

**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

WEILER FOR SENATE

ADDRESS (number and street)

11072 BRANCHING HORN

Check if different
than previously
reported. (ACC)

EDEN PRAIRIE

MN

55347

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00792002

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MN

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 Curtis, Elizabeth, , ,

Signature of Treasurer

Curtis, Elizabeth, , ,

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

WEILER FOR SENATE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	5

	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))	7476.70	29169.70
(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))	7476.70	29169.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26145.23	26387.15
(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))	26145.23	26387.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	57613.23	
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)	112570.00	

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

WEILER FOR SENATE

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2025

To:

MM / DD / YYYY
12 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

1500.00

22033.00

(ii) Unitemized

520.00

1070.00

(iii) TOTAL of contributions
from individuals ▶

2020.00

23103.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

5456.70

6066.70

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

7476.70

29169.70

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

21985.00

53070.00

(b) All Other Loans.....

0.00

0.00

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

21985.00

53070.00

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)..... ▶

29461.70

82239.70

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.....	26145.23	26387.15
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) ►	26145.23	26387.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54296.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29461.70
25. SUBTOTAL (add Line 23 and Line 24).....	83758.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26145.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57613.23

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 21

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

Weiler, Maurice, , ,

A. Mailing Address 11072 Branching Horn

City

Eden Prairie

State

MN

Zip Code

55347

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 ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2025

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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)..... ▶

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

1500.00

1500.00

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

PAGE 6 OF 21

☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

WEILER, TOM, , ,

A. Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

37012.70

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		01		2025

Transaction ID : SA11D.5775

Amount of Each Receipt this Period

265.00

☐ Memo Item

In-kind - State Fair Tickets

B. Full Name (Last, First, Middle Initial)
WEILER, TOM, , ,
Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36747.70

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		01		2025

Transaction ID : SA11D.5776

Amount of Each Receipt this Period

3575.00

☐ Memo Item

In-kind - State Fair Booth Construction

C. Full Name (Last, First, Middle Initial)
WEILER, TOM, , ,
Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

33172.70

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		01		2025

Transaction ID : SA11D.5777

Amount of Each Receipt this Period

1477.70

☐ Memo Item

In-kind - State Fair Booth Site and Removal

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

5317.70

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

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

PAGE 7 OF 21

☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

WEILER, TOM, , ,

A. Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

37037.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2025			

Transaction ID : SA11D.5754

Amount of Each Receipt this Period

25.00

☐ Memo Item
Earmarked from WinRed**B.** Full Name (Last, First, Middle Initial)
WEILER, TOM, , ,
Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

37062.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2025			

Transaction ID : SA11D.5755

Amount of Each Receipt this Period

25.00

☐ Memo Item
Earmarked from WinRed**C.** Full Name (Last, First, Middle Initial)
WEILER, TOM, , ,
Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

37076.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2025			

Transaction ID : SA11D.5753

Amount of Each Receipt this Period

14.00

☐ Memo Item
Earmarked from WinRed**SUBTOTAL** of Receipts This Page (optional)..... ►

64.00

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:
(check only one)

PAGE 8 OF 21

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

WEILER, TOM, , ,

A.

Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C S6MN00515

Name of Employer
Self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

59086.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11D.5751

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WEILER, TOM, , ,

B.

Mailing Address 11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C S6MN00515

Name of Employer
Self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

59136.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11D.5752

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

75.00

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

5456.70

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

PAGE 9 OF 21

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

WEILER, TOM, , ,

A. Mailing Address 11072 BRANCHING HORNCity
EDEN PRAIRIEState
MNZip Code
55347FEC ID number of contributing
federal political committee.**C** S6MN00515Name of Employer
SelfOccupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

59061.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	5

Transaction ID : SA13A.5749

Amount of Each Receipt this Period

21985.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)

B. 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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

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

21985.00

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

21985.00

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

PAGE 10 OF 21

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

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

A. JLK Strategies LLCMailing Address 1021 E Carey St
Ste 2002City
RichmondState
VAZip Code
23219Purpose of Disbursement
Strategic Management Consulting

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
1	1		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5742

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JLK Strategies LLCMailing Address 1021 E Carey St
Ste 2002City
RichmondState
VAZip Code
23219Purpose of Disbursement
Strategic Management Consulting

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
1	2		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4800.00

Transaction ID : SB17.5747

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JLK Strategies LLCMailing Address 1021 E Carey St
Ste 2002City
RichmondState
VAZip Code
23219Purpose of Disbursement
Strategic Management Consulting

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
1	2		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5748

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

12800.00

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 11 OF 21

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

A. Minnesota State Fair

Mailing Address 1265 Snelling Avenue North

City
St PaulState
MNZip Code
55108

Purpose of Disbursement

Candidate In-Kind: State Fair Booth Site and Removal

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
1	0		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1477.70

Transaction ID : SB17.5781

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Minnesota State Fair

Mailing Address 1265 Snelling Avenue North

City
St PaulState
MNZip Code
55108

Purpose of Disbursement

Candidate In-Kind: State Fair Tickets

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
1	0		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

265.00

Transaction ID : SB17.5783

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Oxsome Web Services

Mailing Address 215 Queensland Ln

City
PlymouthState
MNZip Code
55447

Purpose of Disbursement

Website Design and Digital Maintenance

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
1	0		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5740

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

4000.00

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 12 OF 21

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

A. Oxsome Web Services

Mailing Address 215 Queensland Ln

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	2	5

City
PlymouthState
MNZip Code
55447

FEC Identification Number

C

Purpose of Disbursement
Website Maintenance

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2025.00

Transaction ID : SB17.5745

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. PAC Management ServicesMailing Address 441 N Lee St
Ste 100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	2	5

City
AlexandriaState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
Compliance Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5739

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. PAC Management ServicesMailing Address 441 N Lee St
Ste 100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	2	5

City
AlexandriaState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
Compliance Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.5744

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

3275.00

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 13 OF 21

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

A. PAC Management ServicesMailing Address 441 N Lee St
Ste 100City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Compliance Services

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
1	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.5746

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WEILER, TOM, , ,

Mailing Address 11072 BRANCHING HORN

City
EDEN PRAIRIEState
MNZip Code
55347Purpose of Disbursement
In-kind - State Fair Booth Site and Removal

Candidate Name

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: MN

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	5

FEC Identification Number

C S6MN00515

Amount of Each Disbursement this Period

1477.70

Transaction ID : SB17.5778

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WEILER, TOM, , ,

Mailing Address 11072 BRANCHING HORN

City
EDEN PRAIRIEState
MNZip Code
55347Purpose of Disbursement
In-kind - State Fair Booth Construction

Candidate Name

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: MN

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	5

FEC Identification Number

C S6MN00515

Amount of Each Disbursement this Period

3575.00

Transaction ID : SB17.5779

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

5802.70

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 14 OF 21

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

WEILER FOR SENATE

Full Name (Last, First, Middle Initial)

A. WEILER, TOM, , ,

Mailing Address 11072 BRANCHING HORN

City
EDEN PRAIRIEState
MNZip Code
55347Purpose of Disbursement
In-kind - State Fair Tickets

Candidate Name

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: MN

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	5

FEC Identification Number

C S6MN00515

Amount of Each Disbursement this Period

265.00

Transaction ID : SB17.5780

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services LLCMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Payment Processing Fees

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
1	2		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.53

Transaction ID : SB17.5750

☐ 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).....▶

267.53

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

26145.23

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 21

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/10.5170

WEILER FOR SENATE

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ Personal Funds of the Candidate

Original Amount of Loan

4500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2021

M M / D D / Y Y Y Y

On Demand

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).....▶

4500.00

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 21

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/10.5435

WEILER FOR SENATE

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

WEILER, TOM, , ,

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ 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
03 31 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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 17 OF 21

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/10.5547

WEILER FOR SENATE

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

WEILER, TOM, , ,

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ 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
06 / 30 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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 18 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5713

WEILER FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

WEILER, TOM, , ,

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ 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 05 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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 19 OF 21

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/10.5714

WEILER FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

WEILER, TOM, , ,

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ Personal Funds of the Candidate

Original Amount of Loan

14000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

14000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 08 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

14000.00

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 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5715

WEILER FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

WEILER, TOM, , ,

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ Personal Funds of the Candidate

Original Amount of Loan

12085.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12085.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

12085.00

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 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5749

WEILER FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

WEILER, TOM, , ,

Mailing Address

11072 BRANCHING HORN

City

EDEN PRAIRIE

State

MN

ZIP Code

55347

☒ Personal Funds of the Candidate

Original Amount of Loan

21985.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21985.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

21985.00

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

112570.00

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