

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

KAROLINE FOR CONGRESS

ADDRESS (number and street)

PO BOX 307

Check if different  
than previously  
reported. (ACC)

PLAISTOW

NH

03865

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00784884

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

NH

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2025

through

M M / D D / Y Y Y Y  
06 / 30 / 2025*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer PHILLIPS, ROBERT, , ,

Signature of Treasurer

PHILLIPS, ROBERT, , ,

Date

M M / D D / Y Y Y Y  
07 / 06 / 2025

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**KAROLINE FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2025

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	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
7. 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
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**KAROLINE FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2025

To:

M M / D D / Y Y Y Y  
06 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than  
Political Committees****(i) Itemized (use Schedule A).....**

0.00

2351960.81

**(ii) Unitemized .....**

0.00

1024600.72

**(iii) TOTAL of contributions  
from individuals .....**

0.00

3376561.53

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees  
(such as PACs) .....**

0.00

192444.74

**(d) The Candidate .....**

0.00

0.00

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

0.00

3569006.27

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....**

0.00

166068.99

**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

891.30

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

0.00

3735966.56

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

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

## **III. CASH SUMMARY**

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

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

PAGE 5 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

ANNINO, ANTHONY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 55 EDGEWOOD DRIVE

City

HAMPTON

State

NH

Zip Code

03842

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71408

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

Antony Smith

Nature of Debt (Purpose):

REFUND

Mailing Address PO Box 307

City

Plaistow

State

NH

Zip Code

03865

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.71410

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

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

AVANZINO, JAMES, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 401 MAIN STREET

City

SALEM

State

NH

Zip Code

03079

Outstanding Balance Beginning This Period

300.00

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 (optional) .....

3400.00

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

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

PAGE 6 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**Ax Capital**

Nature of Debt (Purpose):

Compliance

Mailing Address 555 Metro Place N  
Suite 525City  
DublinState  
OHZip Code  
43017

Outstanding Balance Beginning This Period

518.00

Transaction ID : SD10.69872

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

518.00

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

**AXIOM STRATEGIES**

Nature of Debt (Purpose):

PRINTED MATERIALS

Mailing Address 800 W 47TH ST  
STE. 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

14599.36

Transaction ID : SD10.58831

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14599.36

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

**AXIOM STRATEGIES**

Nature of Debt (Purpose):

General Consulting

Mailing Address 800 W 47TH ST  
STE. 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

30000.00

Transaction ID : SD10.68274

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30000.00

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

45117.36

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

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

PAGE 7 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**AXIOM STRATEGIES**

Nature of Debt (Purpose):

Travel - airfare, hotel, meals

Mailing Address 800 W 47TH ST  
STE. 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

1269.90

Transaction ID : SD10.68275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1269.90

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

**AXIOM STRATEGIES**

Nature of Debt (Purpose):

Printed Materials

Mailing Address 800 W 47TH ST  
STE. 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

878.61

Transaction ID : SD10.69209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

878.61

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

**Ax Media**

Nature of Debt (Purpose):

TRAVEL : AIRLINE

Mailing Address 800 W 47TH ST

City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

634.83

Transaction ID : SD10.58828

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

634.83

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

2783.34

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

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

PAGE 8 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**Ax Media**

Nature of Debt (Purpose):

Media Buy

Mailing Address 800 W 47TH ST

City

KANSAS CITY

State

MO

Zip Code

64112

Outstanding Balance Beginning This Period

836.71

Transaction ID : SD10.69210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

836.71

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

**BALDINI, SAMMY, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71396

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**BALDINI, SAMMY, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71397

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6636.71

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



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 9 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**BARONI, JOSEPH, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 300 CONSTITUTION AVENUE

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.71389

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

**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

Transaction ID : SD10.71387

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

**BERUFF, CARLOS, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

7100.00

Transaction ID : SD10.71436

Amount Incurred This Period

0.00

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 number only) .....

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

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

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

PAGE 10 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**BOURGEOIS, MARC, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 296 EDGEWATER DRIVE

City

GILFORD

State

NH

Zip Code

03249

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.71390

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

**BROOM, THOMAS, , ,**

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

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**CALLAHAN, BOB, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 3120 11TH AVE

City

PORTLAND

State

OR

Zip Code

97239

Outstanding Balance Beginning This Period

2937.00

Transaction ID : SD10.71409

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2937.00

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

6037.00

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

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

PAGE 11 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**CANNON RESEARCH GROUP**

Nature of Debt (Purpose):

Polling

Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

7000.00

Transaction ID : SD10.69212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

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

**CARLISLE, JEFFREY, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 99 BOW STREET. STE 100E

City  
PORTSMOUTHState  
NHZip Code  
03801

Outstanding Balance Beginning This Period

131.00

Transaction ID : SD10.71388

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.00

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

**CHOQUETTE, ALEXANDER, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST  
UNIT 302City  
PORTSMOUTHState  
NHZip Code  
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71348

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

10031.00

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

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

PAGE 12 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**CHOQUETTE, ALEXANDER, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST  
UNIT 302City  
PORTSMOUTHState  
NHZip Code  
03801

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71414

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

**CLEARBROOK LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 191238

City  
MOBILEState  
ALZip Code  
36619

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71281

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**CLEGG JR, ROBERT, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 39 TRIGATE ROAD

City  
HUDSONState  
NHZip Code  
03051

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

4400.00

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

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

PAGE 13 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**COLDWELL BANKER - PEGGY CARTER TEAM**

Nature of Debt (Purpose):

REFUND

Mailing Address 400 CENTRAL AVE

City  
DOVERState  
NHZip Code  
03820

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71282

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

**COMEAU, KEVIN, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 486 MAIN STREET

City  
HAVERHILLState  
MAZip Code  
01830

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71297

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**COSTA, NANINE, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 399

City  
NOTTINGHAMState  
NHZip Code  
03290

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71427

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

4400.00

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

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

PAGE 14 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**COSTA, NANINE, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 399

City

NOTTINGHAM

State

NH

Zip Code

03290

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71428

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**COURTYARD PORTSMOUTH LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 1000 MARKET ST

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.71329

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

**CRAIG, BENSON, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 6980

City

PORTSMOUTH

State

NH

Zip Code

03802

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

10800.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 15 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

2000.00

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 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 Period

2000.00

Transaction ID : SD10.71430

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

**CUNNINGHAM, CAROLYN, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City

KINGSTON

State

MA

Zip Code

02364

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71380

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

5000.00

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

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

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

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

PAGE 16 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**CUNNINGHAM, CAROLYN, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City

KINGSTON

State

MA

Zip Code

02364

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71381

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**CUNNINGHAM, CAROLYN, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City

KINGSTON

State

MA

Zip Code

02364

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71382

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**CUNNINGHAM, LAWRENCE, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City

KINGSTON

State

MA

Zip Code

02364

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

2500.00

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



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 17 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

CUNNINGHAM, LAWRENCE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City

KINGSTON

State

MA

Zip Code

02364

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

CUNNINGHAM, LAWRENCE, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 417

City

KINGSTON

State

MA

Zip Code

02364

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71376

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

DAGESSE, DANIEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 160 W CAMINO REAL

City

BOCA RATON

State

FL

Zip Code

33432

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

3900.00

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

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

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

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

PAGE 18 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**DAGESSE, DANNY, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 40 E MAIN ST

City  
TILTONState  
NHZip Code  
03276

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**DESIGNS BY KYMM LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 312 DANIEL WEBSTER HIGHWAY

City  
MEREDITHState  
NHZip Code  
03253

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

**DILORENZO, ANTHONY, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 549 US HIGHWAY 1 BYPASS

City  
PORTSMOUTH\State  
NHZip Code  
03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71354

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6300.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 19 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

DILORENZO, RACHEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 325 LITTLE HARBOR RD.

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71399

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

DILORENZO, RACHEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 325 LITTLE HARBOR RD.

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71400

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

DREW, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 1 WARWICK CIR

City

ANDOVER

State

MA

Zip Code

01810

Outstanding Balance Beginning This Period

400.00

Transaction ID : SD10.71321

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

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

6200.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 20 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**DUNLAPS ICE CREAM LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 418 STATE ROUTE 286

City

SEABROOK

State

NH

Zip Code

03874

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.71303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

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

**DUNLAPS ICE CREAM LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 418 STATE ROUTE 286

City

SEABROOK

State

NH

Zip Code

03874

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.71429

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

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

**EGAN, DANIEL, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 18 CORNERSTONE RD

City

EAST KINGSTON

State

NH

Zip Code

03827

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71335

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

400.00

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

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

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

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

PAGE 21 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

EGAN, DANIEL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 18 CORNERSTONE RD

City  
EAST KINGSTONState  
NHZip Code  
03827

Outstanding Balance Beginning This Period

2800.00

Transaction ID : SD10.71345

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2800.00

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

EJM HOLDINGS LLC

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1596

City  
MEREDITHState  
NHZip Code  
03253

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

EKEYS4CARS LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 8 MARBLEHEAD ST

City  
NO. ANDOVERState  
MAZip Code  
01845

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

8200.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 22 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

ELLIOTT, WILLIAM, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 5 BAYSHORE DRIVE

City

GREENLAND

State

NH

Zip Code

03840

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71327

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

ENXING, DAN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 140 PORTSMOUTH AVE

City

EXETER

State

NH

Zip Code

03833

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

FARO, SAMANTHA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71432

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

4900.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 23 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

FINN, PAUL, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 31 PELHAM RD

City

SALEM

State

NH

Zip Code

03079

Outstanding Balance Beginning This Period

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

12815.00

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 Debtor or Creditor

GIDLEY, ADAM, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 54

City

SALEM

State

NH

Zip Code

03079

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

15915.00

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

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

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

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

PAGE 24 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

GINNARD, TRACY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 4 HUBBARD RD

City

AMHERST

State

NH

Zip Code

03031

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71433

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

GOMEZ, MATTHEW, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 91 HALL STREET, SUITE 401

City

CONCORD

State

NH

Zip Code

03301

Outstanding Balance Beginning This Period

550.00

Transaction ID : SD10.71418

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

550.00

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

GOMEZ, MATTHEW, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 91 HALL STREET, SUITE 401

City

CONCORD

State

NH

Zip Code

03301

Outstanding Balance Beginning This Period

62.00

Transaction ID : SD10.71421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.00

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

3512.00

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



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 25 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**HAMPTON HOUSEHOLD EXPENSE LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

5800.00

Transaction ID : SD10.71296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5800.00

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

**Hartshorn, Ronald, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 4089 Wayne St

City

Hilliard

State

OH

Zip Code

43026

Outstanding Balance Beginning This Period

600.00

Transaction ID : SD10.71419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

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

**HOMER, CHESTER, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 89 OCEAN AVE

City

KENNEUNKPORT

State

ME

Zip Code

04046

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71386

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

6500.00

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

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

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

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

PAGE 26 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

0.78

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 Debtor or Creditor

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

120.00

Transaction ID : SD10.71342

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71355

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

141.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 27 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71358

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

60.66

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

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

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

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

PAGE 28 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

100.00

Transaction ID : SD10.71337

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71339

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

300.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 29 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

100.00

Transaction ID : SD10.71340

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71363

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

145.22

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

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

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

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

PAGE 30 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

20.22

Transaction ID : SD10.71360

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71364

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

65.44

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

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

PAGE 31 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

25.00

Transaction ID : SD10.71365

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

20.22

Transaction ID : SD10.71362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.22

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71377

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

545.22

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 32 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

25.00

Transaction ID : SD10.71366

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

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 Creditor

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71378

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

550.00

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

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

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



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

PAGE 33 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71369

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 Creditor

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71370

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

75.00

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

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

PAGE 34 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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 Period

93.00

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 Debtor or Creditor

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71371

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 Creditor

**HORNIG, PATRICK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 12 HEATHER CIRCLE

City

MERRIMAC

State

MA

Zip Code

01860

Outstanding Balance Beginning This Period

25.00

Transaction ID : SD10.71372

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

143.00

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

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

PAGE 35 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**HUSSON MOTORS INC**

Nature of Debt (Purpose):

REFUND

Mailing Address 8 LOWELL ROAD

City  
SALEMState  
NHZip Code  
03079

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.71331

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

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

**JDW REALTY CORP**

Nature of Debt (Purpose):

REFUND

Mailing Address 22 KENSINGTON LN

City  
BEDFORDState  
NHZip Code  
03110

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71330

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

**JMG BUSINESS STRATEGY**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 773

City  
LACONIAState  
NHZip Code  
03247

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.71304

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

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

650.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 36 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

Kargman, Robert, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 2275 South Ocean Boulevard

City

Palm Beach

State

FL

Zip Code

33480

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71405

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

KELLEY, ERIN, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 34 HUNTERS RUN

City

RYE

State

NH

Zip Code

03870

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71407

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.71385

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

5900.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 37 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

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

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71392

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71383

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

4000.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 38 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD10.71413

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71411

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNCLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71416

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

800.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 39 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

LAUTER, ROBERT, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 757 BINNACLE DR

City

NAPLES

State

FL

Zip Code

34103

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

LEWIS, LISA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 317 SOUTH ROAD

City

EXETER

State

NH

Zip Code

03833

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.71295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

LYONS, CYNTHIA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 290756

City

CHARLESTOWN

State

MA

Zip Code

02129

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71424

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

8400.00

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

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

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

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

PAGE 40 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

LYONS, CYNTHIA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 290756

City

CHARLESTOWN

State

MA

Zip Code

02129

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

M., JOSEPH, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 120 ROUTE 17 NORTH SUITE115

City

PARAMUS

State

NJ

Zip Code

07652

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD10.71412

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

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

MANCHESTER MILLYARD REALTY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 186 GRANITE ST

City

MANCHESTER

State

NH

Zip Code

03101

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.71298

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

9900.00

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



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

PAGE 41 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**MCKEON, JESSICA, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 233 VAUGHAN ST

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71394

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**METRO MINI STORAGE**

Nature of Debt (Purpose):

REFUND

Mailing Address 100 METRO PARKWAY

City

PELHAM

State

AL

Zip Code

35124

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71315

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

**MILES MARINE LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 142 LILY POND ROAD

City

GILFORD

State

NH

Zip Code

03249

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71299

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

3900.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 42 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

MORSE, HAROLD, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 59 SAWYER AVENUE

City

ATKINSON

State

NH

Zip Code

03811

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.71343

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

MULKIGIAN, GARY, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 15 CAPTAINS WAY

City

EXETER

State

NH

Zip Code

03833

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71350

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

MURACO, FRANK, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 8 RIVERVIEW TERR

City

HAMPTON

State

NH

Zip Code

03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

7000.00

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

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

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

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

PAGE 43 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**MURACO, FRANK, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 8 RIVERVIEW TERR

City  
HAMPTONState  
NHZip Code  
03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71293

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 Debtor or Creditor

**NEW ENGLAND AUTO & TRUCK LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 1180 WHITTIER HIGHWAY

City  
MOULTONBOROUGHState  
NHZip Code  
03254

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.71300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

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

**NEWKUMET, WAYNE, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 11330

City  
MIDLANDState  
TXZip Code  
79702

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71352

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

5200.00

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

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

PAGE 44 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**O'BRIEN ENERGY RESOURCES CORP**

Nature of Debt (Purpose):

REFUND

Mailing Address 18 CONGRESS ST  
STE 207City  
PORTSMOUTHState  
NHZip Code  
03801

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71332

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

**OLYMPIC MEDIA LLC**

Nature of Debt (Purpose):

Advertising:Print advertising

Mailing Address 2402 POTOMAC AVE  
UNIT 102City  
ALEXANDRIAState  
VAZip Code  
22301

Outstanding Balance Beginning This Period

6052.80

Transaction ID : SD10.68282

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6052.80

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

**PGVG LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 352 SOUTH BROADWAY

City  
SALEMState  
NHZip Code  
03079

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

8302.80

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 45 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

PINO, ARTHUR, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 10 WALNUT PARK

City

WOBURN

State

MA

Zip Code

01801

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71278

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

PINO, ARTHUR, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 10 WALNUT PARK

City

WOBURN

State

MA

Zip Code

01801

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71279

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

QUATTRUCCI, DYLAN, , ,

Nature of Debt (Purpose):

TRAVEL : MILAGE

Mailing Address 5 1/2 PERRY AVE

City

CONCORD

State

NH

Zip Code

03301

Outstanding Balance Beginning This Period

609.75

Transaction ID : SD10.58829

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

609.75

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

2609.75

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

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

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

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

PAGE 46 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**RED'S SHOE BARN**

Nature of Debt (Purpose):

REFUND

Mailing Address 35 BROADWAY

City  
DOVERState  
NHZip Code  
03820

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.71311

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

**REMINGTON RESEARCH GROUP**

Nature of Debt (Purpose):

OPERATIONS : POLLING

Mailing Address 800 W 47TH ST  
STE. 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

33000.00

Transaction ID : SD10.58834

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33000.00

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

**REMINGTON RESEARCH GROUP**

Nature of Debt (Purpose):

Polling

Mailing Address 800 W 47TH ST  
STE. 200City  
KANSAS CITYState  
MOZip Code  
64112

Outstanding Balance Beginning This Period

8000.00

Transaction ID : SD10.69211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

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

41500.00

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

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

PAGE 47 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**RESULTS HEAT TRANSFER VINYL INC**

Nature of Debt (Purpose):

REFUND

Mailing Address 71 WORTHERN PL

City

TEWKSBURY

State

MA

Zip Code

01876

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71333

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

**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

Transaction ID : SD10.71406

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**RICCI, NICHOLAS, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 84 DAVIS BLVD

City

TAMPA

State

FL

Zip Code

33606

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71301

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

5650.00

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

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

PAGE 48 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**RICCIO, NICHOLAS, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 143 ASHWORTH AVE

City  
HAMPTONState  
NHZip Code  
03842

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**RICCIO ENTERPRISES LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 143 ASHWORTH AVE

City  
HAMPTONState  
NHZip Code  
03842

Outstanding Balance Beginning This Period

1300.00

Transaction ID : SD10.71319

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1300.00

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

**Richards, Daniel, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 271 Dorado Beach East

City  
DoradoState  
PRZip Code  
00646

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71404

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

5200.00

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



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

PAGE 49 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**RJS CONSULTING LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 233

City

ATKINSON

State

NH

Zip Code

03811

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71320

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**SANDERS, BEN, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 17 LOON SONG LANE

City

MOULTONBOROUGH

State

NH

Zip Code

03254

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.71393

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

**SAULSBURY, CHARLES, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 12770

City

ODESSA

State

TX

Zip Code

79768-2770

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71402

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6400.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 50 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

SCHACKE, FRED, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1018

City

HAMPTON

State

NH

Zip Code

03843

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

SCHUMACHER, AMANDA, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 105 CLARENDON AVE

City

PALM BEACH

State

FL

Zip Code

33480

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

SCOTT MITCHELL REAL ESTATE LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 321 D LAFAYETTE RD

City

HAMPTON

State

NH

Zip Code

03842

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.71322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

5150.00

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

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

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

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

PAGE 51 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**SHAFMASTER, AMY, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 158 SHATTUCK WAY

City

NEWINGTON

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71349

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**SIVRET, ROBERT, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 50 FERN AVE

City

RYE

State

NH

Zip Code

03870

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71351

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**SNOW SQUALL LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 155 FLEET STREET

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

6050.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 52 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

Solinsky, Kenneth, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 3410 Flamingo Dr.

City

Sarasota

State

FL

Zip Code

34242

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71423

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

SOTERIA INVESTIGATION & SECURITY LLC

Nature of Debt (Purpose):

REFUND

Mailing Address 679 MAST RD STE  
22B

City

MANCHESTER

State

NH

Zip Code

03102

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71324

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

SPOFFORD, ERIC, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1563

City

SALEM

State

NH

Zip Code

03079

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6050.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 53 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**STAHL, LEWIS, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 6398 AVALON POINTE CT

City

BOCA RATON

State

FL

Zip Code

33496

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71347

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**STANFILL, SHARON, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 43 HUCKLEBERRY HILL ROAD

City

LINCOLN

State

MA

Zip Code

01773

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71384

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**SULLIVAN, GLADYS, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 53 PEBBLE BEACH DR

City

BEDFORD

State

NH

Zip Code

03110

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6800.00

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

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

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 54 OF 57

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

TAVOULARIS, DAMON, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 142 MARSH RD

City  
PELHAM

State  
NH

Zip Code  
03076

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71283

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

TAVOULARIS, DAMON, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address 142 MARSH RD

City  
PELHAM

State  
NH

Zip Code  
03076

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71328

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

THOMAS MEDIA GROUP

Nature of Debt (Purpose):

REFUND

Mailing Address 36 MEADOWBROOK DR

City  
EPPING

State  
NH

Zip Code  
03042

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.71326

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 (optional) .....

6100.00

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

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

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

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

PAGE 55 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**TOYOTA OF PORTSMOUTH**

Nature of Debt (Purpose):

REFUND

Mailing Address 150 GREENLEAF AVE

City

PORTSMOUTH

State

NH

Zip Code

03801

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71309

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

**TUCKER, PAMELA, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 199

City

RYE BEACH

State

NH

Zip Code

03871

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71353

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

**URIAH LAND COMPANY LLC**

Nature of Debt (Purpose):

REFUND

Mailing Address 450 ST LOUIS STREET

City

MOBILE

State

AL

Zip Code

36602

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71313

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

4900.00

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

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

PAGE 56 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

VAILAS, ALEX, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 172

City

NEW CASTLE

State

NH

Zip Code

03854

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.71277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1239

City

GUAYNABO

State

PR

Zip Code

00970

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71395

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

VALENTIN, LEONARDO, , ,

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 1239

City

GUAYNABO

State

PR

Zip Code

00970

Outstanding Balance Beginning This Period

2900.00

Transaction ID : SD10.71398

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2900.00

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

6050.00

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



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

PAGE 57 OF 57

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

NAME OF COMMITTEE (In Full)

**KAROLINE FOR CONGRESS**

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

**WALCOTT, ROGER, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address 2820 GREENBRIAR BLVD

City

WELLINGTON

State

FL

Zip Code

33414

Outstanding Balance Beginning This Period

600.00

Transaction ID : SD10.71420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

600.00

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

**WARD, CHRISTOPHER, , ,**

Nature of Debt (Purpose):

REFUND

Mailing Address PO BOX 19

City

NEW CASTLE

State

NH

Zip Code

03854

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.71280

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

1600.00

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

326370.50

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

0.00

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

326370.50