

**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

STEVE WOLL FOR CONGRESS INC

ADDRESS (number and street)

9571 SHORE DRIVE

Check if different
than previously
reported. (ACC)

#129

NORFOLK

VA

23518

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00954255

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

VA

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 03 / 2026in the
State of

VA

(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
07 / 01 / 2026

through

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

WOLL, JAMES, COLEMAN, ,

Signature of Treasurer

WOLL, JAMES, COLEMAN, ,

Date

M M / D D / Y Y Y Y
07 / 22 / 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

STEVE WOLL FOR CONGRESS INC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		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))....	9970.00	14330.00
(b) Total Contribution Refunds (from Line 20(d))	10.00	10.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	9960.00	14320.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6401.20	19602.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6401.20	19602.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14717.30	
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)	20000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

STEVE WOLL FOR CONGRESS INC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
07 / 15 / 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).....

9800.00

13800.00

(ii) Unitemized

170.00

530.00

(iii) TOTAL of contributions
from individuals ▶

9970.00

14330.00

(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))..

9970.00

14330.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

20000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

20000.00

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

0.00

0.00

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

0.00

0.00

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

9970.00

34330.00

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.....	6401.20	19602.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	10.00	10.00
(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)).....	10.00	10.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6411.20	19612.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11158.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9970.00
25. SUBTOTAL (add Line 23 and Line 24).....	21128.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6411.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14717.30

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 8

☒ 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)

STEVE WOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

Flaherty, John, , ,

A.

Mailing Address 113 Drake Dr.

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAP

Occupation
Sales

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 10 2026

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mulligan, Don, , ,

B.

Mailing Address 2108 Pettigrew St.

City

Sullivans Island

State

SC

Zip Code

29482

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 10 2026

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

Raus, Raymond, , ,

C.

Mailing Address 461 University Circle

City

Claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western University

Occupation
Operations Manager

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
07 09 2026

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

2500.00

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 6 OF 8

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

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NAME OF COMMITTEE (In Full)

STEVE WOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

Wheeler, Kristen, , ,

A.

Mailing Address 2030 Inlet Point Rd.

City

Norfolk

State

VA

Zip Code

23503

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 08 2026

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WOLL, JAMES, COLEMAN, ,

B.

Mailing Address 9571 SHORE DRVE
#129

City

NORFOLK

State

VA

Zip Code

23518

FEC ID number of contributing
federal political committee.

C

Name of Employer

KERRWOOD ADVISORS LLC

Occupation

DIRECTOR

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 08 2026

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Woll, Kathy, , ,

C.

Mailing Address 1027 Summerset Dr.

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 10 2026

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

7300.00

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

9800.00

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

PAGE 7 OF 8

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

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NAME OF COMMITTEE (In Full)

STEVE WOLL FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 3723 GREENVILLE AVE
STE 41002City
DALLASState
TXZip Code
75206Purpose of Disbursement
CREDIT CARD FEES

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
07		15		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

401.20

Transaction ID : SB17.4148

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CSSG LLC

Mailing Address 1250 SOUTH MIAMI AVE

City
MIAMIState
FLZip Code
33130Purpose of Disbursement
POLITICAL STRATEGY 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
07		08		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.4147

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

6401.20

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

6401.20

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

PAGE 8 OF 8

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

STEVE WOLL FOR CONGRESS INC

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

WOLL, STEPHEN, C., ,

Mailing Address

9571 SHORE DRIVE
#129

City

NORFOLK

State

VA

ZIP Code

23518

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 11 / 2026

M M / D D / Y Y Y Y

12/31/2026

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

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

20000.00

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