

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 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 25 / 2026

	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))	5112.01	8939.91
(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))	5112.01	8939.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3854.71	7800.70
(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))	3854.71	7800.70
8. Cash on Hand at Close of Reporting Period (from Line 27)	1139.21	
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).....	2650.00	5550.00
(ii) Unitemized.....	2462.01	3389.91
(iii) TOTAL of contributions from individuals ▶	5112.01	8939.91
(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))..	5112.01	8939.91
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)..... ▶	5112.01	8939.91

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.....	3854.71	7800.70
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) ►	3854.71	7800.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 118.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5112.01
25. SUBTOTAL (add Line 23 and Line 24).....	4993.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3854.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1139.21

**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)
Skyлар Duensing For Congress, Inc.

Full Name (Last, First, Middle Initial) Agarwal, Anil, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2026	
Mailing Address 8150 West Basswood Road			Transaction ID : SA11AI.4265	
City Orland Park	State IL	Zip Code 60462	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Winterset Dental Care PC		Occupation Prosthodontist		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2000.00		

Full Name (Last, First, Middle Initial) Agarwal, Anil, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2026	
Mailing Address 8150 West Basswood Road			Transaction ID : SA11AI.4266	
City Orland Park	State IL	Zip Code 60462	Amount of Each Receipt this Period _____ 1500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Winterset Dental Care PC		Occupation Prosthodontist		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3500.00		

Full Name (Last, First, Middle Initial) Feldsott, Alan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2026	
Mailing Address 113 Fox Chapel Dr.			Transaction ID : SA11AI.4286	
City Irmo	State SC	Zip Code 29063	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer SC State Federal Credit Union		Occupation Information Technology		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 550.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 2550.00
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)
Skylar Duensing For Congress, Inc.

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

Mailing Address 5809 S Rutherford Ave

City Chicago State IL Zip Code 60638

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2026

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
100.00

Memo Item

B. 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

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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	2650.00

**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)
Skyлар Duensing For Congress, Inc.

Full Name (Last, First, Middle Initial) A. Citizens for David Dewar, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2026
Mailing Address 11347 S. Millard Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60655
Purpose of Disbursement Portion of funds raised from Fundraiser on 1/16/26		Amount of Each Disbursement this Period 410.00
Candidate Name		Transaction ID : SB17.4325
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. Mama Luigi's		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 7500 S Harlem Ave		FEC Identification Number C
City Bridgeview	State IL	Zip Code 60455
Purpose of Disbursement Costs for fundraising event on 1/16/26		Amount of Each Disbursement this Period 700.00
Candidate Name		Transaction ID : SB17.4329
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. The Elmhurst St Patrick's Day Committee, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026
Mailing Address PO Box 542		FEC Identification Number C
City Elmhurst	State IL	Zip Code 60126
Purpose of Disbursement Parade Entry Cost		Amount of Each Disbursement this Period 295.00
Candidate Name		Transaction ID : SB17.4327
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	1405.00
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)
Skyler Duensing For Congress, Inc.

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Union Signs and Printing		M M / D D / Y Y Y Y 01 / 21 / 2026	
Mailing Address 120 Fir		FEC Identification Number	
City New Lenox	State IL	Zip Code 60451	C
Purpose of Disbursement Printed Signs		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1750.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	Transaction ID : SB17.4331
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	3155.00