastlane Productions

Nature of Debt (Purpose):

AV Production

Mailing Address 7 Riverdale Rd

City

Billerica

State

MA

Zip Code

01821

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.69103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. 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

C. 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

0.00

Transaction ID : SD10.69213

Amount Incurred This Period

12815.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12815.00

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

17415.00

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 40 OF 77

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

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

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

GINNARD, TRACY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 4 HUBBARD RD

City

AMHERST

State

NH

Zip Code

03031

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71433

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

GOMEZ, MATTHEW, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 91 HALL STREET, SUITE 401

City

CONCORD

State

NH

Zip Code

03301

Outstanding Balance Beginning This Period

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

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

4450.00

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 41 OF 77

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

GOMEZ, MATTHEW, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 91 HALL STREET, SUITE 401

City

CONCORD

State

NH

Zip Code

03301

Outstanding Balance Beginning This Period

62.00

Transaction ID : SD10.71421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.00

B. 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

C. 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

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

6462.00

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 42 OF 77

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

HENRYALAN

Nature of Debt (Purpose):

Postage

Mailing Address 75 S HIGH ST
STE. 4

City
DUBLIN

State
OH

Zip Code
43017

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.69214

Amount Incurred This Period

390.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

390.00

B. 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

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

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

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

490.78

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 43 OF 77

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

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

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 : SD10.71355

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 : SD10.71356

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)

160.44

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 44 OF 77

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 : SD10.71357

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 : SD10.71358

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

100.00

Transaction ID : SD10.71337

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

140.44

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 45 OF 77

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71339

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

HORNIG, PATRICK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71340

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

300.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 46 OF 77

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 : SD10.71359

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

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

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 : SD10.71360

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)

65.44

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 47 OF 77

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 : SD10.71361

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

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

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 : SD10.71365

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)

70.22

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 48 OF 77

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 : SD10.71362

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

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

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 : SD10.71366

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)

545.22

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 49 OF 77

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 : SD10.71367

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

500.00

Transaction ID : SD10.71378

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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 : SD10.71368

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)

550.00

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

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

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 OF 77

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 : SD10.71369

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 : SD10.71370

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

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

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)

PAGE 51 OF 77

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 : SD10.71371

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 : SD10.71372

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

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

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

250.00

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 52 OF 77

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

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

B. 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

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

Kargman, Robert, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 2275 South Ocean Boulevard

City

Palm Beach

State

FL

Zip Code

33480

Outstanding Balance Beginning This Period

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

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

3350.00

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 77

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

KELLEY, ERIN, , ,

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

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE 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

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE 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

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

3500.00

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

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

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 OF 77

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 BINNCLE 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

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE 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

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE 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

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

3550.00

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 55 OF 77

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 BINNCLE 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

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE 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

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE 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

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

1250.00

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 56 OF 77

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

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

B. 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

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 : SD10.71425

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)

PAGE 57 OF 77

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

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

B. 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

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

MCKEON, JESSICA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71394

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

9900.00

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 58 OF 77

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

METRO MINI STORAGE

Nature of Debt (Purpose):

REFUND

Mailing Address 100 METRO PARKWAY

City

PELHAM

State

AL

Zip Code

35124

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71315

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

MILES MARINE LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 142 LILY POND ROAD

City

GILFORD

State

NH

Zip Code

03249

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71299

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. 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

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

3100.00

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 59 OF 77

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

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

B. 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

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 : SD10.71293

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)

6900.00

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 60 OF 77

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

NEW ENGLAND AUTO & TRUCK LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 1180 WHITTIER HIGHWAY

City
MOULTONBOROUGHState
NHZip 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

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

NEWKUMET, WAYNE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 11330

City
MIDLANDState
TXZip 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

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

O'BRIEN ENERGY RESOURCES CORP

Nature of Debt (Purpose):

REFUND

Mailing Address 18 CONGRESS ST
STE 207City
PORTSMOUTHState
NHZip 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

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

3450.00

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 61 OF 77

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

OLYMPIC MEDIA LLC

Nature of Debt (Purpose):

Advertising:Print advertising

Mailing Address 2402 POTOMAC AVE
UNIT 102City
ALEXANDRIAState
VAZip 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

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

PGVG LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 352 SOUTH BROADWAY

City
SALEMState
NHZip 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

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

PINO, ARTHUR, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 10 WALNUT PARK

City
WOBURNState
MAZip 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

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

9052.80

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 OF 77

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 : SD10.71279

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

POLITEXTS LLC

Nature of Debt (Purpose):

OPERATIONS : VOTER COTACTS

Mailing Address 4428 Wedgewood Dr

City

Columbia

State

SC

Zip Code

29206

Outstanding Balance Beginning This Period

1798.21

Transaction ID : SD10.58833

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1798.21

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

POLITEXTS LLC

Nature of Debt (Purpose):

Voter Contact - Texting

Mailing Address 4428 Wedgewood Dr

City

Columbia

State

SC

Zip Code

29206

Outstanding Balance Beginning This Period

6218.83

Transaction ID : SD10.68276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6218.83

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

9017.04

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)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SD10

Transaction ID : SD10.58833

(Current loan amount of 1798.21 from a balance of 1798.21 has been forgiven)

Form/Schedule: SD10

Transaction ID: SD10.68276

(Current loan amount of 6218.83 from a balance of 6218.83 has been forgiven)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 64 OF 77

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

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

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

QUATTRUCCI, DYLAN, , ,

Nature of Debt (Purpose):

Travel Reimbursement - milage, meals

Mailing Address 5 1/2 PERRY AVE

City

CONCORD

State

NH

Zip Code

03301

Outstanding Balance Beginning This Period

1249.20

Transaction ID : SD10.68283

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1249.20

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

RED'S SHOE BARN

Nature of Debt (Purpose):

REFUND

Mailing Address 35 BROADWAY

City

DOVER

State

NH

Zip Code

03820

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71311

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

2358.95

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 65 OF 77

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

REMINGTON RESEARCH GROUPNature of Debt (Purpose):
OPERATIONS : POLLINGMailing Address 800 W 47TH ST
STE. 200City
KANSAS CITYState
MOZip 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

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

REMINGTON RESEARCH GROUPNature of Debt (Purpose):
PollingMailing Address 800 W 47TH ST
STE. 200City
KANSAS CITYState
MOZip Code
64112

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.69211

Amount Incurred This Period

8000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

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

RESULTS HEAT TRANSFER VINYL INCNature of Debt (Purpose):
REFUND

Mailing Address 71 WORTHERN PL

City
TEWKSBURYState
MAZip Code
01876

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71333

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) ▶

41250.00

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 66 OF 77

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

REYNOLDS, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 58 KNOLLCREST RD

City

GOFFSTOWN

State

NH

Zip Code

03045

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71406

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

RICCI, NICHOLAS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 84 DAVIS BLVD

City

TAMPA

State

FL

Zip Code

33606

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71301

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

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

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

6400.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 67 OF 77

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 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

B. 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

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

RJS CONSULTING LLC

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 233

City
ATKINSON

State
NH

Zip Code
03811

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71320

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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 68 OF 77

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

SANDERS, BEN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 17 LOON SONG LANE

City
MOULTONBOROUGHState
NHZip 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

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

SAULSBURY, CHARLES, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 12770

City
ODESSAState
TXZip 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

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

SCHACKE, FRED, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1018

City
HAMPTONState
NHZip 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

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

5650.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 69 OF 77

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

SCHUMACHER, AMANDA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 105 CLARENDON AVE

City

PALM BEACH

State

FL

Zip Code

33480

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

SCOTT MITCHELL REAL ESTATE LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 321 D LAFAYETTE RD

City

HAMPTON

State

NH

Zip Code

03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. 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

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

7800.00

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 70 OF 77

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

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

B. 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

C. 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

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 71 OF 77

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

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

B. 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

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

STAHL, LEWIS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 6398 AVALON POINTE CT

City
BOCA RATON

State
FL

Zip Code
33496

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71347

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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 72 OF 77

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

STANFILL, SHARON, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 43 HUCKLEBERRY HILL ROAD

City

LINCOLN

State

MA

Zip Code

01773

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71384

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

SULLIVAN, GLADYS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 53 PEBBLE BEACH DR

City

BEDFORD

State

NH

Zip Code

03110

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

C. 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

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

6800.00

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

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

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 73 OF 77

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 : SD10.71328

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

THE PROSPER GROUP

Nature of Debt (Purpose):

LEGAL

Mailing Address PO BOX 488

City

GREENWOOD

State

IL

Zip Code

46142

Outstanding Balance Beginning This Period

6864.77

Transaction ID : SD10.58835

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6864.77

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

THE PROSPER GROUP

Nature of Debt (Purpose):

Travel Expenses - Meals

Mailing Address PO BOX 488

City

GREENWOOD

State

IL

Zip Code

46142

Outstanding Balance Beginning This Period

228.07

Transaction ID : SD10.68279

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

228.07

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

9992.84

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 74 OF 77

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

The Strategy Group

Nature of Debt (Purpose):

DIGITAL ADVERTISING

Mailing Address 7669 Stagers Loop

City

Delaware

State

OH

Zip Code

43015

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.58837

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. 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

C. 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

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)

PAGE 75 OF 77

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

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

B. 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

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

VAILAS, ALEX, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 172

City

NEW CASTLE

State

NH

Zip Code

03854

Outstanding Balance Beginning This Period

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

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

4150.00

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 76 OF 77

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1239

City

GUAYNABO

State

PR

Zip Code

00970

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

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1239

City

GUAYNABO

State

PR

Zip Code

00970

Outstanding Balance Beginning This Period

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

C. 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

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

6400.00

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 77 OF 77

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

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

B. 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

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)

1000.00

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

353101.58

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)

353101.58