

FEC
FORM 3REPORT 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 10

D 01

Y 2025

through

M 12

D 31

Y 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 PHILLIPS, ROBERT, , ,

Signature of Treasurer

PHILLIPS, ROBERT, , ,

Date

M 01

D 23

Y 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
OnlyFEC 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 | 10 | / | D | D | 01 | / | Y | Y | Y | Y |
|---|---|----|---|---|---|----|---|---|---|---|---|

To:

| | | | | | | | | | | | |
|---|---|----|---|---|---|----|---|---|---|---|---|
| M | M | 12 | / | D | D | 31 | / | Y | Y | Y | Y |
|---|---|----|---|---|---|----|---|---|---|---|---|

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))
- (b) Total Contribution Refunds (from Line 20(d))
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

| | |
|------|------------|
| 0.00 | 3569006.27 |
| 0.00 | 23041.00 |
| 0.00 | 3545965.27 |

7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17)
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))

| | |
|------|------------|
| 0.00 | 3565313.08 |
| 0.00 | 0.00 |
| 0.00 | 3565313.08 |

8. Cash on Hand at Close of Reporting Period (from Line 27).....

| |
|------|
| 0.00 |
|------|

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)

| |
|-----------|
| 326370.50 |
|-----------|

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
10D D
01Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

| | |
|------|------------|
| 0.00 | 2351960.81 |
| 0.00 | 1024600.72 |
| 0.00 | 3376561.53 |
| 0.00 | 0.00 |
| 0.00 | 192444.74 |
| 0.00 | 0.00 |
| 0.00 | 3569006.27 |
| 0.00 | 166068.99 |

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

- (a) Made or Guaranteed by the Candidate
- (b) All Other Loans
- (c) TOTAL LOANS
(add Lines 13(a) and (b))

| | |
|------|------|
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |

14. OFFSETS TO OPERATING EXPENDITURES
(Refunds, Rebates, etc.)15. OTHER RECEIPTS
(Dividends, Interest, etc.)16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

| | |
|------|------------|
| 0.00 | 0.00 |
| 0.00 | 891.30 |
| 0.00 | 3735966.56 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 0.00 | 3565313.08 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 23041.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 23041.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 1300.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 0.00 | 3589654.08 |

III. CASH SUMMARY

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 5 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71408

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Antony SmithNature of Debt (Purpose):
REFUND

Mailing Address PO Box 307

City Plaistow State NH Zip Code 03865

Outstanding Balance Beginning This Period

Transaction ID : SD10.71410

200.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

200.00

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

AVANZINO, JAMES, , ,Nature of Debt (Purpose):
REFUND

Mailing Address 401 MAIN STREET

City SALEM State NH Zip Code 03079

Outstanding Balance Beginning This Period

Transaction ID : SD10.71373

300.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

300.00

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

3400.00

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 6 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ax CapitalNature of Debt (Purpose):
ComplianceMailing Address 555 Metro Place N
Suite 525

City Dublin State OH Zip Code 43017

Outstanding Balance Beginning This Period

Transaction ID : SD10.69872

518.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

518.00

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

Nature of Debt (Purpose):
PRINTED MATERIALS**AXIOM STRATEGIES**Mailing Address 800 W 47TH ST
STE. 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.58831

14599.36

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

14599.36

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

Nature of Debt (Purpose):
General Consulting**AXIOM STRATEGIES**Mailing Address 800 W 47TH ST
STE. 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.68274

30000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

30000.00

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

45117.36

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

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

PAGE 7 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AXIOM STRATEGIESNature of Debt (Purpose):
Travel - airfare, hotel, mealsMailing Address 800 W 47TH ST
STE. 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.68275

1269.90

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1269.90

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

Nature of Debt (Purpose):
Printed Materials**AXIOM STRATEGIES**Mailing Address 800 W 47TH ST
STE. 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.69209

878.61

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

878.61

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

Nature of Debt (Purpose):
TRAVEL : AIRLINE**Ax Media**

Mailing Address 800 W 47TH ST

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.58828

634.83

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 8 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ax MediaNature of Debt (Purpose):
Media Buy

Mailing Address 800 W 47TH ST

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.69210

836.71

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

836.71

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

Nature of Debt (Purpose):
REFUND**BALDINI, SAMMY, , ,**

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Transaction ID : SD10.71396

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**BALDINI, SAMMY, , ,**

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Transaction ID : SD10.71397

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 9 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71389

2100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2100.00

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

Nature of Debt (Purpose):
REFUND**Berrios, Israel, , ,**

Mailing Address 300 Ave La Sierra Apt 69

City
San Juan State
PR Zip Code
00926

Outstanding Balance Beginning This Period

Transaction ID : SD10.71387

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

100.00

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

Nature of Debt (Purpose):
REFUND**BERUFF, CARLOS, , ,**

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Transaction ID : SD10.71436

7100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 10 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71390

2100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2100.00

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

Nature of Debt (Purpose):
REFUND**BROOM, THOMAS, , ,**

Mailing Address 176 NEWPORT RD

City NEW LONDON State NH Zip Code 03257

Outstanding Balance Beginning This Period

Transaction ID : SD10.71325

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

Nature of Debt (Purpose):
REFUND**CALLAHAN, BOB, , ,**

Mailing Address 3120 11TH AVE

City PORTLAND State OR Zip Code 97239

Outstanding Balance Beginning This Period

Transaction ID : SD10.71409

2937.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 11 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

CANNON RESEARCH GROUP

Nature of Debt (Purpose):

Polling

Mailing Address 800 W 47TH ST
STE 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.69212

7000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

7000.00

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

CARLISLE, JEFFREY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 99 BOW STREET. STE 100E

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71388

131.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

131.00

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

CHOQUETTE, ALEXANDER, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST
UNIT 302

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71348

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 12 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

CHOQUETTE, ALEXANDER, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST
UNIT 302

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71414

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

CLEARBROOK LLC

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 191238

City MOBILE State AL Zip Code 36619

Outstanding Balance Beginning This Period

Transaction ID : SD10.71281

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

CLEGG JR, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 39 TRIGATE ROAD

City HUDSON State NH Zip Code 03051

Outstanding Balance Beginning This Period

Transaction ID : SD10.71431

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

4400.00

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

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

PAGE 13 OF 57

FOR LINE NUMBER:
(check only one) 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

Transaction ID : SD10.71282

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.71297

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.71427

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 14 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71428

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**COURTYARD PORTSMOUTH LLC**

Mailing Address 1000 MARKET ST

City **PORTSMOUTH** State **NH** Zip Code **03801**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71329

5000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

5000.00

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

Nature of Debt (Purpose):
REFUND**CRAIG, BENSON, , ,**

Mailing Address PO BOX 6980

City **PORTSMOUTH** State **NH** Zip Code **03802**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71401

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 15 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CRESENT GROUP LLCNature of Debt (Purpose):
REFUND

Mailing Address PO BOX 1261

City **RAYMOND** State **NH** Zip Code **03077**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71317

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

Nature of Debt (Purpose):
REFUND**CRESENT GROUP LLC**

Mailing Address PO BOX 1261

City **RAYMOND** State **NH** Zip Code **03077**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71430

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

Nature of Debt (Purpose):
REFUND**CUNNINGHAM, CAROLYN, , ,**

Mailing Address PO BOX 417

City **KINGSTON** State **MA** Zip Code **02364**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71380

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 16 OF 57

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
KINGSTONState
MAZip Code
02364

Outstanding Balance Beginning This Period

Transaction ID : SD10.71381

1000.00

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
KINGSTONState
MAZip Code
02364

Outstanding Balance Beginning This Period

Transaction ID : SD10.71382

1000.00

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
KINGSTONState
MAZip Code
02364

Outstanding Balance Beginning This Period

Transaction ID : SD10.71374

500.00

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 17 OF 57

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
KINGSTONState
MAZip 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
KINGSTONState
MAZip 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 RATONState
FLZip 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) ►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 18 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71286

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):

DESIGNS BY KYMM LLC

REFUND

Mailing Address 312 DANIEL WEBSTER HIGHWAY

City MEREDITH State NH Zip Code 03253

Outstanding Balance Beginning This Period

Transaction ID : SD10.71287

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

Nature of Debt (Purpose):

DILORENZO, ANTHONY, , ,

REFUND

Mailing Address 549 US HIGHWAY 1 BYPASS

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71354

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 19 OF 57

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
PORTSMOUTHState
NHZip Code
03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71399

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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
PORTSMOUTHState
NHZip Code
03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71400

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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
ANDOVERState
MAZip Code
01810

Outstanding Balance Beginning This Period

Transaction ID : SD10.71321

400.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 20 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DUNLAPS ICE CREAM LLCNature of Debt (Purpose):
REFUND

Mailing Address 418 STATE ROUTE 286

City SEABROOK State NH Zip Code 03874

Outstanding Balance Beginning This Period

Transaction ID : SD10.71303

150.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

150.00

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

Nature of Debt (Purpose):
REFUND**DUNLAPS ICE CREAM LLC**

Mailing Address 418 STATE ROUTE 286

City SEABROOK State NH Zip Code 03874

Outstanding Balance Beginning This Period

Transaction ID : SD10.71429

150.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

150.00

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

Nature of Debt (Purpose):
REFUND**EGAN, DANIEL, , ,**

Mailing Address 18 CORNERSTONE RD

City EAST KINGSTON State NH Zip Code 03827

Outstanding Balance Beginning This Period

Transaction ID : SD10.71335

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 21 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71345

2800.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2800.00

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

Nature of Debt (Purpose):
REFUND**EJM HOLDINGS LLC**

Mailing Address PO BOX 1596

City
MEREDITH State
NH Zip Code
03253

Outstanding Balance Beginning This Period

Transaction ID : SD10.71288

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**EKEYS4CARS LLC**

Mailing Address 8 MARBLEHEAD ST

City
NO. ANDOVER State
MA Zip Code
01845

Outstanding Balance Beginning This Period

Transaction ID : SD10.71290

2500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 22 OF 57

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
GREENLANDState
NHZip Code
03840

Outstanding Balance Beginning This Period

Transaction ID : SD10.71327

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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
EXETERState
NHZip Code
03833

Outstanding Balance Beginning This Period

Transaction ID : SD10.71284

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Transaction ID : SD10.71432

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 23 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71344

2100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2100.00

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

Nature of Debt (Purpose):
Fundraising Commission**FUNDRAISING INC.**

Mailing Address 411 FIRST ST SE

City **WASHINGTON** State **DC** Zip Code **20003**

Outstanding Balance Beginning This Period

Transaction ID : SD10.69213

12815.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

12815.00

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

Nature of Debt (Purpose):
REFUND**GIDLEY, ADAM, , ,**

Mailing Address PO BOX 54

City **SALEM** State **NH** Zip Code **03079**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71275

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

15915.00

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

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

PAGE 24 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71433

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**GOMEZ, MATTHEW, , ,**

Mailing Address 91 HALL STREET, SUITE 401

City CONCORD State NH Zip Code 03301

Outstanding Balance Beginning This Period

Transaction ID : SD10.71418

550.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

550.00

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

Nature of Debt (Purpose):
REFUND**GOMEZ, MATTHEW, , ,**

Mailing Address 91 HALL STREET, SUITE 401

City CONCORD State NH Zip Code 03301

Outstanding Balance Beginning This Period

Transaction ID : SD10.71421

62.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

62.00

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

3512.00

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 25 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

HAMPTON HOUSEHOLD EXPENSE LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST

City
PORTSMOUTHState
NHZip Code
03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71296

5800.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

5800.00

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

Hartshorn, Ronald, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 4089 Wayne St

City
HilliardState
OHZip Code
43026

Outstanding Balance Beginning This Period

Transaction ID : SD10.71419

600.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

600.00

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

HOMER, CHESTER, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 89 OCEAN AVE

City
KENNEUNKPORTState
MEZip Code
04046

Outstanding Balance Beginning This Period

Transaction ID : SD10.71386

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

100.00

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

6500.00

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 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71334 0.78

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

 0.00

0.00

 0.78

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71342 120.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

 0.00

0.00

 120.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71355 20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

 0.00

0.00

 20.221) **SUBTOTALS** This Period This Page (optional) ► 141.002) **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 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71356

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71357

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71358

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

60.66

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

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

PAGE 28 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71337

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

100.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71338

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

100.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71339

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 29 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71340

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

100.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71359

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71363

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

145.22

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 30 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71360

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71361

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71364

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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 31 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71365

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71362

20.22

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

20.22

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71377

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

545.22

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

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

PAGE 32 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71366

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71367

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71378

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

550.00

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

550.00

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

550.00

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

550.00

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

PAGE 33 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71368

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71369

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71370

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

75.00

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

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

PAGE 34 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71379

93.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

93.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71371

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

Nature of Debt (Purpose):
REFUND**HORNIG, PATRICK, , ,**

Mailing Address 12 HEATHER CIRCLE

City MERRIMAC State MA Zip Code 01860

Outstanding Balance Beginning This Period

Transaction ID : SD10.71372

25.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

25.00

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

143.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 35 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HUSSON MOTORS INCNature of Debt (Purpose):
REFUND

Mailing Address 8 LOWELL ROAD

City **SALEM** State **NH** Zip Code **03079**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71331

200.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

200.00

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

Nature of Debt (Purpose):
REFUND**JDW REALTY CORP**

Mailing Address 22 KENSINGTON LN

City **BEDFORD** State **NH** Zip Code **03110**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71330

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

Nature of Debt (Purpose):
REFUND**JMG BUSINESS STRATEGY**

Mailing Address PO BOX 773

City **LACONIA** State **NH** Zip Code **03247**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71304

200.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

200.00

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

650.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 36 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71405

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Nature of Debt (Purpose):
REFUND**KELLEY, ERIN, , ,**

Mailing Address 34 HUNTERS RUN

City RYE State NH Zip Code 03870

Outstanding Balance Beginning This Period

Transaction ID : SD10.71407

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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

Nature of Debt (Purpose):
REFUND**LAUTER, ROBERT, , ,**

Mailing Address 757 BINNACLE DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71385

100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

100.00

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

5900.00

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

5900.00

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

5900.00

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

5900.00

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

PAGE 37 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LAUTER, ROBERT, , ,Nature of Debt (Purpose):
REFUND

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71415

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

Nature of Debt (Purpose):
REFUND**LAUTER, ROBERT, , ,**

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71392

2500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2500.00

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

Nature of Debt (Purpose):
REFUND**LAUTER, ROBERT, , ,**

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71383

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

4000.00

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 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LAUTER, ROBERT, , ,Nature of Debt (Purpose):
REFUND

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71413

50.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

50.00

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

Nature of Debt (Purpose):
REFUND**LAUTER, ROBERT, , ,**

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71411

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

Nature of Debt (Purpose):
REFUND**LAUTER, ROBERT, , ,**

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71416

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

800.00

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

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

PAGE 39 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LAUTER, ROBERT, , ,Nature of Debt (Purpose):
REFUND

Mailing Address 757 BINNCL DR

City NAPLES State FL Zip Code 34103

Outstanding Balance Beginning This Period

Transaction ID : SD10.71417

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

Nature of Debt (Purpose):
REFUND**LEWIS, LISA, , ,**

Mailing Address 317 SOUTH ROAD

City EXETER State NH Zip Code 03833

Outstanding Balance Beginning This Period

Transaction ID : SD10.71295

5000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

5000.00

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

Nature of Debt (Purpose):
REFUND**LYONS, CYNTHIA, , ,**

Mailing Address PO BOX 290756

City CHARLESTOWN State MA Zip Code 02129

Outstanding Balance Beginning This Period

Transaction ID : SD10.71424

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

8400.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 40 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

LYONS, CYNTHIA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 290756

City CHARLESTOWN

State MA

Zip Code 02129

Outstanding Balance Beginning This Period

Transaction ID : SD10.71425

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

M., JOSEPH, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 120 ROUTE 17 NORTH SUITE115

City PARAMUS

State NJ

Zip Code 07652

Outstanding Balance Beginning This Period

Transaction ID : SD10.71412

4000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

4000.00

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

MANCHESTER MILLYARD REALTY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 186 GRANITE ST

City MANCHESTER

State NH

Zip Code 03101

Outstanding Balance Beginning This Period

Transaction ID : SD10.71298

3000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

3000.00

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

9900.00

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

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

PAGE 41 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71394

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**METRO MINI STORAGE**

Mailing Address 100 METRO PARKWAY

City PELHAM State AL Zip Code 35124

Outstanding Balance Beginning This Period

Transaction ID : SD10.71315

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

Nature of Debt (Purpose):
REFUND**MILES MARINE LLC**

Mailing Address 142 LILY POND ROAD

City GILFORD State NH Zip Code 03249

Outstanding Balance Beginning This Period

Transaction ID : SD10.71299

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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 42 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71343

2100.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2100.00

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

Nature of Debt (Purpose):
REFUND**MULKIGIAN, GARY, , ,**

Mailing Address 15 CAPTAINS WAY

City **EXETER** State **NH** Zip Code **03833**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71350

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**MURACO, FRANK, , ,**

Mailing Address 8 RIVERVIEW TERR

City **HAMPTON** State **NH** Zip Code **03842**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71292

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

7000.00

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

7000.00

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

7000.00

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

7000.00

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

PAGE 43 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71293

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

NEW ENGLAND AUTO & TRUCK LLCNature of Debt (Purpose):
REFUND

Mailing Address 1180 WHITTIER HIGHWAY

City **MOULTONBOROUGH** State **NH** Zip Code **03254**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71300

300.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

300.00

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

NEWKUMET, WAYNE, , ,Nature of Debt (Purpose):
REFUND

Mailing Address PO BOX 11330

City **MIDLAND** State **TX** Zip Code **79702**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71352

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

5200.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 44 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
O'BRIEN ENERGY RESOURCES CORPNature of Debt (Purpose):
REFUNDMailing Address 18 CONGRESS ST
STE 207

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71332

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

Nature of Debt (Purpose):
Advertising:Print advertising**OLYMPIC MEDIA LLC**Mailing Address 2402 POTOMAC AVE
UNIT 102

City ALEXANDRIA State VA Zip Code 22301

Outstanding Balance Beginning This Period

Transaction ID : SD10.68282

6052.80

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

6052.80

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

Nature of Debt (Purpose):
REFUND**PGVG LLC**

Mailing Address 352 SOUTH BROADWAY

City SALEM State NH Zip Code 03079

Outstanding Balance Beginning This Period

Transaction ID : SD10.71318

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

8302.80

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 45 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71278

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

Nature of Debt (Purpose):

PINO, ARTHUR, , ,

REFUND

Mailing Address 10 WALNUT PARK

City WOBURN State MA Zip Code 01801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71279

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

Nature of Debt (Purpose):

QUATTRUCCI, DYLAN, , ,

TRAVEL : MILAGE

Mailing Address 5 1/2 PERRY AVE

City CONCORD State NH Zip Code 03301

Outstanding Balance Beginning This Period

Transaction ID : SD10.58829

609.75

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

609.75

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

2609.75

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 46 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RED'S SHOE BARNNature of Debt (Purpose):
REFUND

Mailing Address 35 BROADWAY

City DOVER State NH Zip Code 03820

Outstanding Balance Beginning This Period

Transaction ID : SD10.71311

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

Nature of Debt (Purpose):
OPERATIONS : POLLING**REMINGTON RESEARCH GROUP**Mailing Address 800 W 47TH ST
STE. 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.58834

33000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

33000.00

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

Nature of Debt (Purpose):
Polling**REMINGTON RESEARCH GROUP**Mailing Address 800 W 47TH ST
STE. 200

City KANSAS CITY State MO Zip Code 64112

Outstanding Balance Beginning This Period

Transaction ID : SD10.69211

8000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

8000.00

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

41500.00

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 47 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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 TEWKSBURY State MA Zip Code 01876

Outstanding Balance Beginning This Period

Transaction ID : SD10.71333

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

Nature of Debt (Purpose):
REFUND**REYNOLDS, ROBERT, , ,**

Mailing Address 58 KNOOLCREST RD

City GOFFSTOWN State NH Zip Code 03045

Outstanding Balance Beginning This Period

Transaction ID : SD10.71406

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**RICCI, NICHOLAS, , ,**

Mailing Address 84 DAVIS BLVD

City TAMPA State FL Zip Code 33606

Outstanding Balance Beginning This Period

Transaction ID : SD10.71301

2500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2500.00

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 48 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71302

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

Nature of Debt (Purpose):
REFUND**RICCIO ENTERPRISES LLC**

Mailing Address 143 ASHWORTH AVE

City HAMPTON State NH Zip Code 03842

Outstanding Balance Beginning This Period

Transaction ID : SD10.71319

1300.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1300.00

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

Nature of Debt (Purpose):
REFUND**Richards, Daniel, , ,**

Mailing Address 271 Dorado Beach East

City Dorado State PR Zip Code 00646

Outstanding Balance Beginning This Period

Transaction ID : SD10.71404

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

5200.00

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

5200.00

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

5200.00

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

5200.00

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

PAGE 49 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RJS CONSULTING LLCNature of Debt (Purpose):
REFUND

Mailing Address PO BOX 233

City **ATKINSON** State **NH** Zip Code **03811**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71320

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

Nature of Debt (Purpose):
REFUND**SANDERS, BEN, , ,**

Mailing Address 17 LOON SONG LANE

City **MOULTONBOROUGH** State **NH** Zip Code **03254**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71393

2500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2500.00

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

Nature of Debt (Purpose):
REFUND**SAULSBURY, CHARLES, , ,**

Mailing Address PO BOX 12770

City **ODESSA** State **TX** Zip Code **79768-2770**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71402

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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 50 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCHACKE, FRED, , ,Nature of Debt (Purpose):
REFUND

Mailing Address PO BOX 1018

City **HAMPTON** State **NH** Zip Code **03843**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71294

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

Nature of Debt (Purpose):
REFUND**SCHUMACHER, AMANDA, , ,**

Mailing Address 105 CLARENDON AVE

City **PALM BEACH** State **FL** Zip Code **33480**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71346

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**SCOTT MITCHELL REAL ESTATE LLC**

Mailing Address 321 D LAFAYETTE RD

City **HAMPTON** State **NH** Zip Code **03842**

Outstanding Balance Beginning This Period

Transaction ID : SD10.71322

2000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2000.00

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

5150.00

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 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71349

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**SIVRET, ROBERT, , ,**

Mailing Address 50 FERN AVE

City RYE State NH Zip Code 03870

Outstanding Balance Beginning This Period

Transaction ID : SD10.71351

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**SNOW SQUALL LLC**

Mailing Address 155 FLEET STREET

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71323

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

6050.00

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

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

PAGE 52 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

Solinsky, Kenneth, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 3410 Flamingo Dr.

City Sarasota State FL Zip Code 34242

Outstanding Balance Beginning This Period

Transaction ID : SD10.71423

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

SOTERIA INVESTIGATION & SECURITY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 679 MAST RD STE
22B

City MANCHESTER State NH Zip Code 03102

Outstanding Balance Beginning This Period

Transaction ID : SD10.71324

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

SPOFFORD, ERIC, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1563

City SALEM State NH Zip Code 03079

Outstanding Balance Beginning This Period

Transaction ID : SD10.71291

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

6050.00

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

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

PAGE 53 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

A. 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 RATONState
FLZip Code
33496

Outstanding Balance Beginning This Period

Transaction ID : SD10.71347

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

STANFILL, SHARON, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 43 HUCKLEBERRY HILL ROAD

City
LINCOLNState
MAZip Code
01773

Outstanding Balance Beginning This Period

Transaction ID : SD10.71384

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

SULLIVAN, GLADYS, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 53 PEBBLE BEACH DR

City
BEDFORDState
NHZip Code
03110

Outstanding Balance Beginning This Period

Transaction ID : SD10.71426

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 54 OF 57

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. 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

Transaction ID : SD10.71283

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):

REFUND

TAVOULARIS, DAMON, , ,

Mailing Address 142 MARSH RD

City PELHAM State NH Zip Code 03076

Outstanding Balance Beginning This Period

Transaction ID : SD10.71328

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):

REFUND

THOMAS MEDIA GROUP

Mailing Address 36 MEADOWBROOK DR

City EPPING State NH Zip Code 03042

Outstanding Balance Beginning This Period

Transaction ID : SD10.71326

300.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

300.00

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

6100.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 55 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TOYOTA OF PORTSMOUTHNature of Debt (Purpose):
REFUND

Mailing Address 150 GREENLEAF AVE

City PORTSMOUTH State NH Zip Code 03801

Outstanding Balance Beginning This Period

Transaction ID : SD10.71309

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

Nature of Debt (Purpose):
REFUND**TUCKER, PAMELA, , ,**

Mailing Address PO BOX 199

City RYE BEACH State NH Zip Code 03871

Outstanding Balance Beginning This Period

Transaction ID : SD10.71353

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

Nature of Debt (Purpose):
REFUND**URIAH LAND COMPANY LLC**

Mailing Address 450 ST LOUIS STREET

City MOBILE State AL Zip Code 36602

Outstanding Balance Beginning This Period

Transaction ID : SD10.71313

1000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1000.00

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

4900.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 56 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

VAILAS, ALEX, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 172

City
NEW CASTLEState
NHZip Code
03854

Outstanding Balance Beginning This Period

Transaction ID : SD10.71277

250.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

250.00

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1239

City
GUAYNABOState
PRZip Code
00970

Outstanding Balance Beginning This Period

Transaction ID : SD10.71395

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2900.00

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1239

City
GUAYNABOState
PRZip Code
00970

Outstanding Balance Beginning This Period

Transaction ID : SD10.71398

2900.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

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 57 OF 57
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

KAROLINE FOR CONGRESS

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

WALCOTT, ROGER, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 2820 GREENBRIAR BLVD

City
WELLINGTONState
FLZip Code
33414

Outstanding Balance Beginning This Period

Transaction ID : SD10.71420

600.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

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

WARD, CHRISTOPHER, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 19

City
NEW CASTLEState
NHZip Code
03854

Outstanding Balance Beginning This Period

Transaction ID : SD10.71280

1000.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Outstanding Balance at Close of This Period

0.00

Payment This Period

1600.00

Amount Incurred This Period

0.00

326370.50

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

0.00

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

326370.50

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

0.00

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

326370.50