

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

KENNEDY FOR US SENATE

ADDRESS (number and street)

659 E 200 N

Check if different  
than previously  
reported. (ACC)

ALPINE

UT

84004

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00674358

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

UT

00

## 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 Yin 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 Yin the  
State of

5. Covering Period

 M 10 D 01 Y 2025

through

 M 12 D 31 Y 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Datwyler, Thomas, , ,

Signature of Treasurer

Datwyler, Thomas, , ,

Date

 M 01 D 12 Y 2026

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

Office  
Use  
OnlyFEC FORM 3  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**KENNEDY FOR US SENATE**

Report Covering the Period: From:

M M  
10D D  
01Y Y Y Y  
2025

To:

M M  
12D D  
31Y Y Y Y  
2025

## 6. Net Contributions (other than loans)

- (a) Total Contributions (other than loans) (from Line 11(e)) ....
- (b) Total Contribution Refunds (from Line 20(d)) .....
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....

**COLUMN A**  
This Period**COLUMN B**  
Election Cycle-to-Date

0.00	0.00
0.00	0.00
0.00	0.00

## 7. Net Operating Expenditures

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

0.00	343.02
0.00	0.00
0.00	343.02

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

0.00
------

9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) .....

0.00
------

10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) .....

422543.19
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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 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	343.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
<b>22. TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	<b>0.00</b>	<b>343.02</b>

## 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 C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 5 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4112

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30143.19

0.00

30143.19

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
03D D  
31Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

30143.19

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 6 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

115000.00

0.00

115000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
03D D  
31Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

115000.00

**TOTALS** This Period (last page in this line only).....►Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 7 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

105000.00

0.00

105000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
03D D  
31Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

105000.00

**TOTALS** This Period (last page in this line only).....►Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 8 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

15000.00

0.00

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
05D D  
25Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

15000.00

**TOTALS** This Period (last page in this line only).....►Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 9 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000.00

0.00

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
06D D  
05Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

30000.00

**TOTALS** This Period (last page in this line only).....►Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 10 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
06D D  
19Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

50000.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 11 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

36000.00

0.00

36000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
06D D  
19Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

36000.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 12 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

32000.00

0.00

32000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
06D D  
19Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

32000.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 13 OF 14  
FOR LINE NUMBER:  
(check only one)  
 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5200.00

0.00

5200.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
07D D  
31Y Y Y Y  
2018

M M

D D

Y Y Y Y  
Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

5200.00

**TOTALS** This Period (last page in this line only).....►Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 14 OF 14

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

KENNEDY FOR US SENATE

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

KENNEDY, MIKE, , ,

Mailing Address

659 EAST 200 NORTH

City

ALPINE

State

UT

ZIP Code

84004

Election: 2018

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4200.00

0.00

4200.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
08D D  
21Y Y Y Y  
2018

M M

D D

Y Y Y Y

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

4200.00

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

422543.19

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