

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAILCENTER

2026 APR 14 AM 10:15

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Baum for Congress

ADDRESS (number and street)

P.O. Box 46



Check if different
than previously
reported. (ACC)

Phillips

WI

54555-

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00938019

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

WI

07

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 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 Y

in the
State of

5. Covering Period

01

01

2026

through

03

31

2026

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 Nina Threlfall-Baum

Signature of Treasurer

Nina Threlfall-Baum

Date

04

06

2026

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

Office
Use
Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

01 / 01 / 2026

To:

03 / 31 / 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))....	5,876,000	5,876,000
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5,876,000	5,876,000
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5,760,822	5,760,822
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5,760,822	
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,151,8	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1,337,53	

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)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

01 / 01 / 2026

To:

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) _____

2,000.00

2,000.00

(ii) Unitemized _____

200.00

200.00

(iii) TOTAL of contributions
from individuals _____

2,276.00

2,276.00

(b) Political Party Committees _____

(c) Other Political Committees
(such as PACs) _____

(d) The Candidate _____

3,600.00

3,600.00

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

5,876.00

5,876.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____

13. LOANS:

(a) Made or Guaranteed by the
Candidate _____

(b) All Other Loans _____

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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____

15. OTHER RECEIPTS (Dividends, Interest, etc.) _____

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) _____

5,876.00

5,876.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

5,760.82

5,760.82

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans.....

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

5,760.82

5,760.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

5,876.00

25. SUBTOTAL (add Line 23 and Line 24).....

5,876.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

5,760.82

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

1,115.18

2025-04-14 03:00 PM

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 1 OF 1

☒ 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)

Baum for Congress

Full Name (Last, First, Middle Initial)

Hanson, Ryan

A

Mailing Address

318 N. Eastern Ave

City

Rhineland

State

WI

Zip Code

54501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeland Realty

Occupation

Real Estate Broker

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

1,000,000

Date of Receipt

02 / 12 / 2026

Amount of Each Receipt this Period

1,000,000

☐ Memo Item

Full Name (Last, First, Middle Initial)

Baum, Ailena

B

Mailing Address

524 High St

City

Rhineland

State

WI

Zip Code

54501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Veterinarian

Receipt For:

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

1,000,000

Date of Receipt

02 / 10 / 2026

Amount of Each Receipt this Period

1,000,000

☐ 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
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

0

Date of Receipt

02 / 01 / 2026

Amount of Each Receipt this Period

0

☐ Memo Item

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

2,000,000

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

2,000,000

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 1 OF 1

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

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NAME OF COMMITTEE (In Full)

Baum for Congress

Full Name (Last, First, Middle Initial)

A. Threlfall-Baum, Niina

Mailing Address

PO Box 46

City

Phillips

State

WI

Zip Code

54555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valo Media

Occupation

Business Owner

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1 0 0 0 0

Date of Receipt

02 / 04 / 2026

Amount of Each Receipt this Period

1 0 0 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Threlfall-Baum, Niina

Mailing Address

PO Box 46

City

Phillips

State

WI

Zip Code

54555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valo Media

Occupation

Business Owner

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2 0 0 0 0

Date of Receipt

03 / 27 / 2026

Amount of Each Receipt this Period

2 0 0 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Threlfall-Baum, Niina

Mailing Address

PO Box 46

City

Phillips

State

WI

Zip Code

54555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valo Media

Occupation

Business Owner

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3 3 0 0 0

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

3 3 0 0 0

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

3 6 0 0 0

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

3 6 0 0 0

**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 1 OF 2

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

Baum for Congress

Full Name (Last, First, Middle Initial)

A. APG Media of Wisconsin LLC

Mailing Address
PO Box 410

City
Ashland

State
WI

Zip Code
54806

Purpose of Disbursement
Advertising - Print

0 0 4

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 27 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1 1 0 8 3 7

☐ Memo Item

B. Press Express

Mailing Address
1869 N Stevens St

City
Rhineland

State
WI

Zip Code
54501

Purpose of Disbursement
Advertising - Print

0 0 4

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 12 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

4 4 5 3 2

☐ Memo Item

C. The Osmanthus Group

Mailing Address
23317 NE 35th Avenue

City
Melrose

State
FL

Zip Code
32666

Purpose of Disbursement
Campaign Strategy Consulting

0 0 1

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

03 / 21 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

4 3 7 5 0

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

1 9 9 1 1 9

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 2 OF 2

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Baum for Congress

Full Name (Last, First, Middle Initial)

A. Threftall-Baum, Niina

Mailing Address
PO Box 46

City
Phillips

State
WI

Zip Code
54501

Purpose of Disbursement

Contribution in-kind — campaign marketing strategy

0 0 1

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

3 3 0 0 0 0

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

3 3 0 0 0 0

5 7 6 0 8 2

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate
(if none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name			Amount of Loan 		Interest Rate (APR) %
Mailing Address			Date Incurred or Established M M D D Y Y Y Y Y Y		
City	State	Zip Code	Date Due M M D D Y Y Y Y Y Y		
A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred M M D D Y Y Y Y Y Y					
B. If line of credit, Amount of this Draw: Total Outstanding Balance:					
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify: _____					What is the value of this collateral? Does the lender have a perfected security interest in it? ☐ No ☐ Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: _____					What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M D D Y Y Y Y Y Y					
Location of account: Address: _____ City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature					DATE M M D D Y Y Y Y Y Y
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature					DATE M M D D Y Y Y Y Y Y
Title					

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Baum for Congress

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

The Osmanthus Group

Nature of Debt (Purpose):

Campaign strategy
consulting retainer

Mailing Address

23317 NE 35th Avenue

City

Melrose

State

FL

Zip Code

32666

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

175000

Payment This Period

47350

Outstanding Balance at Close of This Period

131250

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

Threlfall-Baum, Niina (Valo Media)

Nature of Debt (Purpose):

Domain registration (\$17.99) +
Google Admin Console (\$7.04)
— paid by Valo Media LLC on
behalf of campaign; to be
reimbursed Q2 2026

Mailing Address

PO Box 46

City

Phillips

State

WI

Zip Code

54555

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

2503

Payment This Period

0.00

Outstanding Balance at Close of This Period

2503

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

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional) ▶

133753

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

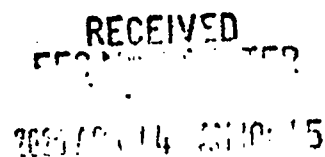
133753

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) ▶

133753



2025 RELEASE UNDER E.O. 14176

Federal Election Commission		
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS		
The FEC added this page to the end of this filing to indicate how it was received.		
☐ Hand Delivered	Date of Receipt	
☒ USPS First Class Mail	Date of Receipt 4/17/26	
☐ USPS Registered/Certified	Postmarked (R/C)	
☐ USPS Priority Mail	Postmarked	
☐ USPS Priority Mail Express	Postmarked	
☐ Postmark Illegible		
☐ No Postmark		
☐ Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery	☐
☐ Received via FAX	Date of Receipt	
☐ Received via Email	Date of Receipt	
☐ Received from Electronic Filing Office	Date of Receipt	
☐ Other (Specify):	Date of Receipt or Postmarked	
<i>MM</i> PREPARER (4/2023)	4/14/26 DATE PREPARED	