

**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

MATT 4 NH 2026 COMMITTEE

ADDRESS (number and street)

PO BOX 97

Check if different
than previously
reported. (ACC)

WOLFEBORO FALLS

NH

03896

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00902288

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
04 / 01 / 2025

through

M M / D D / Y Y Y Y
06 / 30 / 2025*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

Giovonizzi, Matthew, S, ,

Signature of Treasurer

Giovonizzi, Matthew, S, ,

Date

M M / D D / Y Y Y Y
07 / 14 / 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

MATT 4 NH 2026 COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	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))....	2498.13	1848.13
(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))	2498.13	1848.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3227.10	2137.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	115.00	115.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3112.10	2022.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1236.03	
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)	1850.00	

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

MATT 4 NH 2026 COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**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).....

1750.00

1250.00

(ii) Unitemized

748.13

598.13

(iii) TOTAL of contributions
from individuals ▶

2498.13

1848.13

(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))..

2498.13

1848.13

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

1850.00

1000.00

(b) All Other Loans.....

0.00

0.00

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

1850.00

1000.00

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

115.00

115.00

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)..... ▶

4463.13

2963.13

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.....	3227.10	2137.97
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) ►	3227.10	2137.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4463.13
25. SUBTOTAL (add Line 23 and Line 24).....	4463.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3227.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1236.03

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

☒ 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)

MATT 4 NH 2026 COMMITTEE

Full Name (Last, First, Middle Initial)

Brennan, Norah, , ,

A.

Mailing Address

City

Saratoga

State

NY

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Software Product Manager

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 20 2025

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution to via Stripe

Full Name (Last, First, Middle Initial)

Gomes, Evan, , ,

B.

Mailing Address

City

New Orleans

State

LA

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Merrill Lynch

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period

250.00

☐ Memo Item
donation

Full Name (Last, First, Middle Initial)

Moore, Margie, , ,

C.

Mailing Address

City

Oley

State

PA

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

retired

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 31 2025

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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 6 OF 12

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

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NAME OF COMMITTEE (In Full)

MATT 4 NH 2026 COMMITTEE

Full Name (Last, First, Middle Initial)

Whitney, Creig, , ,

A.

Mailing Address

City

Tuckahoe

State

NY

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cognizant Technology SolutionsOccupation
Software Product Manager

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution through Stripe

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

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

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)..... ▶

1750.00

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 12

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

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NAME OF COMMITTEE (In Full)

MATT 4 NH 2026 COMMITTEE

Full Name (Last, First, Middle Initial)

MATT 4 NH 2026 COMMITTEE

A.

Mailing Address PO BOX 97

City

WOLFEBORO FALLS

State

NH

Zip Code

03896

FEC ID number of contributing
federal political committee.**C** C00902288

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	2	5

Transaction ID : SA13A.4130

Amount of Each Receipt this Period

500.00

☐ Memo Item

Loan to campaign

B.

Full Name (Last, First, Middle Initial)

MATT 4 NH 2026 COMMITTEE

Mailing Address PO BOX 97

City

WOLFEBORO FALLS

State

NH

Zip Code

03896

FEC ID number of contributing
federal political committee.**C** C00902288

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

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

Transaction ID : SA13A.4131

Amount of Each Receipt this Period

350.00

☐ Memo Item

loan to campaign

C.

Full Name (Last, First, Middle Initial)

MATT 4 NH 2026 COMMITTEE

Mailing Address PO BOX 97

City

WOLFEBORO FALLS

State

NH

Zip Code

03896

FEC ID number of contributing
federal political committee.**C** C00902288

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	2	5

Transaction ID : SA13A.4132

Amount of Each Receipt this Period

1000.00

☐ Memo Item

loan to campaign

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

1850.00

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

1850.00

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

PAGE 8 OF 12

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

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NAME OF COMMITTEE (In Full)

MATT 4 NH 2026 COMMITTEE

Full Name (Last, First, Middle Initial)

A. CanvaMailing Address 110 Kippax St
AustraliaCity
SydneyState
ZZ

Zip Code

Purpose of Disbursement
Campaign Flyers

006

Candidate Name
MATT 4 NH 2026 COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2025

FEC Identification Number

C C00902288

Amount of Each Disbursement this Period

115.00

Transaction ID : SB17.4169

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Evans Howard, Sadie, , ,

Mailing Address 6291 Adobe Circle

City
IrvineState
CAZip Code
92617Purpose of Disbursement
Compensation for consulting services (\$25/hr)

001

Candidate Name
MATT 4 NH 2026 COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M / D D / Y Y Y Y
05 / 19 / 2025

FEC Identification Number

C C00902288

Amount of Each Disbursement this Period

825.00

Transaction ID : SB17.4154

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Evans Howard, Sadie, , ,

Mailing Address 6291 Adobe Circle

City
IrvineState
CAZip Code
92617Purpose of Disbursement
Salary

001

Candidate Name
MATT 4 NH 2026 COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2025

FEC Identification Number

C C00902288

Amount of Each Disbursement this Period

868.75

Transaction ID : SB17.4162

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

1808.75

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 9 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MATT 4 NH 2026 COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lowes

Mailing Address 1000 Lowes Blvd

Date of Disbursement

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

City
MooresvilleState
NCZip Code
28117

FEC Identification Number

C

Purpose of Disbursement

Mistaken Use due to Paypal Link. need to pay back

001

Amount of Each Disbursement this Period

720.32

Transaction ID : SB17.4176

☐ Memo Item

Candidate Name

Giovonizzi, Matthew, S, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State: NH

District: 01

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

Candidate Name

Category/
Type

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

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

720.32

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

2529.07

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

PAGE 10 OF 12

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

MATT 4 NH 2026 COMMITTEE

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

Election: 2026

☐ Primary☒ General☐ Other (specify) ▼

MATT 4 NH 2026 COMMITTEE

Mailing Address

PO BOX 97

City

WOLFEBORO FALLS

State

NH

ZIP Code

03896

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 21 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (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).....▶

500.00

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 11 OF 12

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

MATT 4 NH 2026 COMMITTEE

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

Election: 2026

☐ Primary☒ General☐ Other (specify) ▼

MATT 4 NH 2026 COMMITTEE

Mailing Address

PO BOX 97

City

WOLFEBORO FALLS

State

NH

ZIP Code

03896

☒ Personal Funds of the Candidate

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 20 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (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).....▶

350.00

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 12 OF 12

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4132

MATT 4 NH 2026 COMMITTEE

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

Election: 2026

☐ Primary☒ General☐ Other (specify) ▼

MATT 4 NH 2026 COMMITTEE

Mailing Address

PO BOX 97

City

WOLFEBORO FALLS

State

NH

ZIP Code

03896

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 30 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (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).....▶

1000.00

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

1850.00

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