



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Wassgren for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	34098.81	144326.18
(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)).....	34098.81	144326.18
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	305870.73	482753.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	59567.62	59567.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	246303.11	423185.89
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	1721140.29	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	2000000.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Wassgren for Congress

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1150.00	99373.54
(ii) Unitemized .....	2827.45	4586.68
(iii) TOTAL of contributions from individuals .....	3977.45	103960.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	30121.36	40365.96
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34098.81	144326.18
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1700000.00	3200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1700000.00	3200000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	59567.62	59567.62
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	1793666.43	3403893.80

**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.....	305870.73	482753.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1200000.00	1200000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1200000.00	1200000.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1505870.73	1682753.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1433344.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1793666.43
25. SUBTOTAL (add Line 23 and Line 24).....	3227011.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1505870.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1721140.29

# 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 76	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
SOLSRUD, CONSTANCE, M., ,

Mailing Address 29856 279TH STREET

City HOLCOMBE	State WI	Zip Code 54745-8722
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIED	Occupation RETIED
----------------------------	----------------------

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  
01 / 15 / 2026

**Transaction ID : SA11A.124**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON	State VA	Zip Code 22203-
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30152.32

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

**Transaction ID : SA11C.142**

Amount of Each Receipt this Period  
65.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
BROPHY, GREG, , ,

Mailing Address 1624 NW 35TH AVE

City CAMAS	State WA	Zip Code 98607-7372
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation OPTOMETRIST
--------------------------	---------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

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

**Transaction ID : SA11A.143**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	550.00
<b>TOTAL</b> 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 76	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30152.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2026

**Transaction ID : SA11C.157**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
BROPHY, GREG, , ,

Mailing Address 1624 NW 35TH AVE

City CAMAS State WA Zip Code 98607-7372

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF OPTOMETRIST

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2026

**Transaction ID : SA11A.158**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30152.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2026

**Transaction ID : SA11C.161**

Amount of Each Receipt this Period  
600.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

50.00

**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)		PAGE 7 OF 76	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
GOECKE, PAUL, , ,

Mailing Address 3988 EAST OUTCROP ROAD

City PARK CITY	State UT	Zip Code 84098-4958
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FEC ID number of contributing federal political committee. **C**

Name of Employer ALERA GROUP	Occupation INSURANCE
---------------------------------	-------------------------

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  
03 / 16 / 2026

**Transaction ID : SA11A.162**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON	State VA	Zip Code 22203-
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
30152.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2026

**Transaction ID : SA11C.168**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
BROPHY, GREG, , ,

Mailing Address 1624 NW 35TH AVE

City CAMAS	State WA	Zip Code 98607-7372
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation OPTOMETRIST
--------------------------	---------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2026

**Transaction ID : SA11A.169**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1150.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 76  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND State WI Zip Code 54806-2338

FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : SA11D.170

Amount of Each Receipt this Period  
7714.00

Memo Item  
IN-KIND MILEAGE

**B.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND State WI Zip Code 54806-2338

FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2026

Transaction ID : SA11D.175

Amount of Each Receipt this Period  
2649.00

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION OFFICE RE

**C.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND State WI Zip Code 54806-2338

FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2026

Transaction ID : SA11D.177

Amount of Each Receipt this Period  
2649.00

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION OFFICE RE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 13012.00

**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 76	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND	State WI	Zip Code 54806-2338
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FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

**Transaction ID : SA11D.179**

Amount of Each Receipt this Period  

2649.00
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Memo Item  
IN-KIND CANDIDATE CONTRIBUTION OFFICE RE

**B.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND	State WI	Zip Code 54806-2338
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FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  

M M / D D / Y Y Y Y Y Y
01 / 02 / 2026

**Transaction ID : SA11D.203**

Amount of Each Receipt this Period  

3798.66
---------

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION CREDIT CA

**C.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND	State WI	Zip Code 54806-2338
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FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  

M M / D D / Y Y Y Y Y Y
02 / 12 / 2026

**Transaction ID : SA11D.205**

Amount of Each Receipt this Period  

656.37
--------

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION CREDIT CA

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7104.03
<b>TOTAL</b> 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 10 OF 76	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND	State WI	Zip Code 54806-2338
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 03 / 2026

**Transaction ID : SA11D.211**

Amount of Each Receipt this Period  
998.13

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION CREDIT CA

**B.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND	State WI	Zip Code 54806-2338
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FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2026

**Transaction ID : SA11D.213**

Amount of Each Receipt this Period  
4804.96

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION CREDIT CA

**C.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND	State WI	Zip Code 54806-2338
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FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 03 / 2026

**Transaction ID : SA11D.215**

Amount of Each Receipt this Period  
4202.24

Memo Item  
IN-KIND CANDIDATE CONTRIBUTION CREDIT CA

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10005.33
<b>TOTAL</b> This Period (last page this line number only).....▶	30121.36

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
WASSGREN, PAUL, , ,

Mailing Address 2414 6TH STREET

City ASHLAND State WI Zip Code 54806-2338

FEC ID number of contributing federal political committee. **C** H6WI07215

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3240365.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2026

Transaction ID : SA13A.161

Amount of Each Receipt this Period  
1700000.00

Memo Item  
CANDIDATE LOAN  
PERSONAL FUNDS

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1700000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 76  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A.** Full Name (Last, First, Middle Initial)  
ARENA LLC

Mailing Address 1260 E STRINGHAM AVENUE  
SUITE 400

City SALT LAKE CITY State UT Zip Code 84106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
59567.62

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2026

Transaction ID : SA14.149

Amount of Each Receipt this Period  
59567.62

Memo Item  
REFUND OF OVERPAYMENT

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

59567.62

59567.62

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. WASSGREN, PAUL, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 31 / 2026	
Mailing Address 2414 6TH STREET			FEC Identification Number C H6WI07215	
City ASHLAND	State WI	Zip Code 54806-2338	Amount of Each Disbursement this Period 7714.00	
Purpose of Disbursement IN-KIND MILEAGE		Category/ Type 002	Transaction ID : SB17.I171	
Candidate Name WASSGREN, PAUL, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 07				

Full Name (Last, First, Middle Initial) <b>B. WASSGREN, PAUL, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 31 / 2026	
Mailing Address 2414 6TH STREET			FEC Identification Number C H6WI07215	
City ASHLAND	State WI	Zip Code 54806-2338	Amount of Each Disbursement this Period 2649.00	
Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION OFFICE RENT		Category/ Type 001	Transaction ID : SB17.I176	
Candidate Name WASSGREN, PAUL, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 07				

Full Name (Last, First, Middle Initial) <b>C. WASSGREN, PAUL, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 28 / 2026	
Mailing Address 2414 6TH STREET			FEC Identification Number C H6WI07215	
City ASHLAND	State WI	Zip Code 54806-2338	Amount of Each Disbursement this Period 2649.00	
Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION OFFICE RENT		Category/ Type 001	Transaction ID : SB17.I178	
Candidate Name WASSGREN, PAUL, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 07				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13012.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. WASSGREN, PAUL, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2026
Mailing Address 2414 6TH STREET		FEC Identification Number C H6WI07215
City ASHLAND	State WI	Zip Code 54806-2338
Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION OFFICE RENT		Category/Type 001
Candidate Name WASSGREN, PAUL, , ,		Amount of Each Disbursement this Period 2649.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I180
State: WI	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WASSGREN, PAUL, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
Mailing Address 2414 6TH STREET		FEC Identification Number C H6WI07215
City ASHLAND	State WI	Zip Code 54806-2338
Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION CREDIT CARD PAYMENT		Category/Type 001
Candidate Name WASSGREN, PAUL, , ,		Amount of Each Disbursement this Period 3798.66
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I204
State: WI	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ALASKA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2025
Mailing Address 19300 INTERNATIONAL BOULEVARD		FEC Identification Number C
City SEATAC	State WA	Zip Code 98188-5304
Purpose of Disbursement AIRFARE		Category/Type 002
Candidate Name		Amount of Each Disbursement this Period 726.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I230
State:	District:	<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6447.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN VAN LINES**

Mailing Address 1351 NORTHWEST 22ND STREET

City POMPANO BEACH State FL Zip Code 33069-1427

Purpose of Disbursement OFFICE EXPENSE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1875.60

Transaction ID : SB17.I229

Memo Item

Full Name (Last, First, Middle Initial)  
**B. GARMISCH USA RESORT**

Mailing Address 23040 GARMISCH ROAD

City CABLE State WI Zip Code 54821-4816

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 484.47

Transaction ID : SB17.I231

Memo Item

Full Name (Last, First, Middle Initial)  
**C. PRICELINE**

Mailing Address 5670 WILSHIRE BOULEVARD

City LOS ANGELES State CA Zip Code 90036-5679

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 591.20

Transaction ID : SB17.I232

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2025
Mailing Address 1515 3RD STREET			FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158	Amount of Each Disbursement this Period 22.95
Purpose of Disbursement CAR SERVICE		002	Transaction ID : SB17.I225
Candidate Name		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2025
Mailing Address 1515 3RD STREET			FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158	Amount of Each Disbursement this Period 27.98
Purpose of Disbursement CAR SERVICE		002	Transaction ID : SB17.I226
Candidate Name		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2025
Mailing Address 1515 3RD STREET			FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158	Amount of Each Disbursement this Period 47.88
Purpose of Disbursement CAR SERVICE		002	Transaction ID : SB17.I227
Candidate Name		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1515 3RD STREET

City SAN FRANCISCO State CA Zip Code 94158

Purpose of Disbursement CAR SERVICE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 21.98

Transaction ID : SB17.I228

Memo Item

**B. WASSGREN, PAUL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2414 6TH STREET

City ASHLAND State WI Zip Code 54806-2338

Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION CREDIT CARD PAYMENT Category/Type 001

Candidate Name WASSGREN, PAUL, , ,

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: WI District: 07

Date of Disbursement: 02 / 12 / 2026

FEC Identification Number: C H6WI07215

Amount of Each Disbursement this Period: 656.37

Transaction ID : SB17.I206

Memo Item

**C. COSTCO**

Full Name (Last, First, Middle Initial)

Mailing Address 999 LAKE DRIVE

City ISSAQUAH State WA Zip Code 98027-8982

Purpose of Disbursement OFFICE SUPPLIES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 348.00

Transaction ID : SB17.I233

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 656.37

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. MINNEAPOLIS ST. PAUL INTERNATIONAL AIRPORT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025	
Mailing Address 4300 GLUMACK DRIVE			FEC Identification Number C	
City SAINT PAUL	State MN	Zip Code 55111	Amount of Each Disbursement this Period 208.37	
Purpose of Disbursement PARKING		Category/ Type 002	Transaction ID : SB17.I234	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NATIONAL RIFLE ASSOCIATION</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026	
Mailing Address 11250 WAPLES MILL ROAD			FEC Identification Number C	
City FAIRFAX	State VA	Zip Code 22030	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	Transaction ID : SB17.I235	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WASSGREN, PAUL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2026	
Mailing Address 2414 6TH STREET			FEC Identification Number C H6WI07215	
City ASHLAND	State WI	Zip Code 54806-2338	Amount of Each Disbursement this Period 998.13	
Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION CREDIT CARD PAYMENT		Category/ Type 001	Transaction ID : SB17.I212	
Candidate Name WASSGREN, PAUL, , ,		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 07				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	998.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. CENTRAL CAFE**

Mailing Address 1209 SOUTH CENTRAL AVENUE

City MARSHFIELD State WI Zip Code 54449

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 54.91

Transaction ID : SB17.I275

Memo Item

Full Name (Last, First, Middle Initial)

**B. CIAO**

Mailing Address 307 N 3RD STREET

City WAUSAU State WI Zip Code 54403-5411

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 157.72

Transaction ID : SB17.I283

Memo Item

Full Name (Last, First, Middle Initial)

**C. CIAO**

Mailing Address 307 N 3RD STREET

City WAUSAU State WI Zip Code 54403-5411

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 176.84

Transaction ID : SB17.I284

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. CIRCLE K**

Mailing Address 1130 WEST WARNER ROAD

City TEMPE State AZ Zip Code 85284-2816

Purpose of Disbursement FUEL EXPENSE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 46.84

Transaction ID : SB17.I279

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEEP WATER GRILLE**

Mailing Address 808 MAIN STREET WEST

City ASHLAND State WI Zip Code 54806-1404

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 80.58

Transaction ID : SB17.I282

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 201.48

Transaction ID : SB17.I277

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. HORIZONS BAR AND GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address 10764 COUNTY HIGHWAY Q		FEC Identification Number C
City CHIPPEWA FALLS	State WI	Zip Code 54729-6113
Purpose of Disbursement POLITICAL MEETING - MEALS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 96.03	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I280
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SUPER.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address 18 BARTOL STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94133-4501
Purpose of Disbursement LODGING	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 118.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I281
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. THE SOCIAL KITCHEN &amp; COCKTAILS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2025
Mailing Address 10562 MAIN STREET		FEC Identification Number C
City HAYWARD	State WI	Zip Code 54843-6658
Purpose of Disbursement POLITICAL MEETING - MEALS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 53.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I278
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

**A. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 470 L'ENFANT PLAZA SOUTHWEST

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement POSTAGE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.90

Transaction ID : SB17.I276

Memo Item

**B. WASSGREN, PAUL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2414 6TH STREET

City ASHLAND State WI Zip Code 54806-2338

Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION CREDIT CARD PAYMENT Category/Type 001

Candidate Name WASSGREN, PAUL, , ,

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: WI District: 07

Date of Disbursement: 02 / 03 / 2026

FEC Identification Number: C H6WI07215

Amount of Each Disbursement this Period: 4783.19

Transaction ID : SB17.I214

Memo Item

**C. BLACK ROOSTER BISTRO**

Full Name (Last, First, Middle Initial)

Mailing Address 516 2ND STREET

City HUDSON State WI Zip Code 54016-1551

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 07 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 74.48

Transaction ID : SB17.I290

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4783.19

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CIAO		M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 307 N 3RD STREET		FEC Identification Number
City WAUSAU	State WI	Zip Code 54403-5411
Purpose of Disbursement POLITICAL MEETING - MEALS	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	111.89	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I287	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CIAO		M M / D D / Y Y Y Y 01 / 19 / 2026
Mailing Address 307 N 3RD STREET		FEC Identification Number
City WAUSAU	State WI	Zip Code 54403-5411
Purpose of Disbursement POLITICAL MEETING - MEALS	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	100.40	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I296	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CIRCLE K		M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1130 WEST WARNER ROAD		FEC Identification Number
City TEMPE	State AZ	Zip Code 85284-2816
Purpose of Disbursement FUEL EXPENSE	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	34.09	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I289	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. CULVER'S</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 1240 WATER STREET		FEC Identification Number C
City PRAIRIE DU SAC	State WI	Zip Code 53578-1091
Purpose of Disbursement TRAVEL MEALS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 34.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GOOD THYME RESTAURANT AND CATERING</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026
Mailing Address 77180 STATE HIGHWAY 13		FEC Identification Number C
City WASHBURN	State WI	Zip Code 54891-3413
Purpose of Disbursement POLITICAL MEETING - MEALS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 271.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HOM FURNITURE</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2026
Mailing Address 300 FOREST STREET		FEC Identification Number C
City WAUSAU	State WI	Zip Code 54403
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 3693.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. RADISSON HOTELS**

Mailing Address 1601 UTICA AVENUE SOUTH

City ST. LOUIS PARK    State MN    Zip Code 55416

Purpose of Disbursement LODGING        Category/Type

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  
12 / 31 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.I285

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE CAMERON HOUSE**

Mailing Address 106 ARLINGTON AVENUE

City CAMERON    State WI    Zip Code 54822-9417

Purpose of Disbursement POLITICAL MEETING - MEALS        Category/Type

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  
01 / 08 / 2026

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.I291

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE VELVETEEN PLUM**

Mailing Address 1520 ELM STREET

City WAUSAU    State WI    Zip Code 54401

Purpose of Disbursement POLITICAL MEETING - MEALS        Category/Type

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  
01 / 12 / 2026

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.I293

Memo Item

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. THORPEDO FAMILY RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 102 WEST HILL STREET			FEC Identification Number C
City THORP	State WI	Zip Code 54771-7628	Amount of Each Disbursement this Period 26.43
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/Type 001	Transaction ID : SB17.I288
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2026
Mailing Address 470 L'ENFANT PLAZA SOUTHWEST			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20024	Amount of Each Disbursement this Period 22.85
Purpose of Disbursement POSTAGE		Category/Type 001	Transaction ID : SB17.I294
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. WASSGREN, PAUL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026
Mailing Address 2414 6TH STREET			FEC Identification Number C H6WI07215
City ASHLAND	State WI	Zip Code 54806-2338	Amount of Each Disbursement this Period 4202.24
Purpose of Disbursement IN-KIND CANDIDATE CONTRIBUTION CREDIT CARD PAYMENT		Category/Type 001	Transaction ID : SB17.I216
Candidate Name WASSGREN, PAUL, , ,		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4202.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)  
**A. AUDREY KITCHEN & BAR**

Mailing Address **9 EAST WILSON STREET**

City **MADISON** State **WI** Zip Code **53703**

Purpose of Disbursement **POLITICAL MEETING - MEALS** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **02 / 05 / 2026**

FEC Identification Number **C**

Amount of Each Disbursement this Period **61.70**

Transaction ID : **SB17.I301**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BEST WESTERN HOTELS**

Mailing Address **6201 NORTH 24TH PARKWAY**

City **PHOENIX** State **AZ** Zip Code **85016**

Purpose of Disbursement **LODGING** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **02 / 04 / 2026**

FEC Identification Number **C**

Amount of Each Disbursement this Period **784.20**

Transaction ID : **SB17.I298**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CIAO**

Mailing Address **307 N 3RD STREET**

City **WAUSAU** State **WI** Zip Code **54403-5411**

Purpose of Disbursement **POLITICAL MEETING - MEALS** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **02 / 05 / 2026**

FEC Identification Number **C**

Amount of Each Disbursement this Period **23.21**

Transaction ID : **SB17.I302**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **0.00**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. CIAO**

Mailing Address 307 N 3RD STREET

City WAUSAU State WI Zip Code 54403-5411

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 245.30

Transaction ID : SB17.I305

Memo Item

Full Name (Last, First, Middle Initial)

**B. CIAO**

Mailing Address 307 N 3RD STREET

City WAUSAU State WI Zip Code 54403-5411

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 177.27

Transaction ID : SB17.I307

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOOK HAL**

Mailing Address 3400 GEORGIA AVENUE NORTHWEST

City WASHINGTON State DC Zip Code 20010-2502

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 14.12

Transaction ID : SB17.I312

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. LA GRAND BOUCHERIE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026	
Mailing Address 699 14TH STREET NORTHWEST			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 227.10	
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/ Type 001	Transaction ID : SB17.I313	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. LE PAIN QUOTIDIEN</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026	
Mailing Address 800 17TH STREET NORTHWEST			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 48.19	
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/ Type 001	Transaction ID : SB17.I311	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LEMONGRASS ASIAN FUSION RESTAURANT &amp; BAR</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 316 N 3RD STREET			FEC Identification Number C	
City WAUSAU	State WI	Zip Code 54403	Amount of Each Disbursement this Period 53.63	
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/ Type 001	Transaction ID : SB17.I306	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. LOEWS HOTELS**

Mailing Address 9 WEST 57TH STREET

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 280.00

Transaction ID : SB17.I314

Memo Item

Full Name (Last, First, Middle Initial)

**B. MASTRO'S**

Mailing Address 600 13TH STREET NORTHWEST

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 162.50

Transaction ID : SB17.I310

Memo Item

Full Name (Last, First, Middle Initial)

**C. NORTHFORK FIN & FILET**

Mailing Address 11084 WISCONSIN 70 TRUNK

City WOODRUFF State WI Zip Code 54568

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 135.94

Transaction ID : SB17.I308

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. RARE STEAKHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026	
Mailing Address 14 WEST MIFFLIN STREET			FEC Identification Number C	
City MADISON	State WI	Zip Code 53703-2568	Amount of Each Disbursement this Period 878.50	
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/ Type 001	Transaction ID : SB17.I300	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SEMILLA EATERY &amp; BAR</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address 1330 ALTON ROAD			FEC Identification Number C	
City MIAMI BEACH	State FL	Zip Code 33139	Amount of Each Disbursement this Period 82.18	
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/ Type 001	Transaction ID : SB17.I315	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SEMILLA EATERY &amp; BAR</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026	
Mailing Address 1330 ALTON ROAD			FEC Identification Number C	
City MIAMI BEACH	State FL	Zip Code 33139	Amount of Each Disbursement this Period 225.00	
Purpose of Disbursement POLITICAL MEETING - MEALS		Category/ Type 001	Transaction ID : SB17.I316	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUPER.COM</b>			Date of Disbursement MM / DD / YYYY 02 / 06 / 2026		
Mailing Address 18 BARTOL STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94133-4501	Amount of Each Disbursement this Period 123.50		
Purpose of Disbursement LODGING		Category/ Type 002	Transaction ID : SB17.I303		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SUPER.COM</b>			Date of Disbursement MM / DD / YYYY 02 / 06 / 2026		
Mailing Address 18 BARTOL STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94133-4501	Amount of Each Disbursement this Period 136.77		
Purpose of Disbursement LODGING		Category/ Type 002	Transaction ID : SB17.I304		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SUPER.COM</b>			Date of Disbursement MM / DD / YYYY 02 / 20 / 2026		
Mailing Address 18 BARTOL STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94133-4501	Amount of Each Disbursement this Period 336.92		
Purpose of Disbursement LODGING		Category/ Type 002	Transaction ID : SB17.I309		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. THE OLD FASHIONED**

Mailing Address 23 NORTH PINCKNEY STREET

City MADISON State WI Zip Code 53703-4206

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 85.65

Transaction ID : SB17.I299

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE SOCIAL HOUSE OF RICE LAKE**

Mailing Address 326 SOUTH MAIN STREET

City RICE LAKE State WI Zip Code 54868-2238

Purpose of Disbursement POLITICAL MEETING - MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 120.56

Transaction ID : SB17.I297

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address 4250 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement CREDIT CARD PROCESSING FEE Category/Type 003

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C C00694323

Amount of Each Disbursement this Period: 2.56

Transaction ID : SB17.I109

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2.56

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number C 00694323
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 1.03
Candidate Name		Transaction ID : SB17.I120
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number C 00694323
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 1.97
Candidate Name		Transaction ID : SB17.I136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number C 00694323
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 1.03
Candidate Name		Transaction ID : SB17.I144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. WINRED</b>		M M / D D / Y Y Y Y 03 / 16 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> C00694323
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		23.64
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I150
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. WINRED</b>		M M / D D / Y Y Y Y 03 / 23 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> C00694323
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		3.94
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I160
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. WINRED</b>		M M / D D / Y Y Y Y 03 / 30 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> C00694323
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		1.97
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I164
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	29.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. WINRED</b>		M M / D D / Y Y Y Y 01 / 05 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> C00694323
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		558.74
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I66
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. WINRED</b>		M M / D D / Y Y Y Y 01 / 13 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> C00694323
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		6.16
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I88
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. WINRED</b>		M M / D D / Y Y Y Y 01 / 19 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> C00694323
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		5.13
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I94
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	570.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type 003
Candidate Name		Amount of Each Disbursement this Period 4.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.195
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. STEVENSON, BARBARA, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026
Mailing Address 176 MARIAHWYNN TERRACE		FEC Identification Number C
City LODI	State WI	Zip Code 53555-8802
Purpose of Disbursement REIMBURSEMENT		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 194.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1158
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026
Mailing Address 208 SOUTH AKARD STREET		FEC Identification Number C
City DALLAS	State TX	Zip Code 75202
Purpose of Disbursement CAMPAIGN PHONE		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 194.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.1159
State: District:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	198.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. A&W RESTAURANTS**

Mailing Address 1648 MCGRATHIANA PARKWAY  
SUITE 380

City LEXINGTON State KY Zip Code 40511-1339

Purpose of Disbursement STAFF MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 19.30

Transaction ID : SB17.I107

Memo Item

Full Name (Last, First, Middle Initial)

**B. A&W RESTAURANTS**

Mailing Address 1648 MCGRATHIANA PARKWAY  
SUITE 380

City LEXINGTON State KY Zip Code 40511-1339

Purpose of Disbursement STAFF MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 16.44

Transaction ID : SB17.I110

Memo Item

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD**

Mailing Address 8040 EXCELSIOR DRIVE  
SUITE 300

City MADISON State WI Zip Code 53717

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 6549.87

Transaction ID : SB17.I103

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 6585.61

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)  
**A. ESTENSON, DAVID, , ,**

Mailing Address **N37830 THOMPSON COULEE ROAD**

City **WHITEHALL** State **WI** Zip Code **54773-9234**

Purpose of Disbursement **PAYROLL** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01 / 27 / 2026**

FEC Identification Number **C**

Amount of Each Disbursement this Period **2780.56**

Transaction ID : **SB17.I184**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PERAKIS, ETHAN, , ,**

Mailing Address **1801 LAGUNA AVENUE**

City **WESTON** State **WI** Zip Code **54476-3934**

Purpose of Disbursement **PAYROLL** Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01 / 27 / 2026**

FEC Identification Number **C**

Amount of Each Disbursement this Period **1488.30**

Transaction ID : **SB17.I185**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. STEVENSON, BARBARA, , ,**

Mailing Address **176 MARIAHWYNN TERRACE**

City **LODI** State **WI** Zip Code **53555-8802**

Purpose of Disbursement **PAYROLL** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01 / 27 / 2026**

FEC Identification Number **C**

Amount of Each Disbursement this Period **2281.01**

Transaction ID : **SB17.I186**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **0.00**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 110.00	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type 001	Transaction ID : SB17.I105	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 78.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type 001	Transaction ID : SB17.I112	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 2192.59	
Purpose of Disbursement PAYROLL TAX		Category/ Type 001	Transaction ID : SB17.I113	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2381.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300		FEC Identification Number C
City MADISON	State WI	Zip Code 53717
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 6549.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ESTENSON, DAVID, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026
Mailing Address N37830 THOMPSON COULEE ROAD		FEC Identification Number C
City WHITEHALL	State WI	Zip Code 54773-9234
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2780.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PERAKIS, ETHAN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026
Mailing Address 1801 LAGUNA AVENUE		FEC Identification Number C
City WESTON	State WI	Zip Code 54476-3934
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1488.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6549.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEVENSON, BARBARA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026	
Mailing Address 176 MARIAHWYNN TERRACE			FEC Identification Number <b>C</b>	
City LODI	State WI	Zip Code 53555-8802	Amount of Each Disbursement this Period 2281.01	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : <b>SB17.I189</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number <b>C</b>	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 78.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type 001	Transaction ID : <b>SB17.I129</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number <b>C</b>	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 2178.67	
Purpose of Disbursement PAYROLL TAX		Category/ Type 001	Transaction ID : <b>SB17.I130</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2257.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 6549.86	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I135	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ESTENSON, DAVID, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address N37830 THOMPSON COULEE ROAD			FEC Identification Number C	
City WHITEHALL	State WI	Zip Code 54773-9234	Amount of Each Disbursement this Period 2780.55	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I190	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PERAKIS, ETHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address 1801 LAGUNA AVENUE			FEC Identification Number C	
City WESTON	State WI	Zip Code 54476-3934	Amount of Each Disbursement this Period 1488.30	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I191	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6549.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEVENSON, BARBARA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address 176 MARIAHWYNN TERRACE			FEC Identification Number <b>C</b>	
City LODI	State WI	Zip Code 53555-8802	Amount of Each Disbursement this Period 2281.01	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : <b>SB17.I192</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number <b>C</b>	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 78.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type 001	Transaction ID : <b>SB17.I138</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number <b>C</b>	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 2104.21	
Purpose of Disbursement PAYROLL TAX		Category/ Type 001	Transaction ID : <b>SB17.I139</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2182.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)  
**A. ACCOUNTANTS WORLD**

Mailing Address 8040 EXCELSIOR DRIVE  
SUITE 300

City MADISON State WI Zip Code 53717

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4805.84

Transaction ID : SB17.I148

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ESTENSON, DAVID, , ,**

Mailing Address N37830 THOMPSON COULEE ROAD

City WHITEHALL State WI Zip Code 54773-9234

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 2780.55

Transaction ID : SB17.I193

Memo Item

Full Name (Last, First, Middle Initial)  
**C. PERAKIS, ETHAN, , ,**

Mailing Address 1801 LAGUNA AVENUE

City WESTON State WI Zip Code 54476-3934

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 795.98

Transaction ID : SB17.I194

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4805.84

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEVENSON, BARBARA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026	
Mailing Address 176 MARIAHWYNN TERRACE			FEC Identification Number <b>C</b>	
City LODI	State WI	Zip Code 53555-8802	Amount of Each Disbursement this Period 1229.31	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : <b>SB17.I195</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number <b>C</b>	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 78.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type 001	Transaction ID : <b>SB17.I151</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number <b>C</b>	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 1201.03	
Purpose of Disbursement PAYROLL TAX		Category/ Type 001	Transaction ID : <b>SB17.I152</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1279.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300		FEC Identification Number C
City MADISON	State WI	Zip Code 53717
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 7818.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I162
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ESTENSON, DAVID, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address N37830 THOMPSON COULEE ROAD		FEC Identification Number C
City WHITEHALL	State WI	Zip Code 54773-9234
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 7818.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I196
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2026
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300		FEC Identification Number C
City MADISON	State WI	Zip Code 53717
Purpose of Disbursement PAYROLL PROCESSING FEE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 69.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I167
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7887.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD**

Mailing Address 8040 EXCELSIOR DRIVE  
SUITE 300

City MADISON State WI Zip Code 53717

Purpose of Disbursement PAYROLL TAX Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 697.34

Transaction ID : SB17.I168

Memo Item

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD**

Mailing Address 8040 EXCELSIOR DRIVE  
SUITE 300

City MADISON State WI Zip Code 53717

Purpose of Disbursement PAYROLL TAX Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2244.37

Transaction ID : SB17.I64

Memo Item

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD**

Mailing Address 8040 EXCELSIOR DRIVE  
SUITE 300

City MADISON State WI Zip Code 53717

Purpose of Disbursement PAYROLL PROCESSING FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 78.50

Transaction ID : SB17.I65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3020.21

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300		FEC Identification Number C
City MADISON	State WI	Zip Code 53717
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 9422.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ESTENSON, DAVID, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address N37830 THOMPSON COULEE ROAD		FEC Identification Number C
City WHITEHALL	State WI	Zip Code 54773-9234
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5653.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PERAKIS, ETHAN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 1801 LAGUNA AVENUE		FEC Identification Number C
City WESTON	State WI	Zip Code 54476-3934
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1488.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9422.47
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEVENSON, BARBARA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026	
Mailing Address 176 MARIAHWYNN TERRACE			FEC Identification Number C	
City LODI	State WI	Zip Code 53555-8802	Amount of Each Disbursement this Period 2281.01	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I183	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 78.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type 001	Transaction ID : SB17.I96	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026	
Mailing Address 8040 EXCELSIOR DRIVE SUITE 300			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 2217.14	
Purpose of Disbursement PAYROLL TAX		Category/ Type 001	Transaction ID : SB17.I97	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2295.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. ARENA LLC**

Mailing Address 1260 E STRINGHAM AVENUE  
SUITE 400

City SALT LAKE CITY State UT Zip Code 84106

Purpose of Disbursement TV ADS Category/Type 004

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 22 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 89000.00

Transaction ID : SB17.I100

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARENA LLC**

Mailing Address 1260 E STRINGHAM AVENUE  
SUITE 400

City SALT LAKE CITY State UT Zip Code 84106

Purpose of Disbursement DIGITAL SERVICES Category/Type 004

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 13 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 16939.40

Transaction ID : SB17.I89

Memo Item

Full Name (Last, First, Middle Initial)

**C. ASPECT CONSULTING LLC**

Mailing Address 8383 GREENWAY BOULEVARD  
SUITE 600

City MIDDLETON State WI Zip Code 53562-4626

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 19 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 5000.00

Transaction ID : SB17.I156

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 110939.40

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ASPECT CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026
Mailing Address 8383 GREENWAY BOULEVARD SUITE 600		FEC Identification Number C
City MIDDLETON	State WI	Zip Code 53562-4626
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I78 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ASSOCIATED BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 200 NORTH ADAMS STREET		FEC Identification Number C
City GREEN BAY	State WI	Zip Code 54301-5142
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I132 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ASSOCIATED BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2026
Mailing Address 200 NORTH ADAMS STREET		FEC Identification Number C
City GREEN BAY	State WI	Zip Code 54301-5142
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I154 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. ASSOCIATED BANK**

Mailing Address 200 NORTH ADAMS STREET

City GREEN BAY State WI Zip Code 54301-5142

Purpose of Disbursement BANK FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 30 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 16.00

Transaction ID : SB17.I163

Memo Item

Full Name (Last, First, Middle Initial)

**B. BEST WESTERN HOTELS**

Mailing Address 6201 NORTH 24TH PARKWAY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement STAFF LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 09 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 295.98

Transaction ID : SB17.I146

Memo Item

Full Name (Last, First, Middle Initial)

**C. BEST WESTERN HOTELS**

Mailing Address 6201 NORTH 24TH PARKWAY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 166.89

Transaction ID : SB17.I83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 478.87

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. BEST WESTERN HOTELS**

Mailing Address 6201 NORTH 24TH PARKWAY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 600.36

Transaction ID : SB17.190

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLACK ROOSTER BISTRO**

Mailing Address 516 2ND STREET

City HUDSON State WI Zip Code 54016-1551

Purpose of Disbursement STAFF MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 132.74

Transaction ID : SB17.1145

Memo Item

Full Name (Last, First, Middle Initial)

**C. CENEX**

Mailing Address 5500 CENEX DRIVE

City INVER GROVE HEIGHT State MN Zip Code 55077-1721

Purpose of Disbursement FUEL EXPENSE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 36.60

Transaction ID : SB17.1111

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 769.70

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHICK-FIL-A</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 5200 BUFFINGTON ROAD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30349-2945
Purpose of Disbursement TRAVEL MEALS	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 16.71	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I124 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHICK-FIL-A</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026
Mailing Address 5200 BUFFINGTON ROAD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30349-2945
Purpose of Disbursement STAFF MEALS	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 10.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I98 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026
Mailing Address 1595 SPRING HILL ROAD SUITE 500		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182-2228
Purpose of Disbursement DATABASE SOFTWARE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 400.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I106 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	427.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1595 SPRING HILL ROAD  
SUITE 500

City VIENNA State VA Zip Code 22182-2228

Purpose of Disbursement DATABASE SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.I140

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1595 SPRING HILL ROAD  
SUITE 500

City VIENNA State VA Zip Code 22182-2228

Purpose of Disbursement DATABASE SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.I169

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOMINO'S PIZZA**

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48105-9757

Purpose of Disbursement STAFF MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 63.77

Transaction ID : SB17.I77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 863.77

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. DRYDENWIRE</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2026
Mailing Address 422 ELM STREET		FEC Identification Number C
City SPOONER	State WI	Zip Code 54801-1332
Purpose of Disbursement ONLINE ADVERTISING	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 9450.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I157 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EDGE GRAPHICS</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address W26001 VOLD LANE		FEC Identification Number C
City ARCADIA	State WI	Zip Code 54612-2702
Purpose of Disbursement PRINTING	Category/Type 006	
Candidate Name	Amount of Each Disbursement this Period 635.05	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I75 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FESTIVAL FOODS</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address 1725 LAWRENCE DRIVE		FEC Identification Number C
City DE PERE	State WI	Zip Code 54115-9129
Purpose of Disbursement STAFF MEALS	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 20.21	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I76 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10105.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)  
**A. FP1 STRATEGIES LLC**

Mailing Address 3001 WASHINGTON BOULEVARD  
7TH FLOOR

City ARLINGTON State VA Zip Code 22201-2117

Purpose of Disbursement VIDEO SHOOT Category/Type 004

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 25500.00

Transaction ID : SB17.I87

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FRANKIES**

Mailing Address 1315 LAKE SHORE DRIVE EAST

City ASHLAND State WI Zip Code 54806-2163

Purpose of Disbursement STAFF MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 199.81

Transaction ID : SB17.I81

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 203.17

Transaction ID : SB17.I82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 25902.98

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement LODGING Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 203.17

Transaction ID : SB17.I84

Memo Item

Full Name (Last, First, Middle Initial)

**B. ISTREAM**

Mailing Address 13555 BISHOPS COURT SUITE 102

City BROOKFIELD State WI Zip Code 53005-6266

Purpose of Disbursement CHECK PROCESSING FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 45.70

Transaction ID : SB17.I115

Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTREAM**

Mailing Address 13555 BISHOPS COURT SUITE 102

City BROOKFIELD State WI Zip Code 53005-6266

Purpose of Disbursement CHECK PROCESSING FEE Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 42.86

Transaction ID : SB17.I141

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 291.73

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. ISTREAM**

Mailing Address 13555 BISHOPS COURT  
SUITE 102

City BROOKFIELD State WI Zip Code 53005-6266

Purpose of Disbursement CHECK PROCESSING FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 46.14

Transaction ID : SB17.I74

Memo Item

Full Name (Last, First, Middle Initial)

**B. JERICHO COMMUNICATIONS**

Mailing Address 3806 GLEN LYON DRIVE

City MATTHEWS State NC Zip Code 28105-1004

Purpose of Disbursement COMMUNICATIONS CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 12081.11

Transaction ID : SB17.I153

Memo Item

Full Name (Last, First, Middle Initial)

**C. JERICHO COMMUNICATIONS**

Mailing Address 3806 GLEN LYON DRIVE

City MATTHEWS State NC Zip Code 28105-1004

Purpose of Disbursement COMMUNICATIONS CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.I85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 17127.25

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. KALAHARI RESORTS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 1305 KALAHARI DRIVE		FEC Identification Number C
City BARABOO	State WI	Zip Code 53913
Purpose of Disbursement LODGING	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 587.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. KALAHARI RESORTS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2026
Mailing Address 1305 KALAHARI DRIVE		FEC Identification Number C
City BARABOO	State WI	Zip Code 53913
Purpose of Disbursement LODGING	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 269.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. KWIK TRIP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2026
Mailing Address 1626 OAK STREET		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54603-2308
Purpose of Disbursement TRAVEL MEALS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 7.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	865.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. KWIK TRIP</b>		M M / D D / Y Y Y Y 02 / 21 / 2026	
Mailing Address 1626 OAK STREET		FEC Identification Number	
City LA CROSSE	State WI	Zip Code 54603-2308	<b>C</b>
Purpose of Disbursement FUEL EXPENSE		Category/ Type 002	Amount of Each Disbursement this Period
Candidate Name			57.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB17.I133</b>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. KWIK TRIP</b>		M M / D D / Y Y Y Y 03 / 02 / 2026	
Mailing Address 1626 OAK STREET		FEC Identification Number	
City LA CROSSE	State WI	Zip Code 54603-2308	<b>C</b>
Purpose of Disbursement TRAVEL MEALS		Category/ Type 002	Amount of Each Disbursement this Period
Candidate Name			7.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB17.I137</b>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. KWIK TRIP</b>		M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 1626 OAK STREET		FEC Identification Number	
City LA CROSSE	State WI	Zip Code 54603-2308	<b>C</b>
Purpose of Disbursement FUEL EXPENSE		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			53.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB17.I143</b>
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	118.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 1626 OAK STREET

City LA CROSSE State WI Zip Code 54603-2308

Purpose of Disbursement FUEL EXPENSE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 44.39

Transaction ID : SB17.I165

Memo Item

Full Name (Last, First, Middle Initial)

**B. LEX POLITICA**

Mailing Address 7415 SOUTHWEST PARKWAY BLDG 6, STE 500

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement LEGAL SERVICES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 19 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 187.50

Transaction ID : SB17.I155

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCDONALD'S**

Mailing Address 110 NORTH CARPENTER STREET

City CHICAGO State IL Zip Code 60607-4106

Purpose of Disbursement TRAVEL MEALAS Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 20.54

Transaction ID : SB17.I114

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 252.43

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. MCDONALD'S</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 110 NORTH CARPENTER STREET			FEC Identification Number C
City CHICAGO	State IL	Zip Code 60607-4106	Amount of Each Disbursement this Period 10.26
Purpose of Disbursement TRAVEL MEALS		Category/ Type 002	Transaction ID : SB17.I122
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. MCDONALD'S</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 110 NORTH CARPENTER STREET			FEC Identification Number C
City CHICAGO	State IL	Zip Code 60607-4106	Amount of Each Disbursement this Period 12.00
Purpose of Disbursement TRAVEL MEALS		Category/ Type 002	Transaction ID : SB17.I134
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. NEW CHINA RESTAURANT</b>			Date of Disbursement MM / DD / YYYY 01 / 04 / 2026
Mailing Address 300 LAKE SHORE DRIVE WEST			FEC Identification Number C
City ASHLAND	State WI	Zip Code 54806-1603	Amount of Each Disbursement this Period 124.45
Purpose of Disbursement STAFF MEALS		Category/ Type 001	Transaction ID : SB17.I63
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	146.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. ON THE RAIL ADVISORS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2026
Mailing Address W4281 ROSE TREE DRIVE		FEC Identification Number C
City APPLETON	State WI	Zip Code 54913-6625
Purpose of Disbursement STRATEGY CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 15000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PANDA EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 1683 WALNUT GROVE AVENUE		FEC Identification Number C
City ROSEMEAD	State CA	Zip Code 91770-3711
Purpose of Disbursement STAFF MEALS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 29.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PILOT FLYING J</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2026
Mailing Address 5508 LONAS DRIVE		FEC Identification Number C
City KNOXVILLE	State TN	Zip Code 37909-3221
Purpose of Disbursement TRAVEL MEALS	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 6.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15036.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. RIVER STREET FAMILY RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 519 RIVER STREET		FEC Identification Number C
City SPOONER	State WI	Zip Code 54801-1308
Purpose of Disbursement STAFF MEALS	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 38.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SHELL USA</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2026
Mailing Address 150 NORTH DAIRY ASHFORD ROAD		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77079-1116
Purpose of Disbursement FUEL EXPENSE	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 45.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SUBWAY</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2026
Mailing Address 1 CORPORATE DRIVE		FEC Identification Number C
City SHELTON	State CT	Zip Code 06484-6208
Purpose of Disbursement STAFF MEALS	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 14.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	98.27
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. TACO JOHNS**

Mailing Address 1650 WEST END BOULEVARD

City ST. LOUIS PARK State MN Zip Code 55416

Purpose of Disbursement TRAVEL MEALS Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 02 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 10.54

Transaction ID : SB17.I123

Memo Item

Full Name (Last, First, Middle Initial)

**B. TACO JOHNS**

Mailing Address 1650 WEST END BOULEVARD

City ST. LOUIS PARK State MN Zip Code 55416

Purpose of Disbursement TRAVEL MEALS Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 02 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 10.11

Transaction ID : SB17.I126

Memo Item

Full Name (Last, First, Middle Initial)

**C. TACO JOHNS**

Mailing Address 1650 WEST END BOULEVARD

City ST. LOUIS PARK State MN Zip Code 55416

Purpose of Disbursement STAFF MEALS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 01 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 22.96

Transaction ID : SB17.I80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 43.61

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE OLD FASHIONED</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 23 NORTH PINCKNEY STREET		FEC Identification Number C
City MADISON	State WI	Zip Code 53703-4206
Purpose of Disbursement STAFF MEALS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 82.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I121 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. THE TARRANCE GROUP</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 201 NORTH UNION STREET SUITE 310		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLLING	Category/ Type 005	
Candidate Name		Amount of Each Disbursement this Period 32391.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I131 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. URBAN LAND INTERESTS</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 10 EAST DOTY STREET SUITE 300		FEC Identification Number C
City MADISON	State WI	Zip Code 53703-3376
Purpose of Disbursement PARKING	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I116 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32492.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. URBAN LAND INTERESTS</b>		M M / D D / Y Y Y Y 02 / 06 / 2026
Mailing Address 10 EAST DOTY STREET SUITE 300		FEC Identification Number
City MADISON	State WI	Zip Code 53703-3376
Purpose of Disbursement PARKING	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 23.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I118	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. WENDY'S</b>		M M / D D / Y Y Y Y 02 / 05 / 2026
Mailing Address 1 DAVE THOMAS BOULEVARD		FEC Identification Number
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement TRAVEL MEALS	Category/Type 002	
Candidate Name	Amount of Each Disbursement this Period 13.69	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I117	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. 7TH DISTRICT REPUBLICAN PARTY OF WISCONSIN</b>		M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1212 MARQUARDT ROAD		FEC Identification Number
City WAUSAU	State WI	Zip Code 54403
Purpose of Disbursement EVENT TICKETS	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 94.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I142	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	130.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)

**A. POLK COUNTY REPUBLICAN PARTY**

Mailing Address 121 COUNTY LINE STREET

City CLEAR LAKE State WI Zip Code 54005

Purpose of Disbursement EVENT TICKETS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 177.95

Transaction ID : SB17.I127

Memo Item

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN PARTY OF BARRON COUNTY**

Mailing Address P O BOX 751

City RICE LAKE State WI Zip Code 54868

Purpose of Disbursement CONTRIBUTION - FED FUNDS PERMISSIBLE Category/Type 011

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 550.00

Transaction ID : SB17.I166

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAWYER COUNTY REPUBLICAN PARTY**

Mailing Address P.O. BOX 81

City HAYWARD State WI Zip Code 54843

Purpose of Disbursement EVENT TICKETS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 120.00

Transaction ID : SB17.I128

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 847.95

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial)  
**A. ST. CROIX COUNTY REPUBLICAN PARTY**

Mailing Address 121 2ND STREET

City HUDSON    State WI    Zip Code 54016

Purpose of Disbursement  
EVENT TICKET        Category/Type

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  
01 / 26 / 2026

FEC Identification Number  
C

Amount of Each Disbursement this Period  
110.00

Transaction ID : SB17.I101

Memo Item

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City    State    Zip Code

Purpose of Disbursement  
Candidate Name        Category/Type

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

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City    State    Zip Code

Purpose of Disbursement  
Candidate Name        Category/Type

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	305870.73

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 76	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Wassgren for Congress**

Full Name (Last, First, Middle Initial) <b>A. WASSGREN, PAUL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026	
Mailing Address 2414 6TH STREET			FEC Identification Number C H6WI07215	
City ASHLAND	State WI	Zip Code 54806-2338	Amount of Each Disbursement this Period 1200000.00	
Purpose of Disbursement LOAN REPAYMENT		Category/ Type 009	Transaction ID : SB19A.179	
Candidate Name WASSGREN, PAUL, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 07				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1200000.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1**  
 Wassgren for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
WASSGREN, PAUL, , ,		<input checked="" type="checkbox"/> Primary PERSONAL FUNDS General
Mailing Address 2414 6TH STREET		<input type="checkbox"/> Other (specify) ▼
City ASHLAND	State WI	ZIP Code 54806-2338
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 100000.00	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 03 / 2025	M M / D D / Y Y Y Y Indefinite	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Wassgren for Congress** Transaction ID : **SC10.41**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
WASSGREN, PAUL, , ,			<input checked="" type="checkbox"/> Primary PERSONAL FUNDS General
Mailing Address 2414 6TH STREET			<input type="checkbox"/> Other (specify) ▼
City ASHLAND	State WI	ZIP Code 54806-2338	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 50000.00	Balance Outstanding at Close of This Period 0.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 16 / 2025	M M / D D / Y Y Y Y Indefinite	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Wassgren for Congress** Transaction ID : **SC10.58**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
<b>WASSGREN, PAUL, , ,</b>			<input checked="" type="checkbox"/> Primary PERSONAL FUNDS General
Mailing Address 2414 6TH STREET			<input type="checkbox"/> Other (specify) ▼
City ASHLAND	State WI	ZIP Code 54806-2338	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1350000.00	Cumulative Payment To Date 1050000.00	Balance Outstanding at Close of This Period 300000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 30 / 2025	M M / D D / Y Y Y Y Indefinite	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	300000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Wassgren for Congress** Transaction ID : **SC10.161**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
<b>WASSGREN, PAUL, , ,</b>			<input checked="" type="checkbox"/> Primary PERSONAL FUNDS General
Mailing Address 2414 6TH STREET			<input type="checkbox"/> Other (specify) ▼
City ASHLAND	State WI	ZIP Code 54806-2338	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1700000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1700000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2026	M M / D D / Y Y Y Y Indefinite	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1700000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	2000000.00

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