

**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.

12FE4M5

Phil Goss for Congress

ADDRESS (number and street)

2915 E 630 N

Check if different
than previously
reported. (ACC)

Huntington

IN

46750

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00840132

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IN

03

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

through

M M /

D D /

Y Y Y Y

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

Bohm, Thomas, , ,

Signature of Treasurer

Bohm, Thomas, , ,

Date

M M /

D D /

Y Y Y Y

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

Phil Goss for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	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	8466.85
(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))	0.00	8466.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18660.70	243529.57
(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))	18660.70	243529.57
8. Cash on Hand at Close of Reporting Period (from Line 27)	4024.11	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	2600.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	346865.78	

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

Phil Goss for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026**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

7856.85

(ii) Unitemized

0.00

610.00

(iii) TOTAL of contributions
from individuals ▶

0.00

8466.85

(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))..

0.00

8466.85

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

20000.00

237000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

20000.00

237000.00

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)..... ▶

20000.00

245466.85

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.....	18660.70	243529.57
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) ►	18660.70	243529.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2684.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20000.00
25. SUBTOTAL (add Line 23 and Line 24).....	22684.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18660.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4024.11

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 30

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 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)

Phil Goss for Congress

Full Name (Last, First, Middle Initial)

Goss, Phil, , ,

A.

Mailing Address 6311 Smith Road

City

Fort Wayne

State

IN

Zip Code

46750

FEC ID number of contributing
federal political committee.

C H4IN03182

Name of Employer

Self-Employed

Occupation

Brewery Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

94865.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	6

Transaction ID : SA13A.4407

Amount of Each Receipt this Period

5000.00

☐ Memo Item
☐ Candidate Loan

B.

Full Name (Last, First, Middle Initial)

Goss, Phil, , ,

Mailing Address 6311 Smith Road

City

Fort Wayne

State

IN

Zip Code

46750

FEC ID number of contributing
federal political committee.

C H4IN03182

Name of Employer

Self-Employed

Occupation

Brewery Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

104865.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	2	6

Transaction ID : SA13A.4408

Amount of Each Receipt this Period

10000.00

☐ Memo Item
☐ Candidate Loan

C.

Full Name (Last, First, Middle Initial)

Goss, Phil, , ,

Mailing Address 6311 Smith Road

City

Fort Wayne

State

IN

Zip Code

46750

FEC ID number of contributing
federal political committee.

C H4IN03182

Name of Employer

Self-Employed

Occupation

Brewery Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

109865.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	6

Transaction ID : SA13A.4409

Amount of Each Receipt this Period

5000.00

☐ Memo Item
☐ Candidate Loan

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

20000.00

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

20000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 30

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Phil Goss for Congress

Full Name (Last, First, Middle Initial)

A. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2026

City
CreteState
ILZip Code
60417

FEC Identification Number

C C00840132Purpose of Disbursement
Campaign Consulting

Candidate Name

Phil Goss for Congress

Category/
Type

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB17.4398

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Full Name (Last, First, Middle Initial)

B. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2026

City
CreteState
ILZip Code
60417

FEC Identification Number

C C00840132Purpose of Disbursement
Consulting Fees

Candidate Name

Phil Goss for Congress

Category/
Type

Amount of Each Disbursement this Period

4800.00

Transaction ID : SB17.4401

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Full Name (Last, First, Middle Initial)

C. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2026

City
CreteState
ILZip Code
60417

FEC Identification Number

C C00840132Purpose of Disbursement
Consulting Fees

Candidate Name

Phil Goss for Congress

Category/
Type

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB17.4402

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

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

9600.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 30

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Phil Goss for Congress

Full Name (Last, First, Middle Initial)

A. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

City
CreteState
ILZip Code
60417Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Phil Goss for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	2	6

FEC Identification Number

C C00840132

Amount of Each Disbursement this Period

2402.40

Transaction ID : SB17.4403

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

City
CreteState
ILZip Code
60417Purpose of Disbursement
Consulting Fees

Candidate Name

Phil Goss for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	6

FEC Identification Number

C C00840132

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB17.4404

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

City
CreteState
ILZip Code
60417Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Phil Goss for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	6

FEC Identification Number

C C00840132

Amount of Each Disbursement this Period

763.00

Transaction ID : SB17.4405

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5565.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 30

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Phil Goss for Congress

Full Name (Last, First, Middle Initial)

A. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

City
CreteState
ILZip Code
60417Purpose of Disbursement
Consulting Fees

Candidate Name

Phil Goss for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2026

FEC Identification Number

C C00840132

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB17.4406

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bohm, Luke, , ,

Mailing Address 3444 Beckwith Ln

City
CreteState
ILZip Code
60417Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Phil Goss for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2026

FEC Identification Number

C C00840132

Amount of Each Disbursement this Period

895.30

Transaction ID : SB17.4410

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3295.30

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

18460.70

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

99000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

99000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 12 / 2023

M M / D D / Y Y Y Y

12/31/2028

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).....▶

99000.00

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

PAGE 10 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4116

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 12 / 2023

M M / D D / Y Y Y Y

12/31/2028

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).....▶

25000.00

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

PAGE 11 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4117

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 21 / 2023

M M / D D / Y Y Y Y

12/31/2028

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

PAGE 12 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4183

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 23 / 2024

M M / D D / Y Y Y Y

13/31/2028

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

PAGE 13 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4215

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 06 / 2024

M M / D D / Y Y Y Y

12/31/2028

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).....▶

3000.00

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

PAGE 14 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4227

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 16 / 2024

M M / D D / Y Y Y Y

12/31/2028

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).....▶

20000.00

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

PAGE 15 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4247

Phil Goss for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 01 / 2024

M M / D D / Y Y Y Y

12/31/2028

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

PAGE 16 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4330

Phil Goss for Congress

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

13300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

13300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 03 / 2024

M M / D D / Y Y Y Y

12/31/2028

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).....▶

13300.00

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

PAGE 17 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4340

Phil Goss for Congress

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 17 / 2025

M M / D D / Y Y Y Y

12/31/2028

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

PAGE 18 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4348

Phil Goss for Congress

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

Election: 2026

☐ Primary☒ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 27 / 2025

M M / D D / Y Y Y Y

D D / Y Y Y Y
12/31/2028

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).....▶

20000.00

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

PAGE 19 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4364

Phil Goss for Congress

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

Election: 2025

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 24 / 2025

M M / D D / Y Y Y Y

12/31/2028

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).....▶

5000.00

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

PAGE 20 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4373

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 / 25 / 2025M M / D D / Y Y Y Y
/ / 12/31/2028Y Y Y Y / D D / M M
12/31/2028

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).....▶

2500.00

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

PAGE 21 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4376

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

4065.78

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4065.78

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 14 / 2025

M M / D D / Y Y Y Y

12/31/2028

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).....▶

4065.78

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

PAGE 22 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4379

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 25 / 2025

M M / D D / Y Y Y Y

12/31/2028

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).....▶

5000.00

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

PAGE 23 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4382

Phil Goss for Congress

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

Election: 2025

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 19 2025

M M / D D / Y Y Y Y

12/31/2028

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).....▶

5000.00

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

PAGE 24 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4400

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 09 / 2025

M M / D D / Y Y Y Y

12/31/2028

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).....▶

10000.00

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

PAGE 25 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4391

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 01 / 2025

M M / D D / Y Y Y Y

12/31/2028

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).....▶

5000.00

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

PAGE 26 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4394

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 15 / 2025M M / D D / Y Y Y Y
12/31/2028

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).....▶

5000.00

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

PAGE 27 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4407

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 11 / 2026

M M / D D / Y Y Y Y

12/31/2028

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).....▶

5000.00

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

PAGE 28 OF 30

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4408

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 17 / 2026

M M / D D / Y Y Y Y

12/31/2028

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).....▶

10000.00

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

PAGE 29 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4409

Phil Goss for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Goss, Phil, , ,

Mailing Address

6311 Smith Road

City

Fort Wayne

State

IN

ZIP Code

46750

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 23 / 2026

M M / D D / Y Y Y Y

12/31/2028

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).....▶

5000.00

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

346865.78

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

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

PAGE 30 OF 30

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

NAME OF COMMITTEE (In Full)

Phil Goss for Congress

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

F5 Enterprises LLC

Nature of Debt (Purpose):

Advertising

Mailing Address 1611 East Main Street

City

New Albany

State

IN

Zip Code

47150

Outstanding Balance Beginning This Period

1300.00

Transaction ID : SD9.4118

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1300.00

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

F5 Enterprises LLC

Nature of Debt (Purpose):

Advertising

Mailing Address 1611 East Main Street

City

New Albany

State

IN

Zip Code

47150

Outstanding Balance Beginning This Period

1300.00

Transaction ID : SD9.4119

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

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) ▶

2600.00

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

2600.00

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) ▶

2600.00