

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Skylar Duensing For Congress, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 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))	3677.90	3827.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3677.90	3827.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3945.99	3945.99
(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))	3945.99	3945.99
8. Cash on Hand at Close of Reporting Period (from Line 27)	- 118.09	
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)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Skylar Duensing For Congress, Inc.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2900.00	2900.00
(ii) Unitemized.....	777.90	927.90
(iii) TOTAL of contributions from individuals ▶	3677.90	3827.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3677.90	3827.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3677.90	3827.90

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.....	3945.99	3945.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3945.99	3945.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	150.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3677.90
25. SUBTOTAL (add Line 23 and Line 24).....	3827.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3945.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 118.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 8	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
Skylar Duensing For Congress, Inc.

A. Full Name (Last, First, Middle Initial)
Agarwal, Anil, , ,

Mailing Address 8150 West Basswood Road

City Orland Park	State IL	Zip Code 60462
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FEC ID number of contributing federal political committee. **C**

Name of Employer Winterset Dental Care PC	Occupation Prosthodontist
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Feldsott, Alan, , ,

Mailing Address 113 Fox Chapel Dr.

City Irmo	State SC	Zip Code 29063
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FEC ID number of contributing federal political committee. **C**

Name of Employer SC State Federal Credit Union	Occupation Information Technology
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2025

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5809 S Rutherford Ave

City Chicago	State IL	Zip Code 60638
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Self Employed
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2025

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1650.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 8
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Skyлар Duensing For Congress, Inc.

A. Full Name (Last, First, Middle Initial)
Gnatowski, Mark, , ,

Mailing Address 3793 Stonestrow Court E

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Konn, David, , ,

Mailing Address 17959 96th St

City Live Oak State FL Zip Code 32060

FEC ID number of contributing federal political committee. C

Name of Employer Live Oak Medical Occupation medical wellness

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	2900.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Skyler Duensing For Congress, Inc.

Full Name (Last, First, Middle Initial) A. Amrit Ocean Resort			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025		
Mailing Address 3100 N Ocean Dr			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 232.19		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.4250		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Hampton Inn Gaithersburg			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2025		
Mailing Address 960 N Frederick Ave			FEC Identification Number C		
City Gaithersburg	State MD	Zip Code 20879	Amount of Each Disbursement this Period 617.21		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.4239		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Hampton Inn Gaithersburg			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2025		
Mailing Address 960 N Frederick Ave			FEC Identification Number C		
City Gaithersburg	State MD	Zip Code 20879	Amount of Each Disbursement this Period 5.00		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.4247		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	854.40
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Skyлар Duensing For Congress, Inc.

Full Name (Last, First, Middle Initial) A. Holiday Inn Express Morristown TN		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 2903 Millers Point Dr		FEC Identification Number C
City Morristown	State TN	Zip Code 37813
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 214.82
Candidate Name		Transaction ID : SB17.4203
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Reynolds, Len, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025
Mailing Address 7412 Bell St		FEC Identification Number C
City Schererville	State IN	Zip Code 46375
Purpose of Disbursement Event Ticket Reimbursement		Amount of Each Disbursement this Period 260.00
Candidate Name		Transaction ID : SB17.4195
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Transaction ID
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	474.82
TOTAL This Period (last page this line number only).....▶	1329.22