07/06/2025 20 : 58

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Auti	horized Com	mittee		C	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	g, type	12FE4M5	
KAROLINE FOR CO	NGRESS	1 1 1 1 1				
ADDRESS (number and street)	PO BOX 307					
▼ Check if different						
than previously reported. (ACC)	PLAISTOW				NH 0	3865
2. FEC IDENTIFICATION I	NUMBER W	CITY ▲		S	STATE A	ZIP CODE ▲
C C00784884		3. IS THIS REPORT	X NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT NH 01
4. TYPE OF REPORT (C	Choose One) (b) 12-Day PRE	-Election Repo	t for the:		
(a) Quarterly Reports:		П	Primary (12P)	Г	General (12	G) Runoff (12R)
April 15 Quarterly	Report (Q1)	Ē		00)		
X July 15 Quarterly	Report (Q2)		Convention (1	20)	Special (125	5)
October 15 Quar	terly Report (Q3)	Election on	M M /	D D /	Y	in the State of
January 31 Year-	End Report (YE) (c	30-Day POS	T -Election Rep	ort for the:		
			General (30G)		Runoff (30R) Special (30S)
Termination Repo	ort (TER)	Election on	M M /	D D /	Y	in the State of
5. Covering Period	04 / 01 / N	2025 Y	through	M M 06	/ D D /	Y Y Y Y Y 2025
I certify that I have examined	DUILLIDG DODE	=	nowledge and b	elief it is tru	ue, correct and o	complete.
Type or Print Name of Treasur	rer					
Signature of Treasurer	HILLIPS, ROBERT, , ,			D	Oate 07	/ 06 / Y Y Y Y Y 2025
NOTE: Submission of false, erro	neous, or incomplete i	nformation may	subject the pers	on signing t	his Report to the	penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KAROLINE FOR CONGRESS

		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))	0.00	3569006.27
	(b) Total Contribution Refunds (from Line 20(d))	0.00	23041.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	3545965.27
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	3565313.08
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	3565313.08
	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
١.	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

04 06 30 01 2025 2025 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 2351960.81 (i) Itemized (use Schedule A)...... 0.00 1024600.72 (ii) Unitemized (iii) TOTAL of contributions 0.00 3376561.53 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 192444.74 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 3569006.27 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 166068.99 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 891.30 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 3735966.56 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	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 SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING 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	m Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

Excluding Loans

NΑ

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

PAGE 5 FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In FUII) KAROLINE FOR CC	NGRES	S	
A. Full Name (Last, First, Middle Initial) ANNINO, ANTHONY, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address 55 EDGEWOOD DRIV	/E		
City HAMPTON	State NH	Zip Code 03842	
Outstanding Balance Beginning This 2900.00)		Transaction ID : SD10.71408
Amount Incurred This Period	0	Payment This Period 0.00	Outstanding Balance at Close of This Period 2900.00
B. Full Name (Last, First, Middle Initial) Antony Smith	of Debtor or Cred	ditor	Nature of Debt (Purpose): REFUND
Mailing Address PO Box 307			
City Plaistow	State NH	Zip Code 03865	
Outstanding Balance Beginning This	-		Transaction ID : SD10.71410
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) AVANZINO, JAMES, , , Mailing Address 401 MAIN STREET	of Debtor or Cre	editor	Nature of Debt (Purpose): REFUND
City	State	Zip Code	
SALEM	NH	03079	
Outstanding Balance Beginning This	-		Transaction ID : SD10.71373
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00
1) SUBTOTALS This Period This Page (o	otional) ·····		3400.00
2) TOTALS This Period (last page this line	e number only) ···		·
B) TOTAL OUTSTANDING LOANS from S	Schedule C (last	page only)·····	·
4) ADD 2) and 3) and carry forward to a	opropriate line of	Summary Page (last page only)	

Excluding Loans

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

PAGE 6 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) KAROLINE FOR CONG	GRESS	5		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
Ax Capital	Ax Capital			
Mailing Address 555 Metro Place N Suite 525		,		
City Dublin	State OH	Zip Code 43017		
Outstanding Balance Beginning This Period	<u>'</u>		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 De	btor or Credi	tor	Nature of Debt (Purpose):	
AXIOM STRATEGIES			PRINTED MATERIALS	
Mailing Address 800 W 47TH ST STE. 200				
City KANSAS CITY	State MO	Zip Code 64112		
Outstanding Balance Beginning This Period 14599.36	d		Transaction ID : SD10.58831	
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 E AXIOM STRATEGIES Mailing Address 800 W 47TH ST	ebtor or Cred	litor	Nature of Debt (Purpose): General Consulting	
STE. 200	State	Zip Code		
KANSAS CITY	MO	64112		
Outstanding Balance Beginning This Period 30000.00	d 1		Transaction ID : SD10.68274	
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 (options	al)		45117.36	
2) TOTALS This Period (last page this line nur	nber only) ·····			
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last pa	age only)		

Excluding Loans

NAME OF COMMITTEE (In Full)

schedule(s)
for each
numbered line)

(Use separate

FOR LINE NUMBER: (check only one)

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KAROLINE FOR C	CONGRESS
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•			
A. Full Name (Last, First, Middle Initial) of I	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		
AXIOM STRATEGIES	Travel - airfare, hotel, meals		
Mailing Address 800 W 47TH ST STE. 200			
City	State	Zip Code	
KANSAS CITY	MO	64112	
Outstanding Balance Beginning This Perio	od		Transaction ID : SD10.68275
1269.90			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	1	0.00	
0.00		0.00	1269.90
B. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	litor	Nature of Debt (Purpose):
AXIOM STRATEGIES			Printed Materials
Mailing Address 800 W 47TH ST STE. 200			
City	State	Zip Code	
KANSAS CITY	MO	64112	
Outstanding Balance Beginning This Perio	od		Transaction ID : SD10.69209
878.61			
Amount Incurred This David		Downant This Davied	Outstanding Release at Class of This Revised
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 I	Debtor or Cre	ditor	Nature of Debt (Purpose):
Ax Media			TRAVEL : AIRLINE
Mailing Address 800 W 47TH ST			
City	State	Zip Code	
KANSAS CITY	MO	64112	
Outstanding Balance Beginning This Peric	od .		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
SUBTOTALS This Period This Page (option	nal)		2783.34
TOTALS This Period (last page this line nu	mber only) ·····		•
TOTAL OUTSTANDING LOANS from Sche	dule C (last p	age only)·····	·
ADD 2) and 3) and carry forward to appropriate to a	oriate line of S	Summary Page (last page only)	>
, , , , , , , , , , , , , , , , , , , ,		<i>y</i> 3 (1, 1, 3 · 1, 1, 1)	9 9 9

Excluding Loans

NAME OF COMMITTEE (In Full)

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

PAGE 8
FOR LINE NUMBER: (check only one)

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A. Full Name (Last, First, Middle Initial) of D			Nature of Debt (Purpose):
Ax Media Mailing Address 800 W 47TH ST			Media Buy
City	State	Zip Code	_
KANSAS CITY	MO	64112	
Outstanding Balance Beginning This Period	d		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 De	btor or Credi	tor	Nature of Debt (Purpose):
BALDINI, SAMMY, , ,			REFUND
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period 2900.00 Amount Incurred This Period 0.00		Payment This Period 0.00	Transaction ID : SD10.71396 Outstanding Balance at Close of This Period 2900.00
0.5 1.1 4 5 1.2	1		
C. Full Name (Last, First, Middle Initial) of D BALDINI, SAMMY, , ,	ebtor or Cred	ditor	Nature of Debt (Purpose): REFUND
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period	d d		Transaction ID : SD10.71397
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2900.00
SUBTOTALS This Period This Page (options	al)		6636.71
TOTALS This Period (last page this line num	nber only) ·····		·
TOTAL OUTSTANDING LOANS from Scheo	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page only)	>

Excluding Loans

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

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	ME OF COMMITTEE (In Full) AROLINE FOR CONC	BRES	S	
	A. Full Name (Last, First, Middle Initial) of De BARONI, JOSEPH, , ,	Nature of Debt (Purpose): REFUND		
	Mailing Address 300 CONSTITUTION AVENU	JE		
	City PORTSMOUTH	State NH	Zip Code 03801	
	Outstanding Balance Beginning This Period 2100.00			Transaction ID : SD10.71389
	Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period
•	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Berrios, Israel, , ,		Nature of Debt (Purpose): REFUND	
	Mailing Address 300 Ave La Sierra Apt 69 City San Juan	State PR	Zip Code 00926	
	Outstanding Balance Beginning This Period 100.00 Amount Incurred This Period 0.00 Payment This Period 0.00			Transaction ID : SD10.71387
			Outstanding Balance at Close of This Period 100.00	
	C. Full Name (Last, First, Middle Initial) of De BERUFF, CARLOS, , ,	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BERUFF, CARLOS, , ,		Nature of Debt (Purpose): REFUND
Ì	Mailing Address			
Ì	City	State	Zip Code	
-	Outstanding Balance Beginning This Period 7100.00		Transaction ID : SD10.71436	
	Amount Incurred This Period		Payment This Period 0.00	Outstanding Balance at Close of This Period 7100.00
1)	SUBTOTALS This Period This Page (optional)	, , , ,	9300.00
2)	TOTALS This Period (last page this line num	ber only) ····		
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	page only)	
4)	ADD 2) and 3) and carry forward to appropr	iate line of	Summary Page (last page only)	· · · · · · · · · · · · · · · · · · ·

Excluding Loans

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

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AME OF COMMITTEE (In FUI) KAROLINE FOR CONC	GRES	S	
A. Full Name (Last, First, Middle Initial) of De BOURGEOIS, MARC, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address 296 EDGEWATER DRIVE			
City GILFORD	State NH	Zip Code 03249	_
Outstanding Balance Beginning This Period 2100.00	I		Transaction ID: SD10.71390
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 De BROOM, THOMAS, , ,	btor or Cred	ditor	Nature of Debt (Purpose): REFUND
Mailing Address 176 NEWPORT RD			
City NEW LONDON	State NH	Zip Code 03257	
Outstanding Balance Beginning This Period 1000.00			Transaction ID : SD10.71325
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00		0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Do	ebtor or Cre	editor	Nature of Debt (Purpose): REFUND
Mailing Address 3120 11TH AVE			
City PORTLAND	State OR	Zip Code 97239	
Outstanding Balance Beginning This Period			Transaction ID: SD10.71409
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2937.00
SUBTOTALS This Period This Page (optional	ıl)		6037.00
TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)	

Excluding Loans

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

11 OF PAGE FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) (AROLINE FOR CONC	RES	3	
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	CANNON RESEARCH GROU	ΙP		Polling
L	Mailing Address 800 W 47TH ST STE 200			
f	City	State	Zip Code	
	KANSAS CITY	MO	64112	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.69212
	7000.00			
	Amount Incurred This Period		Doumont This Doring	Outstanding Polance at Class of This Paried
			Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	7000.00
ŀ	B. Full Name (Last, First, Middle Initial) of Dek	otor or Credi	tor	T
	,	otor or orear	ioi	Nature of Debt (Purpose):
	CARLISLE, JEFFREY, , ,			REFUND
Ī	Mailing Address 99 BOW STREET. STE 100E			
-	City	State	Zin Codo	
	City PORTSMOUTH	NH	Zip Code 03801	
İ	Outstanding Balance Beginning This Period		I	Transaction ID OD40 74000
				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
			7	, , , , , , , , , , , , , , , , , , , ,
ľ	C. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Nature of Debt (Purpose):
	CHOQUETTE, ALEXANDER,	, ,		REFUND
ŀ	· · · · · · · · · · · · · · · · · · ·			_
	Mailing Address 233 VAUGHAN ST UNIT 302			
t	City	State	Zip Code	
	PORTSMOUTH	NH	03801	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.71348
	2900.00			
	7		Daymant This Davied	Outstanding Delegate at Class of This Devised
	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
				7 7 7
2)	TOTALS This Period (last page this line number	ber only) ·····		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last n	age only)	
<u> </u>	TOTAL OUTOTAINDING EDANG HOM SCHEEL	aio O (last pi	ugo omy/	
4)	ADD 2) and 3) and carry forward to appropri	iate line of S	Summary Page (last page only)	.

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) AROLINE FOR CONG	RES	S		
	A. Full Name (Last, First, Middle Initial) of De CHOQUETTE, ALEXANDER,	Nature of Debt (Purpose): REFUND			
F	Mailing Address 233 VAUGHAN ST UNIT 302				
	City PORTSMOUTH	State NH	Zip Code 03801		
	Outstanding Balance Beginning This Period 500.00			Transaction ID: SD10.71414	
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	500.00	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	tor or Cred	ditor	Nature of Debt (Purpose): REFUND	
Ī	Mailing Address PO BOX 191238			7	
	City MOBILE	State AL	Zip Code 36619		
	Outstanding Balance Beginning This Period 1000.00			Transaction ID : SD10.71281	
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00	L	0.00	1000.00	
	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	editor	Nature of Debt (Purpose): REFUND	
ľ	Mailing Address 39 TRIGATE ROAD				
	City HUDSON	State NH	Zip Code 03051		
	Outstanding Balance Beginning This Period 2900.00			Transaction ID : SD10.71431	
	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	oer only) ····			
3)	TOTAL OUTSTANDING LOANS from Schedu	le C (last p	page only)		

Excluding Loans

NAME OF COMMITTEE (In Full)

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

FOR LINE NUMBER: (check only one)

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KAROLINE FOR CON(GRES	S		
A. Full Name (Last, First, Middle Initial) of D			Nature of Debt (Purpose):	
	COLDWELL BANKER - PEGGY CARTER TEAM			
			_	
Mailing Address 400 CENTRAL AVE				
City	State	Zip Code		
DOVER	NH	03820		
Outstanding Balance Beginning This Period	i		Transaction ID : SD10.71282	
500.00				
Amount Incurred This Period	1	Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	500.00	
7		9 9		
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	itor	Nature of Debt (Purpose):	
COMEAU, KEVIN, , ,			REFUND	
Mailing Address 486 MAIN STREET			_	
486 WAIN STREET				
City HAVERHILL	State	Zip Code 01830		
	MA	01030		
Outstanding Balance Beginning This Period	i I		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	
7	-	7 7 7	7 7 7	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	ditor	Nature of Debt (Purpose): REFUND	
COSTA, NANINE, , ,				
Mailing Address PO BOX 399			-	
1 o Box ood				
City NOTTINGHAM	State NH	Zip Code 03290		
		03290		
Outstanding Balance Beginning This Period	1 		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	
7 7 7		7		
SUBTOTALS This Period This Page (optional)	al)		4400.00	
, color me randa ma rago (opasio			1400.00	
2) TOTALS This Period (last page this line num	nber only) ·····			
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last n	age only)		
, TOTAL COTOTANDING LOANS HOLD SCHEO	TOTAL GOTOTARDING LOARS from scrictule o (last page only)			
A) ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page only)	.	

Excluding Loans

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

PAGE 14 OF FOR LINE NUMBER: (check only one)

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NA	ME OF COMMITTEE (In Full)		•	
K	AROLINE FOR CONG	RES	S	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	COSTA, NANINE, , ,			REFUND
ŀ	Mailing Address PO BOX 399			
ŀ	City	State	Zip Code	
	NOTTINGHAM	NH	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
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Crec	litor	Nature of Debt (Purpose):
	COURTYARD PORTSMOUTH			REFUND
-	Mailing Address 1000 MARKET ST			_
	Mailing Address 1000 MARKET ST			
	City PORTSMOUTH	State NH	Zip Code 03801	
-	Outstanding Balance Beginning This Period	1		Transaction ID - CD40 74220
	5000.00			Transaction ID: SD10.71329
			Decree at This Decied	Outstanding Dalance at Olega of This Davied
	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
	0.00		0.00	5000.00
ŀ	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Nature of Debt (Purpose):
	CRAIG, BENSON, , ,			REFUND
ŀ	Mailing Address PO BOX 6980			
-	City	State	Zip Code	
	PORTSMOUTH	NH	03802	
Ī	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 num	ber only) ····		-
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
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Excluding Loans

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AME OF COMMITTEE (In Full) KAROLINE FOR CON	GRES	S	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CRESENT GROUP LLC			Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 1261			
City RAYMOND	State NH	Zip Code 03077	
Outstanding Balance Beginning This Perio 2000.00	d		Transaction ID : SD10.71317
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00
B. Full Name (Last, First, Middle Initial) of D. CRESENT GROUP LLC Mailing Address PO BOX 1261	ebtor or Cred	ditor	Nature of Debt (Purpose): REFUND
City RAYMOND	State NH	Zip Code 03077	
Outstanding Balance Beginning This Perio 2000.00 Amount Incurred This Period 0.00	d	Payment This Period 0.00	Transaction ID : SD10.71430 Outstanding Balance at Close of This Period 2000.00
C. Full Name (Last, First, Middle Initial) of CUNNINGHAM, CAROLYN, Mailing Address PO BOX 417		editor	Nature of Debt (Purpose): REFUND
City KINGSTON	State MA	Zip Code 02364	
Outstanding Balance Beginning This Perio 1000.00 Amount Incurred This Period	d	Payment This Period	Transaction ID : SD10.71380 Outstanding Balance at Close of This Period
0.00		0.00	1000.00
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Excluding Loans

NAME OF COMMITTEE (In Full)

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K	AROLINE FOR CONGRESS	
- 1.	A Full Name (Last First Middle Initial) of Debtor or Creditor	Nature of Dobt (Purpose):

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CUNNINGHAM, CAROLYN, , , Mailing Address PO BOX 417			Nature of Debt (Purpose): REFUND
City	State	Zip Code	
KINGSTON	MA	02364	
Outstanding Balance Beginning This Period	t		Transaction ID : SD10.71381
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 De	btor or Cred	ditor	Nature of Debt (Purpose):
CUNNINGHAM, CAROLYN, ,	,		REFUND
Mailing Address PO BOX 417	<u> </u>		_
City KINGSTON	1 '		_
Outstanding Balance Beginning This Period			Transaction ID : SD10.71382
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 D CUNNINGHAM, LAWRENCE		editor	Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 417			
City KINGSTON	State MA	Zip Code 02364	
	Outstanding Balance Beginning This Period		Transaction ID : SD10.71374
Amount Incurred This Period	,		Outstanding Balance at Close of This Period
0.00		Payment This Period	500.00
7		0.00	000.00
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Excluding Loans

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CUNNINGHAM, LAWRENCE, , , Mailing Address PO BOX 417			Nature of Debt (Purpose): REFUND
City State Zip Code KINGSTON MA 02364			
Outstanding Balance Beginning This Period	i		Transaction ID : SD10.71375
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 De		ditor	Nature of Debt (Purpose):
CUNNINGHAM, LAWRENCE	, , ,		REFUND
Mailing Address PO BOX 417			
City KINGSTON	State MA	Zip Code 02364	
Outstanding Balance Beginning This Period	i		Transaction ID: SD10.71376
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 D	ebtor or Cr	editor	Nature of Debt (Purpose):
DAGESSE, DANIEL, , ,			REFUND
Mailing Address 160 W CAMINO REAL			
City	State	Zip Code	
BOCA RATON	FL	33432	
Outstanding Balance Beginning This Period 2900.00	i		Transaction ID : SD10.71285
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2900.00

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

Excluding Loans

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AME OF COMMITTEE (In Full)		•	·
KAROLINE FOR CONC	GRES	SS	
A. Full Name (Last, First, Middle Initial) of D			Nature of Debt (Purpose):
DAGESSE, DANNY, , ,			
Mailing Address 40 E MAIN ST			
City	State	Zip Code	
TILTON	NH	03276	
Outstanding Balance Beginning This Period	d		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 De	ebtor or Cre	editor	Nature of Debt (Purpose):
DESIGNS BY KYMM LLC			REFUND
Mailing Address 312 DANIEL WEBSTER HIG	GHWAY		
City MEREDITH	State NH	Zip Code 03253	
Outstanding Balance Beginning This Period	d		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
,		7 7 7	, , , , , , , , , , , , , , , , , , , ,
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cr	reditor	Nature of Debt (Purpose):
DILORENZO, ANTHONY, , ,			REFUND
Mailing Address 549 US HIGHWAY 1 BYPA	SS		
City	State	Zip Code	
PORTSMOUTH\	NH	03801	
Outstanding Balance Beginning This Period	d		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
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Excluding Loans

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	ME OF COMMITTEE (In Full) AROLINE FOR CONC	BRES	S	
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	DILORENZO, RACHEL, , ,			REFUND
ŀ	Mailing Address 325 LITTLE HARBOR RD.			
	City PORTSMOUTH	State NH	Zip 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
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor	Nature of Debt (Purpose):
	DILORENZO, RACHEL, , ,			REFUND
	Mailing Address 325 LITTLE HARBOR RD.			
	City PORTSMOUTH	State NH	Zip 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 De	btor or Cre	ditor	Nature of Debt (Purpose): REFUND
	Mailing Address 1 WARWICK CIR			
	City	State	Zip Code	
	ANDOVER	MA	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	L	0.00	400.00
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Excluding Loans

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AME OF COMMITTEE (In FUII) KAROLINE FOR CONC	GRES	SS		
A. Full Name (Last, First, Middle Initial) of D DUNLAPS ICE CREAM LLC	Nature of Debt (Purpose): REFUND			
Mailing Address 418 STATE ROUTE 286				
City SEABROOK				
Outstanding Balance Beginning This Period	i		Transaction ID : SD10.71303	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DUNLAPS ICE CREAM LLC Mailing Address 418 STATE ROUTE 286			Nature of Debt (Purpose): REFUND	
City SEABROOK				
Outstanding Balance Beginning This Period 150.00 Amount Incurred This Period		Payment This Period	Transaction ID : SD10.71429 Outstanding Balance at Close of This Period	
0.00		0.00	150.00	
C. Full Name (Last, First, Middle Initial) of DEGAN, DANIEL, , ,	ebtor or Cr	editor	Nature of Debt (Purpose): REFUND	
Mailing Address 18 CORNERSTONE RD				
City EAST KINGSTON	State NH	Zip Code 03827		
Outstanding Balance Beginning This Period	i	Doumant This Davied	Transaction ID : SD10.71335	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00	
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

State

EKEYS4CARS LLC

City

Mailing Address 8 MARBLEHEAD ST

Excluding Loans

NAME OF COMMITTEE (In Full)

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

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KAROLINE FOR CONG	RES	S	
A. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Nature of Debt (Purpose):
EGAN, DANIEL, , ,	REFUND		
Mailing Address 18 CORNERSTONE RD			
City	State	Zip Code	
EAST KINGSTON	NH	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 Del	otor or Cred	itor	Nature of Debt (Purpose):
EJM HOLDINGS LLC			REFUND
Mailing Address PO BOX 1596			
City	State	Zip Code	
MEREDITH	NH	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

NO. ANDOVER	MA	01845	
Outstanding Balance Beginning This Period 2500.00			Transaction ID : SD10.71290
Amount Incurred This Period	P	ayment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2500.00

Zip Code

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Nature of Debt (Purpose):

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Excluding Loans

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AME OF COMMITTEE (In Full) KAROLINE FOR CON	GRES	 S		
A. Full Name (Last, First, Middle Initial) of I			Nature of Debt (Purpose):	
ELLIOTT, WILLIAM, , ,	ELLIOTT, WILLIAM, , ,			
Mailing Address 5 BAYSHORE DRIVE				
City	State	Zip Code		
GREENLAND	NH	03840		
Outstanding Balance Beginning This Period	od		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 D	ebtor or Cred	litor	Nature of Debt (Purpose):	
ENXING, DAN, , ,			REFUND	
Mailing Address 140 PORTSMOUTH AVE				
City	State	Zip Code	_	
EXETER	NH	03833		
Outstanding Balance Beginning This Perio	od		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 FARO, SAMANTHA, , ,	Debtor or Cre	ditor	Nature of Debt (Purpose): REFUND	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	od	I	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	
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NAME OF COMMITTEE (IN FUII) KAROLINE FOR CONC	SRES	S		
A. Full Name (Last, First, Middle Initial) of De FINN, PAUL, , ,	Nature of Debt (Purpose): REFUND			
Mailing Address 31 PELHAM RD			_	
City SALEM	State NH	Zip Code 03079		
Outstanding Balance Beginning This Period 2100.00			Transaction ID : SD10.71344	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 2100.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FUNDRAISING INC.			Nature of Debt (Purpose): Fundraising Commission	
Mailing Address 411 FIRST ST SE City WASHINGTON	State DC	Zip Code 20003		
Outstanding Balance Beginning This Period			Transaction ID : SD10.69213	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 12815.00	
C. Full Name (Last, First, Middle Initial) of De GIDLEY, ADAM, , ,	ebtor or Cre	ditor	Nature of Debt (Purpose): REFUND	
Mailing Address PO BOX 54 City	State	Zip Code		
Outstanding Balance Beginning This Period	NH	03079	Transaction ID : SD10.71275	
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period	
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AME OF COMMITTEE (In Full)			1	-,	l	[/\] 10
KAROLINE FOR CONC	GRES	S				
A. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor		Nature of D	Pebt (Purpose):	
GINNARD, TRACY, , ,				REFUND		
Mailing Address 4 HUBBARD RD						
City	State	Zip Code				
AMHERST	NH	03031				
Outstanding Balance Beginning This Period				Transacti	on ID : SD10.71433	
2900.00						
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of	f This Perio
0.00		0.0	00			900.00
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor		Nature of D	Pebt (Purpose):	
GOMEZ, MATTHEW, , ,				REFUND	(a.p. 655).	
Mailing Address 91 HALL STREET, SUITE 401						
City	State	Zip Code				
CONCORD	NH	03301				
Outstanding Balance Beginning This Period	 			Transaction	on ID : SD10.71418	
550.00						
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of	f This Perio
0.00		0.0	00			550.00
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor		Nature of D	ebt (Purpose):	
GOMEZ, MATTHEW, , ,				REFUND	, ,	
Mailing Address 91 HALL STREET, SUITE 4	01					
City	State	Zip Code				
CONCORD	NH	03301				
Outstanding Balance Beginning This Period				Transact	ion ID : SD10.71421	
62.00						
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close of	f This Perio
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----

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Excluding Loans

NAME OF COMMITTEE (In Full)

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KAROLINE FOR CONC	GRES	S	
A. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	editor	Nature of Debt (Purpose):
HAMPTON HOUSEHOLD EXPENSE LLC			REFUND
Mailing Address 233 VAUGHAN ST			
City	State	Zip Code	
PORTSMOUTH	NH	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 Del	btor or Cre	ditor	Nature of Debt (Purpose):
Hartshorn, Ronald, , ,			REFUND
Mailing Address 4089 Wayne St			
City Hilliard	State OH	Zip 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 De	ebtor or Cre	editor	Nature of Debt (Purpose):
HOMER, CHESTER, , ,			REFUND
Mailing Address 89 OCEAN AVE			
City	State	Zip Code	
KENNEUNKPORT	ME	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

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NAME OF COMMITTEE (In Full) KAROLINE FOR CON	GRES	S				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORNIG, PATRICK, , ,			Nature of Debt (Purpose): REFUND			
Mailing Address 12 HEATHER CIRCLE						
City MERRIMAC	State MA	Zip Code 01860				
Outstanding Balance Beginning This Periodo.78	d		Transaction ID : SD10.71334			
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 0.78			
B. Full Name (Last, First, Middle Initial) of D HORNIG, PATRICK, , ,	ebtor or Cred	ditor	Nature of Debt (Purpose): REFUND			
Mailing Address 12 HEATHER CIRCLE City MERRIMAC	State MA	Zip Code 01860				
Outstanding Balance Beginning This Period 120.00	d		Transaction ID : SD10.71342			
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of I	Debtor or Cre	editor	Nature of Debt (Purpose): REFUND			
Mailing Address 12 HEATHER CIRCLE						
City MERRIMAC	State MA	Zip Code 01860				
Outstanding Balance Beginning This Period 20.22 Amount Incurred This Period	d	Payment This Period	Transaction ID : SD10.71355 Outstanding Balance at Close of This Period			
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ME OF COMMITTEE (In Full)		•	
CAROLINE FOR CON	GRES	S	
A. Full Name (Last, First, Middle Initial) of	Debtor or Cre	ditor	Nature of Debt (Purpose):
HORNIG, PATRICK, , ,			REFUND
Mailing Address 12 HEATHER CIRCLE			
ty State Zip Code		\dashv	
MERRIMAC	MA	01860	
Outstanding Balance Beginning This Period	od		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 D	Debtor or Cred	litor	Nature of Debt (Purpose):
HORNIG, PATRICK, , ,			REFUND
Mailing Address 12 HEATHER CIRCLE			
City	State	Zip Code	
MERRIMAC	MA .	01860	
Outstanding Balance Beginning This Period	od		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 Cre	ditor	Nature of Debt (Purpose):
HORNIG, PATRICK, , ,			REFUND
Mailing Address 12 HEATHER CIRCLE			
City	State	Zip Code	_
MERRIMAC	MA	01860	
Outstanding Balance Beginning This Period	od		Transaction ID: SD10.71358
20.22			
Amount Incurred This Period	_	Payment This Period	Outstanding Balance at Close of This Period
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Excluding Loans

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	ME OF COMMITTEE (In Full) AROLINE FOR CONC	RES	<u> </u>	
_	A. Full Name (Last, First, Middle Initial) of De	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
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	9 9		7	7
	B. Full Name (Last, First, Middle Initial) of Det HORNIG, PATRICK, , ,	otor or Cred	litor	Nature of Debt (Purpose): REFUND
	Mailing Address 12 HEATHER CIRCLE			
	City MERRIMAC	State MA	Zip Code 01860	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.71338
	100.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00	L	0.00	100.00
	C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of Debt (Purpose): REFUND
ŀ	Mailing Address 12 HEATHER CIRCLE			
	City MERRIMAC	State MA	Zip Code 01860	
	Outstanding Balance Beginning This Period 100.00			Transaction ID: SD10.71339
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	100.00
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2)	TOTALS This Period (last page this line num	ber only) ····		
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	page only)·····	-
4)	ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only)	•

Excluding Loans

NAME OF COMMITTEE (In Full)

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

PAGE 29 OF FOR LINE NUMBER: (check only one)

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KAROLINE FOR CO	NGRES:	S		
A. Full Name (Last, First, Middle Initial) o	Nature of Debt (Purpose):			
HORNIG, PATRICK, , ,			REFUND	
Mailing Address 12 HEATHER CIRCLE				
City	State	Zip Code		
MERRIMAC	MA	01860		
Outstanding Balance Beginning This Pe	Outstanding Balance Beginning This Period 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 Cred	itor	Nature of Debt (Purpose):	
HORNIG, PATRICK, , ,			REFUND	
Mailing Address 12 HEATHER CIRCLE				
		1		

MERRIMAC	MA	01860	
Outstanding Balance Beginning This Period 20.22			Transaction ID : SD10.71359
Amount Incurred This Period 0.00	P	ayment This Period 0.00	Outstanding Balance at Close of This Period 20.22
C. Full Name (Last, First, Middle Initial) of Debth HORNIG, PATRICK, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address 12 HEATHER CIRCLE			
City	State	Zip Code	
MERRIMAC	MA	01860	
Outstanding Balance Beginning This Period 25.00			Transaction ID : SD10.71363
Amount Incurred This Period	P	ayment This Period	Outstanding Balance at Close of This Period
0.00		0.00	25.00

1)	SUBTOTALS This Period This Page (optional)	• [Ĭ	Ι	7		_	7		145	5.22	
2)	TOTALS This Period (last page this line number only)	•		I	,	Ξ		,				
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	•		Ι	,	Ξ	Ξ	7				
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•		Ι	7	Ι	Ξ	7	Ξ		_	

Excluding Loans

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

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				, , , , , ,
	ME OF COMMITTEE (In Full) AROLINE FOR CONG	RES	S	
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	HORNIG, PATRICK, , ,	REFUND		
_	Mailing Address 12 HEATHER CIRCLE			
ŀ	City	State Zip Code		_
	MERRIMAC	MA	01860	
İ	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
t	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	ditor	Nature of Debt (Purpose):
	HORNIG, PATRICK, , ,			REFUND
	Mailing Address 12 HEATHER CIRCLE			
ŀ	City	State Zip Code		_
	MERRIMAC	MA	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
ŀ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	HORNIG, PATRICK, , ,			REFUND
	Mailing Address 12 HEATHER CIRCLE			
ı	City	State	Zip Code	
ļ	MERRIMAC	MA	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
			 	25.00
	0.00		0.00	23.00
1)	SUBTOTALS This Period This Page (optional))		65.44
2)	TOTALS This Period (last page this line numl	ber only) ····		-
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	page only)	
4)	ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only)	

Excluding Loans

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

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	ME OF COMMITTEE (In Full) AROLINE FOR CONC	RESS		
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	HORNIG, PATRICK, , ,			REFUND
ŀ				
	Mailing Address 12 HEATHER CIRCLE			
ľ	City	State	Zip Code	
ļ	MERRIMAC	MA	01860	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.71365
	25.00			
	Amount Incurred This Period	ı	Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	25.00
	7 7		, , , , , , , , , , , , , , , , , , , ,	2000
Ī	B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	•	Nature of Debt (Purpose):
	HORNIG, PATRICK, , ,			REFUND
ŀ	Mailing Address 12 HEATHER CIRCLE			_
	12 HEATHER CIRCLE			
Ī	City	State	Zip Code	
ŀ	MERRIMAC	MA	01860	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.71362
	20.22			
	Amount Incurred This Period	I	Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	20.22
	, , , , , , , , , , , , , , , , , , , ,		7	
Ī	C. Full Name (Last, First, Middle Initial) of De	btor or Credito	or	Nature of Debt (Purpose):
	HORNIG, PATRICK, , ,			REFUND
ŀ	Mailing Address 12 HEATHER CIRCLE			
	Mailing Address 12 HEATHER CIRCLE			
Ī	City	State	Zip Code	
-	MERRIMAC	MA	01860	
	Outstanding Balance Beginning This Period			Transaction ID: SD10.71377
	500.00			
	Amount Incurred This Period	I	Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	500.00
	7 7		9	, , , , , , , , , , , , , , , , , , , ,
1)	SUBTOTALS This Period This Page (optional)		545.22
2)	TOTALS This Period (last page this line number	ber only) ······		
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last page	e only)·····	
4)	ADD 2) and 3) and carry forward to appropri	iate line of Sun	nmary Page (last page only)	.

Excluding Loans

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

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A. Full Name (Last, First, Middle Initial) of	Nature of Debt (Purpose):		
HORNIG, PATRICK, , ,	REFUND		
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	
Outstanding Balance Beginning This Period	od		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 DHORNIG, PATRICK, , ,	ebtor or Cred	litor	Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	
Outstanding Balance Beginning This Period 25.00	od	December 71 is Decired	Transaction ID : SD10.71367
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00
C. Full Name (Last, First, Middle Initial) of	Debtor or Cre	editor	Nature of Debt (Purpose):
HORNIG, PATRICK, , ,			REFUND
Mailing Address 12 HEATHER CIRCLE			
City MERRIMAC	State MA	Zip Code 01860	
Outstanding Balance Beginning This Period		01000	Transaction ID : SD10.71378
			Transaction ib . 3010.71376
500.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	500.00
SUBTOTALS This Period This Page (option	nal)		> 550.00
TOTALS This Period (last page this line nu	mber only)		
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Excluding Loans

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

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KAROLINE FOR CON	GRES	S		
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose):			
HORNIG, PATRICK, , ,	REFUND			
Mailing Address 12 HEATHER CIRCLE				
City	State	Zip Code		
MERRIMAC	MA	01860		
Outstanding Balance Beginning This Period	d		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 De	ebtor or Cred	ditor	Nature of Debt (Purpose):	
HORNIG, PATRICK, , ,			REFUND	
Mailing Address 12 HEATHER CIRCLE				
City MERRIMAC	State MA	Zip Code 01860		
Outstanding Balance Beginning This Period		0.000	Transaction ID : SD10.71369	
25.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00	1	0.00	25.00	
7 7		7 7 7	7 7	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor	Nature of Debt (Purpose):	
HORNIG, PATRICK, , ,			REFUND	
Mailing Address 12 HEATHER CIRCLE				
City	State	Zip Code		
MERRIMAC	MA	01860		
Outstanding Balance Beginning This Perior	d		Transaction ID : SD10.71370	
25.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00	l L.	0.00	25.00	
) SUBTOTALS This Period This Page (options	al)		75.00	
TOTALS This Period (last page this line nur	nber only) ···			
3) TOTAL OUTSTANDING LOANS from Sched	dule C (last p	page only)		

Excluding Loans

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

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KAROLINE FOR CON	GRES	S	
A. Full Name (Last, First, Middle Initial) of DHORNIG, PATRICK, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address 12 HEATHER CIRCLE			_
City MERRIMAC	State MA	Zip Code 01860	_
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.71379
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 93.00
B. Full Name (Last, First, Middle Initial) of Do	ebtor or Cre	ditor	Nature of Debt (Purpose): REFUND
Mailing Address 12 HEATHER CIRCLE City MERRIMAC	State MA	Zip Code 01860	
Outstanding Balance Beginning This Perio 25.00 Amount Incurred This Period 0.00	d]	Payment This Period	Transaction ID : SD10.71371 Outstanding Balance at Close of This Period 25.00
C. Full Name (Last, First, Middle Initial) of E HORNIG, PATRICK, , , Mailing Address 12 HEATHER CIRCLE	Debtor or Cre	editor	Nature of Debt (Purpose): REFUND
City MERRIMAC	State MA	Zip Code 01860	
Outstanding Balance Beginning This Perio		01000	Transaction ID : SD10.71372
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00
SUBTOTALS This Period This Page (option	al)		143.00
) TOTALS This Period (last page this line nur	nber only) ···	······	7 7 7
TOTAL OUTSTANDING LOANS from Scheo	dule C (last	page only)······	

Excluding Loans

NAME OF COMMITTEE (In Full)

(Use separate schedule(s) for each numbered line) PAGE 35 OF
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	AROLINE FOR CONC	RES	3	
	A. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	litor	Nature of Debt (Purpose):
	HUSSON MOTORS INC	REFUND		
ŀ				
	Mailing Address 8 LOWELL ROAD			
İ	City	State	Zip Code	
	SALEM	NH	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
ŀ	B. Full Name (Last, First, Middle Initial) of Del	otor or Credi	tor	Notice of Dobt (Durnage)
	JDW REALTY CORP			Nature of Debt (Purpose): REFUND
				KEI OND
	Mailing Address 22 KENSINGTON LN			
ŀ	City	State	Zip Code	
	BEDFORD	NH	03110	
Ī	Outstanding Balance Beginning This Period			Transaction ID : SD10.71330
				Transaction id : 5DT0.71330
	250.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	250.00
	7 7		7 7	7 7
Ī	C. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor	Nature of Debt (Purpose):
	JMG BUSINESS STRATEGY			REFUND
ŀ	Mailing Address PO BOX 773			_
	Mailing Address PO BOX 773			
Ī	City	State	Zip Code	
ļ	LACONIA	NH	03247	
	Outstanding Balance Beginning This Period			Transaction ID: SD10.71304
	200.00			
	7 7 7		Doumant This Deviced	Outstanding Balance at Close of This Period
	Amount Incurred This Period	-	Payment This Period	
	0.00		0.00	200.00
1)	SUBTOTALS This Period This Page (optional)		650.00
				7 7 7
2)	TOTALS This Period (last page this line num	ber only) ·····		
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last pa	age only)	
4)	ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page only)	

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) KAROLINE FOR CON	IGRES	S			
A. Full Name (Last, First, Middle Initial) of	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
Kargman, Robert, , ,			REFUND		
Mailing Address 2275 South Ocean Boule	vard				
City	State	Zip Code			
Palm Beach	FL	33480			
Outstanding Balance Beginning This Per	Outstanding Balance Beginning This Period				
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 Cred	litor	Nature of Debt (Purpose):		
KELLEY, ERIN, , ,			REFUND		
Mailing Address 34 HUNTERS RUN					
City	State	Zip Code			
RYE	NH	03870			
Outstanding Balance Beginning This Pe	Outstanding Balance Beginning This Period				
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) o LAUTER, ROBERT, , , Mailing Address 757 BINNCLE DR	Debtor or Cre	ditor	Nature of Debt (Purpose): REFUND		
City	State	Zip Code			
NAPLES	FL	34103			
Outstanding Balance Beginning This Per	riod		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		
SUBTOTALS This Period This Page (option	onal) ·····		> 5900.00		
2) TOTALS This Period (last page this line r	umber only) ····		•		
3) TOTAL OUTSTANDING LOANS from Sci	nedule C (last p	page only)·····	•		
4) ADD 2) and 3) and carry forward to appr	opriate line of	Summary Page (last page only)	>		

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) AROLINE FOR CONG	SRES	S	
T	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	LAUTER, ROBERT, , ,			REFUND
	Mailing Address 757 BINNCLE DR			
	City NAPLES	State FL	Zip Code 34103	
	Outstanding Balance Beginning This Period 500.00			Transaction ID : SD10.71415
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	500.00
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor	Nature of Debt (Purpose):
	LAUTER, ROBERT, , ,			REFUND
	Mailing Address 757 BINNCLE DR			
Ī	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 De	ebtor or Cre	ditor	Nature of Debt (Purpose): REFUND
Ī	Mailing Address 757 BINNCLE DR			
Ī	City	State	Zip Code	
ŀ	NAPLES	FL	34103	ID 0040-7400
	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 numl	ber only) ·····		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
۵۱	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	.

Excluding Loans

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

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N I A	ME OF COMMITTEE (In Full)		<u> </u>	
	AROLINE FOR CONG	RES	S	
_	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	LAUTER, ROBERT, , ,			REFUND
	Mailing Address 757 BINNCLE DR			
ŀ	City	State	Zip Code	
ļ	NAPLES	FL	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
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	itor	Nature of Debt (Purpose):
	LAUTER, ROBERT, , ,			REFUND
-	Mailing Address 757 BINNCLE DR			
	City	State	Zip Code	_
	NAPLES	FL	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
ļ	C. Full Name (Leat First Middle Initial) of Da	btor or Cro	ditor	, , ,
	C. Full Name (Last, First, Middle Initial) of De LAUTER, ROBERT, , ,	eptor or Cre	uitor	Nature of Debt (Purpose): REFUND
Ī	Mailing Address 757 BINNCLE DR			
	City	State	Zip Code	
ļ	NAPLES	FL	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)		800.008
2)	TOTALS This Period (last page this line number	ber only) ·····		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4)	ADD 2) and 3) and carry forward to appropri	iate line of S	Summary Page (last page only)	

Excluding Loans

NAME OF COMMITTEE (In Full)

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

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	(AROLINE FOR CONG	RESS		
	A. Full Name (Last, First, Middle Initial) of De	btor or Credito	r	Nature of Debt (Purpose):
	LAUTER, ROBERT, , ,			REFUND
-	Mailing Address 757 BINNCLE DR			
ŀ	City	State	Zip Code	
	NAPLES	FL	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		0.00	500.00
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose):
	LEWIS, LISA, , ,			REFUND
İ	Mailing Address 317 SOUTH ROAD			
İ	City	State	Zip Code	
	EXETER	NH	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
	, , , ,		, , , , , , , , , , , , , , , , , , , ,	
İ	C. Full Name (Last, First, Middle Initial) of De	btor or Credito	or	Nature of Debt (Purpose):
	LYONS, CYNTHIA, , ,			REFUND
	Mailing Address PO BOX 290756			
	City	State	Zip Code	
ŀ	CHARLESTOWN	MA	02129	
	Outstanding Balance Beginning This Period			Transaction ID: SD10.71424
	2900.00			
	Amount Incurred This Period	1	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 numb	per only)		
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
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Excluding Loans

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	KAROLINE FOR CONG	RES	S	
	A. Full Name (Last, First, Middle Initial) of Del	Nature of Debt (Purpose):		
	LYONS, CYNTHIA, , ,			REFUND
_	Mailing Address PO BOX 290756			
Ī	City	State	Zip Code	
	CHARLESTOWN	MA	02129	
	Outstanding Balance Beginning This Period 2900.00			Transaction ID : SD10.71425
	2300.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00	L	0.00	2900.00
Ī	B. Full Name (Last, First, Middle Initial) of Deb	tor or Crec	ditor	Nature of Debt (Purpose):
	M., JOSEPH, , ,			REFUND
	Mailing Address 120 ROUTE 17 NORTH SUIT	ΓE115		
ŀ	City	State	Zip Code	
	PARAMUS	NJ	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
f	C. Full Name (Last, First, Middle Initial) of Del	btor or Cre	editor	Nature of Debt (Purpose):
	MANCHESTER MILLYARD RI	EALTY	LLC	REFUND
	Mailing Address 186 GRANITE ST			
ŀ	City	State	Zip Code	
	MANCHESTER	NH	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 numb	oer only) ····	·····	7 7 7
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)

Excluding Loans

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

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	AROLINE FOR CONG	SRES	S		
1	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
	MCKEON, JESSICA, , ,			REFUND	
ľ	Mailing Address 233 VAUGHAN ST				
	Dity	State	Zip Code	_	
	PORTSMOUTH	NH	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	
E	3. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	itor	Nature of Debt (Purpose):	
	METRO MINI STORAGE			REFUND	
N	Mailing Address 100 METRO PARKWAY				
	Dity 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 De	btor or Cre	ditor	Nature of Debt (Purpose):	
	MILES MARINE LLC			REFUND	
N	Mailing Address 142 LILY POND ROAD				
	Dity	State	Zip Code		
-	GILFORD	NH	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 numl	ber only) ·····			
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	age only)		
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)		

Excluding Loans

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

PAGE 42 OF FOR LINE NUMBER: (check only one)

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				•
	ME OF COMMITTEE (In FUII) AROLINE FOR CONC	RES	S	
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
	MORSE, HAROLD, , ,			REFUND
	Mailing Address 59 SAWYER AVENUE			
Ī	City	State	Zip Code	
-	ATKINSON	NH	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
f	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	ditor	Nature of Debt (Purpose):
	MULKIGIAN, GARY, , ,			REFUND
_	Mailing Address 15 CAPTAINS WAY			
ŀ	City	State	Zip Code	
-	EXETER	NH	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 De MURACO, FRANK, , ,	ebtor or Cre	editor	Nature of Debt (Purpose): REFUND
	Mailing Address 8 RIVERVIEW TERR			
Ī	City	State	Zip Code	
-	HAMPTON	NH	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 num	ber only) ····		·
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4)	ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only)	•

Excluding Loans

City

NAME OF COMMITTEE (In Full)

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

FOR LINE NUMBER: (check only one)

PAGE

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300.00

2900.00

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KAROLINE FOR CONGRESS	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
MURACO, FRANK, , ,	REFUND
Mailing Address 8 RIVERVIEW TERR	

Zip Code

State

0.00

0.00

Amount Incurred This Period

۲	HAMPTON	NH	03842	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.71293
	2000.00			
	Amount Incurred This Period	Р	ayment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	2000.00

B. Full Name (Last, First, Middle Initial) of Deb NEW ENGLAND AUTO & TRU	Nature of Debt (Purpose): REFUND		
Mailing Address 1180 WHITTIER HIGHWAY			
City	State	Zip Code	
MOULTONBOROUGH	NH	03254	
Outstanding Balance Beginning This Period 300.00			Transaction ID : SD10.71300
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 De NEWKUMET, WAYNE, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address PO BOX 11330			
City	State	Zip Code	
MIDLAND	TX	79702	
Outstanding Balance Beginning This Period 2900.00			Transaction ID: SD10.71352

Payment This Period

1)	SUBTOTALS This Period This Page (optional)	•		Ι	,		I	7	-	520	0.00	
2)	TOTALS This Period (last page this line number only)	>		Ξ	,	Ι	Ξ	,	Ξ	Ξ		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>		Ξ	,		Ι	,	Ξ	Ξ		
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	>	Ξ	Ι	7	Ι	Ι	7	Ι	Ξ	_	

Outstanding Balance at Close of This Period

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) KAROLINE FOR CON	IGRES	S	
A. Full Name (Last, First, Middle Initial) of	Debtor or Cre	ditor	Nature of Debt (Purpose):
O'BRIEN ENERGY RESOU	REFUND		
Mailing Address 18 CONGRESS ST STE 207			
City PORTSMOUTH	State NH	Zip Code 03801	
Outstanding Balance Beginning This Per	riod		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 Cred	litor	Nature of Debt (Purpose):
OLYMPIC MEDIA LLC			Advertising:Print advertising
Mailing Address 2402 POTOMAC AVE UNIT 102			
City ALEXANDRIA	State VA	Zip Code 22301	
Outstanding Balance Beginning This Per	riod		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) o PGVG LLC Mailing Address 352 SOUTH BROADWA		ditor	Nature of Debt (Purpose): REFUND
City	State	Zip Code	_
SALEM	NH	03079	
Outstanding Balance Beginning This Per 2000.00	riod		Transaction ID: SD10.71318
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 (option	onal) ······		▶ 8302.80
2) TOTALS This Period (last page this line r	umber only) ····		-
3) TOTAL OUTSTANDING LOANS from Sch	nedule C (last p	page only)·····	·
4) ADD 2) and 3) and carry forward to appr	opriate line of	Summary Page (last page only)	•

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

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,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PINO, ARTHUR, , , Mailing Address 10 WALNUT PARK				
Mailing Address 10 WALNUT PARK					
City WOBURN	State MA	Zip Code 01801			
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.71278		
1000.00	1				
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 D	ebtor or Cred	ditor	Nature of Debt (Purpose):		
PINO, ARTHUR, , ,			REFUND		
Mailing Address 10 WALNUT PARK					
City WOBURN	State MA	Zip Code 01801			
Outstanding Balance Beginning This Perio	d		Transaction ID: SD10.71279		
1000.00	1				
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 DQUATTRUCCI, DYLAN, , ,	Debtor or Cre	editor	Nature of Debt (Purpose): TRAVEL : MILAGE		
Mailing Address 5 1/2 PERRY AVE					
City CONCORD	State NH	Zip Code 03301			
	_ d		Transaction ID : SD10.58829		
Outstanding Balance Beginning This Perio	4				
Outstanding Balance Beginning This Perio					
609.75		Payment This Period	Outstanding Balance at Close of This Period		
		Payment This Period	Outstanding Balance at Close of Thi		

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)

Excluding Loans

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

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AME OF COMMITTEE (In Full) KAROLINE FOR CON	GRES	S	
A. Full Name (Last, First, Middle Initial) of	Nature of Debt (Purpose):		
RED'S SHOE BARN	REFUND		
Mailing Address 35 BROADWAY			
City	State	Zip Code	7
DOVER	NH	03820	
Outstanding Balance Beginning This Period	od		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 D	ebtor or Cred	litor	Nature of Debt (Purpose):
REMINGTON RESEARCH C			OPERATIONS : POLLING
Mailing Address 800 W 47TH ST			_
STE. 200			
City KANSAS CITY	State MO	Zip Code 64112	
Outstanding Balance Beginning This Perio	od		Transaction ID : SD10.58834
33000.00	1		
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 Cre	ditor	
REMINGTON RESEARCH (altor	Nature of Debt (Purpose): Polling
Mailing Address 800 W 47TH ST STE. 200			
City	State	Zip Code	
KANSAS CITY	MO	64112	
Outstanding Balance Beginning This Period	od		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
SUBTOTALS This Period This Page (option	nal)		41500.00
TOTALS This Period (last page this line nu	mber only) ····		-
) TOTAL OUTSTANDING LOANS from Sche	dule C (last p	page only)·····	·
ADD 2) and 3) and carry forward to appro	priate line of	Summary Page (last page only)	•

Excluding Loans

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

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AME OF COMMITTEE (In Full) KAROLINE FOR CONC	GRES	S	
A. Full Name (Last, First, Middle Initial) of Do	Nature of Debt (Purpose): REFUND		
Mailing Address 71 WORTHERN PL			
City TEWKSBURY	State MA	Zip Code 01876	
Outstanding Balance Beginning This Period	i		Transaction ID : SD10.71333
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	L	0.00	250.00
B. Full Name (Last, First, Middle Initial) of De REYNOLDS, ROBERT, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address 58 KNOLLCREST RD City GOFFSTOWN	State NH	Zip Code 03045	
Outstanding Balance Beginning This Period 2900.00 Amount Incurred This Period 0.00		Payment This Period 0.00	Transaction ID : SD10.71406 Outstanding Balance at Close of This Period 2900.00
C. Full Name (Last, First, Middle Initial) of Direction RICCI, NICHOLAS, , , Mailing Address 84 DAVIS BLVD	ebtor or Cre	editor	Nature of Debt (Purpose): REFUND
City TAMPA	State FL	Zip Code 33606	
Outstanding Balance Beginning This Period 2500.00	i		Transaction ID : SD10.71301
Amount Incurred This Period 0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00
) SUBTOTALS This Period This Page (optional	ıl)		5650.00
2) TOTALS This Period (last page this line num	nber only)		-
TOTAL OUTSTANDING LOANS from Sched	ule C (last	page only)	

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

Excluding Loans

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AME OF COMMITTEE (In Full)	
ADOLINE FOR CONCRESS	

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(Use separate schedule(s)	FOR LINE NUMBER:	
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KAROLINE FOR CONC			1
A. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	ditor	Nature of Debt (Purpose): REFUND
RICCIO, NICHOLAS, , ,			- NEI GNB
Mailing Address 143 ASHWORTH AVE			
City	State	Zip Code	
HAMPTON	NH	03842	
Outstanding Balance Beginning This Period	d L		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 De	ebtor or Cred	itor	Nature of Debt (Purpose):
RICCIO ENTERPRISES LLC			REFUND
Mailing Address 143 ASHWORTH AVE			
City HAMPTON	State NH	Zip Code 03842	
Outstanding Balance Beginning This Period 1300.00 Amount Incurred This Period		Payment This Period	Transaction ID : SD10.71319 Outstanding Balance at Close of This Period
0.00		0.00	1300.00
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	ditor	Nature of Debt (Purpose):
Richards, Daniel, , ,			REFUND
Mailing Address 271 Dorado Beach East			
City Dorado	State PR	Zip Code 00646	
Outstanding Balance Beginning This Period	<u>'</u>		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	al)		5200.00
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3) TOTAL OUTSTANDING LOANS from Sched	lule C (last p	age only)·····	·
4) ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page only)	· , , , , , , , , , , , , , , , , , , ,

Excluding Loans

NAME OF COMMITTEE (In Full)

(Use separate							
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NARUL		LOK	CON	GRE	\circ

	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
	RJS CONSULTING LLC	RJS CONSULTING LLC				
ŀ	Mailing Address PO BOX 233			_		
	Maining / Idah 335 TO BOX 233					
Ī	City	State	Zip Code			
ļ	ATKINSON	NH	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		
	7 7		9	, , , , , ,		
İ	B. Full Name (Last, First, Middle Initial) of Deb	tor or Cred	litor	Nature of Debt (Purpose):		
	SANDERS, BEN, , ,			REFUND		
ł	Mailing Address 17 LOON SONG LANE			_		
	17 LOON SONG LANE					
- 1	City MOULTONBOROUGH	State	Zip Code 03254			
ŀ		NH	03234			
	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		
	7		7	· · · · · · · · · · · · · · · · · · ·		
Ī	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Nature of Debt (Purpose):		
	SAULSBURY, CHARLES, , ,			REFUND		
ł	Mailing Address PO BOX 12770			_		
	3 TO BOX 12770					
	City	State TX	Zip Code			
ł	ODESSA	17	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		
	7 7		7 7 7	7 7		
1)	SUBTOTALS This Period This Page (optional)			6400.00		
''	This relied this rage (optional)			6400.00		
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i)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)			

Amount Incurred This Period

0.00

Excluding Loans

NAME OF COMMITTEE (In Full)

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

FOR LINE NUMBER: (check only one)

PAGE

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KAROLINE FOR CON	GRES	S	
A. Full Name (Last, First, Middle Initial) of D	ebtor or Cred	ditor	Nature of Debt (Purpose):
SCHACKE, FRED, , ,			REFUND
Mailing Address PO BOX 1018			
City	State	Zip Code	_
HAMPTON	NH	03843	
Outstanding Balance Beginning This Period	d		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 De	btor or Cred	itor	Nature of Debt (Purpose):
SCHUMACHER, AMANDA, ,	,		REFUND
Mailing Address 105 CLARENDON AVE			
City	State	Zip Code	
PALM BEACH	FL	33480	
Outstanding Balance Beginning This Period 2900.00	i		Transaction ID : SD10.71346
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 D	ebtor or Cred	ditor	Nature of Debt (Purpose):
SCOTT MITCHELL REAL ES	TATE LL	.C	REFUND
Mailing Address 321 D LAFAYETTE RD			
City	State	Zip Code	
HAMPTON	NH	03842	
Outstanding Balance Beginning This Period 2000.00	i		Transaction ID : SD10.71322

1)	SUBTOTALS This Period This Page (optional)			7			,		5150	0.00	
2)	TOTALS This Period (last page this line number only)		I	,		Ι	,	Ι	Ξ		
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4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			7		Ξ	7	Ξ			

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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IAME OF COMMITTEE (In Full)	·			P 1		
KAROLINE FOR CONC	GRES:	S				
A. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of I REFUND	Debt (Purpose):		
SHAFMASTER, AMY, , ,	SHAFMASTER, AMY, , ,					
Mailing Address 158 SHATTUCK WAY						
City NEWINGTON						
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.71349		
2900.00						
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Period		
0.00		0.0	00	2900.00		
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of I	Debt (Purpose):		
SIVRET, ROBERT, , ,			REFUND			
Mailing Address 50 FERN AVE						
City RYE	State NH	Zip Code 03870				
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.71351		
2900.00						
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Perio		
0.00		0.0	00	2900.00		
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of I	Debt (Purpose):		
SNOW SQUALL LLC			REFUND	, , ,		
Mailing Address 155 FLEET STREET						
City	State	Zip Code				
PORTSMOUTH	NH	03801				
Outstanding Balance Beginning This Period			Transac	tion ID : SD10.71323		
250.00						
Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Perio		
0.00	L	0.0	00	250.00		
) SUBTOTALS This Period This Page (optional	I)			6050.00		

1)	SUBTOTALS This Period This Page (optional)	>			_		Ξ	605	0.00	
2)	TOTALS This Period (last page this line number only)	>			 _	,	Ξ	Ι		
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>			Ξ	,	Ξ	Ξ		
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•		,	 _	7	_	Ξ		

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FOR LINE NUMBER:

(Use separate schedule(s)

Excluding Loans

NAME OF COMMITTEE (In Full)

(Use separate schedule(s) for each numbered line) PAGE 52 OF
FOR LINE NUMBER:
(check only one)

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	AROLINE FOR CONG	RESS	3		
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
	Solinsky, Kenneth, , ,			REFUND	
-	Mailing Address 3410 Flamingo Dr.			_	
İ	City	State	Zip Code		
ļ	Sarasota	FL	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		0.00	2900.00	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credito	or	Nature of Debt (Purpose):	
	SOTERIA INVESTIGATION &			REFUND	
		OLOGIKI			
	Mailing Address 679 MAST RD STE 22B				
f	City	State	Zip Code		
	MANCHESTER	NH	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	
ŀ	C. Full Name (Last, First, Middle Initial) of De	Debtor or Creditor		Notice of Dobt (Disposes):	
	SPOFFORD, ERIC, , ,			Nature of Debt (Purpose): REFUND	
ŀ					
	Mailing Address PO BOX 1563				
ı	City	State	Zip Code		
L	SALEM	NH	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	
			 	2900.00	
	0.00		0.00	2900.00	
1)	SUBTOTALS This Period This Page (optional))		6050.00	
2)	TOTALS This Period (last page this line numl	-			
				7 7	
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last paç	ge only)		

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

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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NΙΛ	ME OF COMMITTEE (In Full)		•	
	CAROLINE FOR CONC	SRES	S	
_	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose): REFUND		
	Mailing Address 6398 AVALON POINTE CT			
		T _	I	
	City BOCA RATON	State FL	Zip 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
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor	Nature of Debt (Purpose):
	STANFILL, SHARON, , ,			REFUND
	Mailing Address 43 HUCKLEBERRY HILL RC)AD		
	City LINCOLN	State MA	Zip Code 01773	
-	Outstanding Balance Beginning This Period	IVIA	01770	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.71384
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00	-	0.00	1000.00
	0.00		0.00	1000.00
Ī	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Nature of Debt (Purpose):
	SULLIVAN, GLADYS, , ,			REFUND
	Mailing Address 53 PEBBLE BEACH DR			
	City	State	Zip Code	
ļ	BEDFORD	NH	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 num	ber only) ····		•
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	page only)	·
4)	ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only)	·

Excluding Loans

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

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NAME OF COMMITTEE (In Full) KAROLINE FOR CON	GRES	SS	
A. Full Name (Last, First, Middle Initial) of	Nature of Debt (Purpose):		
TAVOULARIS, DAMON, , ,			REFUND
Mailing Address 142 MARSH RD			
City PELHAM	State NH	Zip Code 03076	
Outstanding Balance Beginning This Period	od		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 D	ebtor or Cre	ditor	Nature of Debt (Purpose):
TAVOULARIS, DAMON, , ,			REFUND
Mailing Address 142 MARSH RD			
City PELHAM	State NH	Zip Code 03076	
Outstanding Balance Beginning This Period	od		Transaction ID : SD10.71328
2900.00	1		
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 THOMAS MEDIA GROUP	Debtor or Cr	editor	Nature of Debt (Purpose): REFUND
Mailing Address			KEI OND
Mailing Address 36 MEADOWBROOK DR			
City	State NH	Zip Code	
Cutatanding Palance Regioning This Paris		03042	Transaction ID - CD40 74200
Outstanding Balance Beginning This Period	od		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
) SUBTOTALS This Period This Page (option	nal)		6100.00
) TOTALS This Period (last page this line nu	mber only) ···		·
) TOTAL OUTSTANDING LOANS from Sche	edule C (last	page only)·····	· , , , , , , , , , , , , , , , , , , ,
ADD 2) and 3) and carry forward to appro	priate line of	Summary Page (last page only)	•

Excluding Loans

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

PAGE 55 OF FOR LINE NUMBER: (check only one)

хс	luding Loans			numbered line	e) X 10
NΑ	ME OF COMMITTEE (In Full)				
K	AROLINE FOR CONG	RES	3		
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				of Debt (Purpose):
	TOYOTA OF PORTSMOUTH			REFU	ND
	Mailing Address 150 GREENLEAF AVE				
Ī	City	State	Zip Code		
	PORTSMOUTH	NH	03801		
	Outstanding Balance Beginning This Period			Transa	action ID : SD10.71309
	1000.00				
	Amount Incurred This Period		Payment This Period	Outsta	anding Balance at Close of This Period
	0.00		0.0	00	1000.00
	7 7		7		7
Ī	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credi	tor	Nature o	of Debt (Purpose):
	TUCKER, PAMELA, , ,			REFUN	ND
ŀ	Mailing Address PO BOX 199				
	PO BOY 188				
	City RYE BEACH	State	Zip Code 03871		
ŀ		NH	03071		
	Outstanding Balance Beginning This Period			Transa	action ID : SD10.71353
	2900.00				
	Amount Incurred This Period		Payment This Period	Outsta	anding Balance at Close of This Period
	0.00		0.0	00	2900.00
	7		, , , ,		7
Ī	C. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	ditor	Nature o	of Debt (Purpose):
	URIAH LAND COMPANY LLC)		REFUI	ND
	Mailing Address 450 ST LOUIS STREET				
ŀ	City	State	Zip Code		
	MOBILE	AL	36602		
	Outstanding Balance Beginning This Period			Trans	action ID : SD10.71313
	1000.00				
	7 7		Decree of This Body	0.1-1-	antino Balanco at Chan of This Build
	Amount Incurred This Period		Payment This Period	-	anding Balance at Close of This Period
	0.00		0.0	00	1000.00
1)	SUBTOTALS This Period This Page (optional)		▶	4900.00
2)	TOTALS This Period (last page this line num	her only)			, , ,
-)	This i enou hast page this life fidility	Doi Only)			7
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)			nly) ▶	

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE 56 OF

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X	10

NAME OF COMMITTEE (In Full)				
KAROLINE FOR CO				
, , , , , , , , , , , , , , , , , , , ,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VAILAS, ALEX, , ,			
Mailing Address PO BOX 172				
City	State	Zip Code		
NEW CASTLE	NH	03854		
Outstanding Balance Beginning This Pe	eriod		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 Cred	litor	Nature of Debt (Purpose):	
VALENTIN, LEONARDO, ,	,		REFUND	
Mailing Address PO BOX 1239				
City	State	Zip Code		
GUAYNABO	PR	00970		
Outstanding Balance Beginning This Pe	eriod		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	of Debtor or Cre	ditor	Nature of Debt (Purpose):	
VALENTIN, LEONARDO, ,	,		REFUND	
Mailing Address PO BOX 1239	·		_	
1 0 30% 1200		1		
City GUAYNABO	State PR	Zip Code 00970		
Outstanding Balance Beginning This Pe		00010	Transaction ID : SD10.71398	
2900.00	inou inou		Transaction 15 . 3510.71330	
		Decreed This Decid	O total disc Balance of Olever of This Best of	
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 (opt	ional) ·····		6050.00	
2) TOTALS This Period (last page this line	number only) ····		·,	
3) TOTAL OUTSTANDING LOANS from Sc	hedule C (last p	page only)·····	·	
4) ADD 2) and 3) and carry forward to app	ropriate line of	Summary Page (last page only)	•	

Excluding Loans

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

PAGE 57 OF FOR LINE NUMBER: (check only one)

	9
X	10

NAME OF COMMITTEE (In Full)	NODEC	<u> </u>	
A. Full Name (Last, First, Middle Initial) WALCOTT, ROGER, , ,	Nature of Debt (Purpose): REFUND		
Mailing Address 2820 GREENBRIAR BLVD			
City WELLINGTON	State FL	Zip Code 33414	
Outstanding Balance Beginning This P			Transaction ID : SD10.71420
Amount Incurred This Period	_ 	Payment This Period 0.00	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of	of Debtor or Cred	litor	, , , , , , , , , , , , , , , , , , ,
WARD, CHRISTOPHER, ,		intol	Nature of Debt (Purpose): REFUND
Mailing Address PO BOX 19			
City NEW CASTLE	State NH	Zip Code 03854	
Outstanding Balance Beginning This P			Transaction ID: SD10.71280
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 Cre	ditor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This P	eriod		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
9 9 9 9		9 9 9	
1) SUBTOTALS This Period This Page (op	tional) ······		1600.00
2) TOTALS This Period (last page this line	number only) ····		326370.50
3) TOTAL OUTSTANDING LOANS from S	chedule C (last p	page only)	0.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		326370.50	