

**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

Reichard For Rep

ADDRESS (number and street)

2032 Hazel Dr

Check if different
than previously
reported. (ACC)

Arnold

MO

63010-2838

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00933739

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MO

08

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
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Reichard, Christopher, Robert, ,

Signature of Treasurer

Reichard, Christopher, Robert, ,

Date

M M / D D / Y Y Y Y
07 / 06 / 2026

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

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

Reichard For Rep

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	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))	3028.54	5171.95
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3028.54	5171.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2651.81	3643.08
(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))	2651.81	3643.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	1638.14	
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)	4317.27	

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

Reichard For Rep

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

265.75

1295.75

(ii) Unitemized

2762.79

3876.20

(iii) TOTAL of contributions
from individuals ▶

3028.54

5171.95

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

3028.54

5171.95

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

109.27

(b) All Other Loans.....

0.00

0.00

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

0.00

109.27

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

0.00

0.00

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

0.00

0.00

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

3028.54

5281.22

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.....	2651.81	3643.08
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2651.81	3643.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1261.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3028.54
25. SUBTOTAL (add Line 23 and Line 24).....	4289.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2651.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1638.14

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 24

☒ 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)

Reichard For Rep

Full Name (Last, First, Middle Initial)

Stanze, Susan, , ,

A.

Mailing Address 1128 James Drive

City

Imperial

State

MO

Zip Code

63052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 11 2026

Transaction ID : A-264

Amount of Each Receipt this Period

110.00

☐ Memo Item

ActBlue Fee: \$3.85

Full Name (Last, First, Middle Initial)

Perry, Derek, , ,

B.

Mailing Address 3506 East Hidden Valley Lane

City

Chillicothe

State

IL

Zip Code

61523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2026

Transaction ID : A-296

Amount of Each Receipt this Period

50.00

☐ Memo Item

ActBlue Fee \$1.75

Full Name (Last, First, Middle Initial)

Horgan, Maxine, , ,

C.

Mailing Address 19960 Highway Nn

City

Mountain View

State

MO

Zip Code

65548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

211.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2026

Transaction ID : A-351

Amount of Each Receipt this Period

105.75

☐ Memo Item

DonorBox Fee: \$6.49

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

265.75

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

265.75

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

PAGE 6 OF 24

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

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NAME OF COMMITTEE (In Full)

Reichard For Rep

Full Name (Last, First, Middle Initial)

A. MCI Printing

Mailing Address 10017 Office Center Avenue

City
St. LouisState
MOZip Code
63128Purpose of Disbursement
Funds withdrawn from bank for Cash discount purchase

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1020.00

Transaction ID : B-248

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCI Printing

Mailing Address 10017 Office Center Avenue

City
St. LouisState
MOZip Code
63128Purpose of Disbursement
Funds withdrawn from bank for Cash discount purchase of signs

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1020.00

Transaction ID : B-328

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2040.00

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

2040.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 24

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-51

Reichard For Rep

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Reichard, Christopher, Robert, ,

Mailing Address

2032 Hazel Drive

City

Arnold

State

MO

ZIP Code

63010

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 26 / 2025M M / D D / Y Y Y Y
NA

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 24

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-52

Reichard For Rep

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Reichard, Christopher, Robert, ,

Mailing Address

2032 Hazel Drive

City

Arnold

State

MO

ZIP Code

63010

☒ Personal Funds of the Candidate

Original Amount of Loan

3.68

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3.68

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 06 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

3.68

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 24

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-53

Reichard For Rep

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Reichard, Christopher, Robert, ,

Mailing Address

2032 Hazel Drive

City

Arnold

State

MO

ZIP Code

63010

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5.59

0.00

5.59

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 07 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5.59

TOTALS This Period (last page in this line only).....▶

109.27

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

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

PAGE 10 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid IRS - EIN Filing Fee

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

329.00

Transaction ID : D-106

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

329.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid SoS - Fictitious Name
Registration

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

7.39

Transaction ID : D-107

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.39

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jefferson County Labor Club Meeting - Crystal
City - Unpaid Mileage 32 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

23.20

Transaction ID : D-87

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.20

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

359.59

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 11 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid X - Bluecheck Registration

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

11.00

Transaction ID : D-108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid X - Advertisement

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-109

Amount Incurred This Period

50.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

IBEW Local 1 Meeting - St. Louis - Unpaid
Mileage 44 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-88

Amount Incurred This Period

31.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.90

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

92.90

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 12 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Progressive Voices Meet & Greet - Rolla -
Unpaid Mileage 200 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-89

Amount Incurred This Period

145.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

145.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jefferson County Labor Club - Crystal City -
Unpaid Mileage 32 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-90

Amount Incurred This Period

23.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.20

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Cape Girardeau Lady Democrats & Pool
and Politics Events - Cape Girardeau - Unpaid
Mileage 196 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-91

Amount Incurred This Period

142.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

142.10

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

310.30

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

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

PAGE 13 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid Office Depot - Office Supplies

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-110

Amount Incurred This Period

66.14

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.14

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid El Cabrito Mexican
Restaurant - Meeting/Travel Meal

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-111

Amount Incurred This Period

29.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

29.92

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Stoddard County Democrats Meeting - Dexter
- 302 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-92

Amount Incurred This Period

218.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

218.95

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

315.01

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 14 OF 24

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid Missouri Democratic Party
Dues

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-112

Amount Incurred This Period

35.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid Walmart - Office Supplies

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-113

Amount Incurred This Period

15.42

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.42

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Taum Sauk Democrats Meeting - Ironton -
Unpaid Mileage 140 mi

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-93

Amount Incurred This Period

101.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

101.50

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

151.92

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)

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(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

St. Francois County Democrats Meeting -
Farmington - Unpaid Mileage 118 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-94

Amount Incurred This Period

85.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

85.55

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid Campaign Filing Fee

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-114

Amount Incurred This Period

300.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Secretary of State's Office - Jefferson City -
Unpaid Mileage 278 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-95

Amount Incurred This Period

201.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.55

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

587.10

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)

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FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

VFW LGBTQ+ Rolla Event - Rolla - Unpaid
Mileage 212 mi

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-96

Amount Incurred This Period

153.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.70

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid LGBTQ+ Rolla Event at VFW
Entry Fee

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-115

Amount Incurred This Period

10.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

DSA Brotherly Love Rally & Butler County
Democrats Meeting - Farmington & Poplar
Bluff - Unpaid Mile

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-97

Amount Incurred This Period

197.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.93

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

361.63

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 17 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Bollinger County Democrats Meeting - Marble Hill - Unpaid Mileage 194 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-98

Amount Incurred This Period

140.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.65

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Abide in Love Ste. Gen. Prayer Vigil - Ste. Genevieve - Unpaid Mileage 94 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-99

Amount Incurred This Period

68.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

68.15

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Wake Up Jeffco Meeting - Crystal City - Unpaid Mileage 32 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-100

Amount Incurred This Period

23.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.20

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

232.00

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)
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numbered line)

PAGE 18 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jefferson County Labor Club Meeting - Crystal
City - Unpaid Mileage 32 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-101

Amount Incurred This Period

23.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.20

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jefferson County Democrats Meeting -
Barnhart - Unpaid Mileage 18 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-102

Amount Incurred This Period

13.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.05

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Ste. Genevieve County Democrats Meeting -
Ste. Genevieve - Unpaid Mileage 90 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-103

Amount Incurred This Period

65.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.25

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

101.50

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 19 OF 24

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jeff Abney Announcement Event - Arnold -
Unpaid Mileage 4 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-104

Amount Incurred This Period

2.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.90

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

St. Francois County Democrats Meeting -
Farmington - Unpaid Mileage 118 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-105

Amount Incurred This Period

85.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

85.55

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Cape Girardeau County Democrats Meeting -
Cape Girardeau - Unpaid Mileage - 192 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-82

Amount Incurred This Period

139.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

139.20

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

227.65

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 20 OF 24

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Veterans For Peace Meeting - St. Louis -
Unpaid Mileage 38 mi

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-83

Amount Incurred This Period

27.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.55

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid for Grok AI - SuperGrok for
Campaign Research

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-116

Amount Incurred This Period

30.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

No Kings Banner Drop Event - Arnold -
Unpaid Mileage - 2 mi

Mailing Address 2032 Hazel Drive

City
Arnold

State
MO

Zip Code
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-84

Amount Incurred This Period

1.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.45

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

59.00

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)

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

No Kings Rally x 2 & Show Me the Fight Rd 2
- Festus & Farmington - Unpaid Mileage 106
mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-85

Amount Incurred This Period

76.85

Payment This Period

0.00

Outstanding Balance at Close of This Period

76.85

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Coffee With Veterans Event - Arnold - Unpaid
Mileage 6 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-86

Amount Incurred This Period

4.35

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.35

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

IBEW Local 1 Meeting - St. Louis - Unpaid
Mileage 44 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-161

Amount Incurred This Period

31.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

31.90

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

113.10

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)

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jefferson County Labor Club Meeting - Crystal
City - Unpaid Mileage 32 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-162

Amount Incurred This Period

23.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.20

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Scott County Democrats - Sikeston - Unpaid
Mileage 258 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-163

Amount Incurred This Period

187.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

187.05

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Wright County Democrats - Mountain Grove -
Unpaid Mileage 350 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-172

Amount Incurred This Period

253.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

253.75

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

464.00

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)

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

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Women Dems, MO - Hillsboro - Unpaid
Mileage 50 mi

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-181

Amount Incurred This Period

36.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

36.25

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Oregon County Dems Meeting - Alton -
Unpaid Mileage - 332

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-184

Amount Incurred This Period

240.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.70

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Meet and Greet - Cape Girardeau -
Unpaid Mileage - 192 Miles

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-185

Amount Incurred This Period

139.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

139.20

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

416.15

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
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numbered line)

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(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Reichard For Rep

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Democratic Primary Town hall - Poplar Bluff -
Unpaid Mileage - 264 miles

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-186

Amount Incurred This Period

191.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

191.40

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Texas County Democrats - Houston - Unpaid
Mileage - 310 miles

Mailing Address 2032 Hazel Drive

City

Arnold

State

MO

Zip Code

63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-187

Amount Incurred This Period

224.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

224.75

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)

416.15

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

4208.00

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

109.27

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

4317.27