

**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

MOSOLF FOR CONGRESS

ADDRESS (number and street)

PO Box 3182

Check if different
than previously
reported. (ACC)

VIRGINIA BEACH

VA

23454

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00917310

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

VA

02

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
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 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

Krueger, Nancy, , ,

Signature of Treasurer

Krueger, Nancy, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 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)

Write or Type Committee Name

MOSOLF FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		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))	2930.00	8363.00
(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))	2930.00	8363.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25704.63	67475.47
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	841.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	25704.63	66634.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	100826.60	
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)	159097.74	

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

MOSOLF FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 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).....

2400.00

6050.00

(ii) Unitemized

530.00

2313.00

(iii) TOTAL of contributions
from individuals ▶

2930.00

8363.00

(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))..

2930.00

8363.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

116850.00

154697.74

(b) All Other Loans.....

4700.00

4700.00

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

121550.00

159397.74

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

0.00

841.33

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)..... ▶

124480.00

168602.07

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.....	25704.63	67475.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	300.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	300.00
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) ►	25704.63	67775.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2051.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	124480.00
25. SUBTOTAL (add Line 23 and Line 24).....	126531.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25704.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	100826.60

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 44

☒ 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)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Krueger, Nancy, , ,

A.

Mailing Address 6430 Cambridge Ave

City

Cincinnati

State

OH

Zip Code

45230

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 ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 18 2026

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Charles, , ,

B.

Mailing Address 241 Mercury Circle

City

Juno Beach

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

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
05 04 2026

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Monique, , ,

C.

Mailing Address 203 Dundridge Dr.

City

White Post

State

VA

Zip Code

22663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation
Not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 24 2026

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

2200.00

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mosolf, Scott, , ,

A. Mailing Address 1386 Islamorada Dr.

City
Jupiter

State
FL

Zip Code
33458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Power & Light

Occupation
Project Manager

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2026

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period

200.00

☐ 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)..... ►

200.00

2400.00

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

A.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39689.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2026

Transaction ID : SA13A.4264

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

B.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48989.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2026

Transaction ID : SA13A.4265

Amount of Each Receipt this Period

9300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

C.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50989.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2026

Transaction ID : SA13A.4266

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

12300.00

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

A.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

53489.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4274

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

B.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54489.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2026

Transaction ID : SA13A.4267

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

C.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

56489.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2026

Transaction ID : SA13A.4268

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

5500.00

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 9 OF 44

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

A.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

130489.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2026

Transaction ID : SA13A.4269

Amount of Each Receipt this Period

74000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

B.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

155289.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : SA13A.4270

Amount of Each Receipt this Period

24800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Patrick, , ,

C.

Mailing Address PO Box 3182

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mosolf for Congress

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

155539.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2026

Transaction ID : SA13A.4356

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

99050.00

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

116850.00

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

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

Krueger, Nancy, , ,

A.

Mailing Address 6430 Cambridge Ave

City

Cincinnati

State

OH

Zip Code

45230

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
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
0	6		2	3		2	0	2	6

Transaction ID : SA13B.4272

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mosolf, Diana, , ,

B.Mailing Address 241 Mercury Cir
Apt 7

City

Juno Beach

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employedOccupation
Not employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	6

Transaction ID : SA13B.4271

Amount of Each Receipt this Period

3400.00

☐ 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)..... ▶

4700.00

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

4700.00

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

PAGE 11 OF 44

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Image Capital, Group, , ,Mailing Address 4083 Twin Pines Rd
Apt ACity
PortsmouthState
VAZip Code
23703Purpose of Disbursement
Communications consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4308

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service, Internal Revenue Ser, , ,

Mailing Address 1111 Constitution Ave. NW

City
WashingtonState
DCZip Code
20224Purpose of Disbursement
employment taxes

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1153.58

Transaction ID : SB17.4278

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service, Internal Revenue Ser, , ,

Mailing Address 1111 Constitution Ave. NW

City
WashingtonState
DCZip Code
20224Purpose of Disbursement
employment taxes

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1108.76

Transaction ID : SB17.4279

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

2512.34

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 44

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service, Internal Revenue Ser, , ,

Mailing Address 1111 Constitution Ave. NW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	6

City
WashingtonState
DCZip Code
20224

FEC Identification Number

CPurpose of Disbursement
employment taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1153.58

Transaction ID : SB17.4280

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Lindenmeyr, Munroe, , ,

Mailing Address Three Manhattanville Road

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	6

City
PurchaseState
NYZip Code
10577

FEC Identification Number

CPurpose of Disbursement
yard sign frames

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

347.15

Transaction ID : SB17.4299

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Mosolf, Patrick, , ,

Mailing Address PO Box 3182

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	6

City
Virginia BeachState
VAZip Code
23454

FEC Identification Number

CPurpose of Disbursement
staff salary

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4104.55

Transaction ID : SB17.4287

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

5605.28

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mosolf, Patrick, , ,

Mailing Address PO Box 3182

City
Virginia BeachState
VAZip Code
23454Purpose of Disbursement
transportation expenses

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

796.60

Transaction ID : SB17.4291

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mosolf, Patrick, , ,

Mailing Address PO Box 3182

City
Virginia BeachState
VAZip Code
23454Purpose of Disbursement
staff salary

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3982.08

Transaction ID : SB17.4288

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mosolf, Patrick, , ,

Mailing Address PO Box 3182

City
Virginia BeachState
VAZip Code
23454Purpose of Disbursement
transportation expenses

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

891.10

Transaction ID : SB17.4292

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

5669.78

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mosolf, Patrick, , ,

Mailing Address PO Box 3182

City
Virginia BeachState
VAZip Code
23454Purpose of Disbursement
transportation expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

624.40

Transaction ID : SB17.4293

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mosolf, Patrick, , ,

Mailing Address PO Box 3182

City
Virginia BeachState
VAZip Code
23454Purpose of Disbursement
staff salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4104.55

Transaction ID : SB17.4289

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

0.23

Transaction ID : SB17.4355

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

4729.18

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4328

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4329

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4330

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

279.84

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4331

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4332

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

69.96

Transaction ID : SB17.4353

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

256.52

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	6

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

45.71

Transaction ID : SB17.4334

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.4335

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	6

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

94.45

Transaction ID : SB17.4336

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

140.86

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

0.47

Transaction ID : SB17.4337

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2.80

Transaction ID : SB17.4338

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

0.47

Transaction ID : SB17.4339

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

3.74

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2026

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

69.96

Transaction ID : SB17.4340

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2026

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

23.32

Transaction ID : SB17.4341

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2026

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4342

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

186.56

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	6

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4343

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

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

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4344

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

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

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4345

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

279.84

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2026

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4346

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2026

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4347

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Office Depot, Office Depot, , ,

Mailing Address 6600 N Military Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2026

City
Boca RatonState
FLZip Code
33487

FEC Identification Number

C

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

93.28

Transaction ID : SB17.4348

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

279.84

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Signs On, The Cheap, , ,Mailing Address 11525-B Stonehollow Dr
#220City
AustinState
TXZip Code
78758Purpose of Disbursement
Yard signs

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1061.04

Transaction ID : SB17.4297

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Department, of Elections, , ,

Mailing Address 1100 Bank St.

City
RichmondState
VAZip Code
23219Purpose of Disbursement
registration fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3480.00

Transaction ID : SB17.4296

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Department, of Elections, , ,

Mailing Address 1100 Bank St.

City
RichmondState
VAZip Code
23219Purpose of Disbursement
voter list

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

252.47

Transaction ID : SB17.4294

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

4793.51

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)

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

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NAME OF COMMITTEE (In Full)

MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Virginia Dept of Taxation, Virginia Dept of Tax, , ,

Mailing Address PO Box 1115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	6

City
RichmondState
VAZip Code
23218

FEC Identification Number

C

Purpose of Disbursement
employment taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

214.71

Transaction ID : SB17.4281

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Virginia Dept of Taxation, Virginia Dept of Tax, , ,

Mailing Address PO Box 1115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

City
RichmondState
VAZip Code
23218

FEC Identification Number

C

Purpose of Disbursement
employment taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

205.27

Transaction ID : SB17.4282

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Virginia Dept of Taxation, Virginia Dept of Tax, , ,

Mailing Address PO Box 1115

Date of Disbursement

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

City
RichmondState
VAZip Code
23218

FEC Identification Number

C

Purpose of Disbursement
employment taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

227.64

Transaction ID : SB17.4283

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

647.62

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

25384.91

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 07 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

100.00

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 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☒ Personal Funds of the Candidate

Original Amount of Loan

4100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 13 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

4100.00

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 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☒ Personal Funds of the Candidate

Original Amount of Loan

147.74

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

147.74

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 29 / 2025

M M / D D / Y Y Y Y

N/A

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).....▶

147.74

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 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4143

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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).....▶

200.00

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 28 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4144

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

7000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 20 2025

M M / D D / Y Y Y Y

D D / Y Y Y Y

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).....▶

7000.00

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4145

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

5200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 12 / 2025

M M / D D / Y Y Y Y

D D / Y Y Y Y

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).....▶

5200.00

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4147

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

5600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 17 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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).....▶

5600.00

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4232

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 20 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

N/A

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).....▶

6000.00

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 32 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4233

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ 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 13 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4234

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

4200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4200.00

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

D D / Y Y Y Y

N/A

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).....▶

4200.00

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 34 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4264

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 17 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

n/a

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).....▶

1000.00

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 35 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4265

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

9300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
n/a

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).....▶

9300.00

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 36 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4266

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 21 / 2026M M / D D / Y Y Y Y
/ / n/aM M / D D / Y Y Y Y
/ / n/aM M / D D / Y Y Y Y
/ / n/a

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).....▶

2000.00

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 37 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4274

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ 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
05 / 26 / 2026

M M / D D / Y Y Y Y

n/a

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 38 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4267

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 09 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

n/a

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).....▶

1000.00

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 39 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4268

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

n/a

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).....▶

2000.00

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 40 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4269

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

74000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

74000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

n/a

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).....▶

74000.00

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 41 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4270

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

24800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

24800.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 27 / 2026M M / D D / Y Y Y Y
/ / n/aM M / D D / Y Y Y Y
/ / n/aM M / D D / Y Y Y Y
/ / n/a

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).....▶

24800.00

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 42 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4356

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Patrick, , ,

Mailing Address

PO Box 3182

City

Virginia Beach

State

VA

ZIP Code

23454

☐ Personal Funds of the Candidate

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 30 / 2026

M M / D D / Y Y Y Y

n/a

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).....▶

250.00

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 43 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4272

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Krueger, Nancy, , ,

Mailing Address

6430 Cambridge Ave

City

Cincinnati

State

OH

ZIP Code

45230

☐ Personal Funds of the Candidate

Original Amount of Loan

1300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 23 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

n/a

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).....▶

1300.00

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 44 OF 44

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4271

MOSOLF FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mosolf, Diana, , ,

Mailing Address

241 Mercury Cir
Apt 7

City

Juno Beach

State

FL

ZIP Code

33408

☐ Personal Funds of the Candidate

Original Amount of Loan

3400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

n/a

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).....▶

3400.00

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

159097.74

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