

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BRIEM FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	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))	4046.26	6985.47
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4046.26	6985.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2351.01	3981.65
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2351.01	3981.65
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	3003.82	
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)		
	21865.68	

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

BRIEM FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3097.16	4551.26
(ii) Unitemized.....	949.10	2334.21
(iii) TOTAL of contributions from individuals ▶	4046.26	6885.47
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4046.26	6985.47
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4046.26	6985.47

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.....	2351.01	3981.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2351.01	3981.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1308.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4046.26
25. SUBTOTAL (add Line 23 and Line 24).....	5354.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2351.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3003.82

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 28
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DINGLE, BETH, , ,

Mailing Address 901 ARBORETUM CIR

City NORTHFIELD State OH Zip Code 44067

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2026

Transaction ID : A13962AFC8DFF4ED4B16

Amount of Each Receipt this Period
208.20

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2026

Transaction ID : AF8B63DD1827448E4A59

Amount of Each Receipt this Period
208.20

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

Mailing Address 500 WINFIELD WAY

City AKRON State OH Zip Code 44303

FEC ID number of contributing federal political committee. C

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2026

Transaction ID : A0C70416D11EA420CA4B

Amount of Each Receipt this Period
208.20

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.40

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 28	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2026

Transaction ID : **A3102F63752EC4124BD8**

Amount of Each Receipt this Period
208.20

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 3959 CARDINAL CIRCLE

City STOW State OH Zip Code 44224

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : **A54A13209DDE241BFA71**

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 5405 MANTEO INLET

City PEACHTREE CORNERS State GA Zip Code 30092

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

Name of Employer Occupation
NDIMAXIM BUSINESSMAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2026

Transaction ID : **AB317A0D92BB54CBDB1E**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	450.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2026

Transaction ID : **ABBCE75153A064884B24**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 4338 25TH AVE

City NORWALK State IA Zip Code 50211

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2026

Transaction ID : **A9241871C16804BBDABB**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2026

Transaction ID : **A1E68A4B964AC46EBA3E**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 28
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PERSONS, PAULINE, J., ,

Mailing Address 2999 SPRING VALLEY BLVD.

City MOGADORE	State OH	Zip Code 44260
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A23D16E0F698741CAA96

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 76 EDGERTON RD.

City AKRON	State OH	Zip Code 44303
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A47B4AEC1BC464AE3A08

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1790 WOODSTOCK RD

City GATES MILLS	State OH	Zip Code 44040
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer BROOKLYN NY HOLDINGS	Occupation EXECUTIVE
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AD652F5D9F9AC43D4A05

Amount of Each Receipt this Period

Memo Item
 EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 28
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2026

Transaction ID : AF463C702795B417A884

Amount of Each Receipt this Period
260.25

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 930 TAHOE BLVD STE 802 PMB 457

City INCLINE VILLAGE State NV Zip Code 89451

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
UC BERKELEY PROFESSOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2026

Transaction ID : A26FCD5CE8E2248C4891

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2026

Transaction ID : ADB51E99091FF478BB04

Amount of Each Receipt this Period
520.51

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.51

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

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

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

FOR LINE NUMBER: PAGE 10 OF 28
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TEMPLETON, STEVEN, , ,

Mailing Address 222 LAKEVIEW AVENUE

City WEST PALM BEACH State FL Zip Code 33401

FEC ID number of contributing federal political committee. C

Name of Employer TEMPLETON COMPANY Occupation ACCOUNTING

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2026

Transaction ID : AB8220D07706B4CBDB84

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3045.47

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2026

Transaction ID : AE5108560FAA045ACBA8

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

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

Mailing Address 38 KUDER AVE.

City AKRON State OH Zip Code 44303

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
408.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A52F3A7DDF3494FDC8FA

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	3097.16

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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

NAME OF COMMITTEE (In Full)
BRIEM FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. REPROS INC.

Mailing Address PO BOX 727

City AKRON State OH Zip Code 44309-0727

Purpose of Disbursement PRINTING Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 26 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
1681.31

Transaction ID : BFE4F882068E64A0FA49

Memo Item

Full Name (Last, First, Middle Initial)
B. SAME DAY PROCESSING

Mailing Address 502 6TH ST

City HUDSON State WI Zip Code 54016-1783

Purpose of Disbursement ACCOUNTING CONSULTING Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 17 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
465.00

Transaction ID : B2E6A52E5E37E4AE09AA

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2146.31
TOTAL This Period (last page this line number only).....▶	2146.31

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): GODADDY
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="248.92"/>		Transaction ID : D485EE3E6E9574FD9A40	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="248.92"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): POBOX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="105.00"/>		Transaction ID : D11F6DF4DA43244048A8	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="105.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): PLANNER
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="23.99"/>		Transaction ID : D4F569C30B64244B9904	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="23.99"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="377.91"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): CONSTANT CONTACT
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="49.91"/>	Transaction ID : D94E14B920E9F4742A26	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="49.91"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WEBSITE
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="185.74"/>	Transaction ID : D062559BA5BFE4843B1F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="185.74"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): GOOGLE WORKSPACE STARTER
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="17.93"/>	Transaction ID : D98362ACC483040049B2	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.93"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="253.58"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="17.93"/>		Transaction ID : D2977C7AE6F3543B4B74	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="17.93"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): BUSINESS CARDS
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="65.10"/>		Transaction ID : DF8058078F7CA4A8A80E	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="65.10"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): ZOOMINFO
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="266.88"/>		Transaction ID : D7A332F7953FF4F3599C	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="266.88"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="349.91"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): CONSTANT CONTACT
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="58.71"/>	Transaction ID : DCE3CA7846AE54E0A8D9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="58.71"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="17.93"/>	Transaction ID : DA80D4D50B796418195A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.93"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): GOOGLE WORKSPACE STARTER
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="17.93"/>	Transaction ID : DCA82D2C1F8C94786ACC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.93"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="94.57"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): I360
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2668.75"/>		Transaction ID : DCA7EEABE9EE24C9B83A	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2668.75"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): PALM CARDS
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="206.01"/>		Transaction ID : D2BAAE8ACA7DE47CBA16	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="206.01"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): TRADE SHOW MATERIALS
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="552.24"/>		Transaction ID : D55F59677C4254223974	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="552.24"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="3427.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): AMAZON
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="87.80"/>	Transaction ID : D3C94CEC9A8154C9CB36	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="87.80"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): AMAZON
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="20.98"/>	Transaction ID : D714BA9F13AF849B1996	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20.98"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): ZOOMINFO
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input type="text" value="266.88"/>	Transaction ID : DBD27CAB7D8924A47864	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="266.88"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="375.66"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):
CONSTANT CONTACT

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

58.71

Transaction ID : D44E00C3E91674545991

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.71

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):
WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

17.93

Transaction ID : D595B259360C444CF93C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.93

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):
I360

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

2668.75

Transaction ID : DE574E06E28B04E5A9CE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2668.75

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

2745.39

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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

ZOOMINFO

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

266.88

Transaction ID : DCAA793D17DE04C6A97C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.88

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

CONSTANT CONTACT

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

80.06

Transaction ID : D52EBEE9CCA364A24BC4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.06

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

17.93

Transaction ID : DDB12F38AD00346A98B5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.93

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

364.87

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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): I360
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2668.75"/>	Transaction ID : D8FBE450C40C84839A00		
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2668.75"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): ZOOM
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="266.88"/>	Transaction ID : DFDEBD67E02C3427A874		
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="266.88"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): MAILCHIMP
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="317.58"/>	Transaction ID : DE281870EFC0148E0835		
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="317.58"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="3253.21"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

17.93

Transaction ID : D4ABA82779ED44F01B71

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.93

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

RMC/MCSHANE LLC

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

1500.00

Transaction ID : D71457AE5C95F400D8F9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

ZOOM

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

266.88

Transaction ID : DF4DB5AE0B54B4E649CB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.88

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

1784.81

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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

MAILCHIMP

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

317.58

Transaction ID : DD4973A0376274308930

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

317.58

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

STAPLES

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

30.95

Transaction ID : D6E2E0CB3C77B4F86A2B

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.95

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

17.93

Transaction ID : DE8DEBBF611CD48A48AF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.93

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

366.46

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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : D2BBE178DC3D44947AE9

Amount Incurred This Period

1016.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

1016.10

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : DA5BFC64704E74C71B42

Amount Incurred This Period

266.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

266.88

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : DDC4381FF3B9E44B7978

Amount Incurred This Period

317.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

317.58

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

1600.56

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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : D24F982D3EFB94FA0968

Amount Incurred This Period

17.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.93

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : DF3610E12417442E084B

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : D5FB8F4B5B83A450C993

Amount Incurred This Period

465.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

465.00

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

1982.93

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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>		Transaction ID : DF6777D4923534619B67	
Amount Incurred This Period <input style="width:100%;" type="text" value="114.04"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="114.04"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>		Transaction ID : DB8462AB55B5C4FAFB1F	
Amount Incurred This Period <input style="width:100%;" type="text" value="266.88"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="266.88"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>		Transaction ID : D7026FC03F6644A1985A	
Amount Incurred This Period <input style="width:100%;" type="text" value="317.58"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="317.58"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="698.50"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D386436D2D64D4FE68D4	
Amount Incurred This Period 1735.15	Payment This Period 0.00	Outstanding Balance at Close of This Period 1735.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DC2E02705FC9F45E7A94	
Amount Incurred This Period 17.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 17.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D097FFF2695E842BA8F2	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional)	▶	3253.08
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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>		Transaction ID : D92C6EB37F3C3489FA96	
Amount Incurred This Period <input style="width:100%;" type="text" value="15.62"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="15.62"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>		Transaction ID : D8457180BD46E4A06B7D	
Amount Incurred This Period <input style="width:100%;" type="text" value="266.88"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="266.88"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRIEM, MARGARET, ELIZABETH, ,			Nature of Debt (Purpose): WIX
Mailing Address P.O. BOX 13013			
City FAIRLAWN	State OH	Zip Code 44334-8413	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>		Transaction ID : D521080C4173846B79C1	
Amount Incurred This Period <input style="width:100%;" type="text" value="317.58"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="317.58"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="600.08"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

BRIEM FOR CONGRESS

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : DA2614256D86042089D3

Amount Incurred This Period

17.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

17.93

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : DFA1F4D31D3E2443FACD

Amount Incurred This Period

234.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

234.00

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

BRIEM, MARGARET, ELIZABETH, ,

Nature of Debt (Purpose):

WIX

Mailing Address P.O. BOX 13013

City
FAIRLAWN

State
OH

Zip Code
44334-8413

Outstanding Balance Beginning This Period

0.00

Transaction ID : D36D0B8835D3F46688B5

Amount Incurred This Period

85.23

Payment This Period

0.00

Outstanding Balance at Close of This Period

85.23

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

337.16

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

21865.68

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)

21865.68