

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

MOSOLF FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<input type="text" value="200.00"/>	<input type="text" value="200.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="200.00"/>	<input type="text" value="200.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="4016.61"/>	<input type="text" value="4016.61"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="4016.61"/>	<input type="text" value="4016.61"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="530.43"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="4347.04"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MOSOLF FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	200.00	200.00
(iii) TOTAL of contributions from individuals ▶	200.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	200.00	200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	4347.04	4347.04
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4347.04	4347.04
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4547.04	4547.04

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.....	4016.61	4016.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4016.61	4016.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4547.04
25. SUBTOTAL (add Line 23 and Line 24).....	4547.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4016.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	530.43

**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 10
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <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)
MOSOLF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mosolf, Patrick, , ,

Mailing Address 550 First Colonial Rd S #3182

City Virginia Beach	State VA	Zip Code 23454
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FEC ID number of contributing federal political committee.

Name of Employer Mosolf for Congress	Occupation Candidate
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA13A.4120

Amount of Each Receipt this Period

Memo Item
For initial expenditures

B. Full Name (Last, First, Middle Initial)
Mosolf, Patrick, , ,

Mailing Address 550 First Colonial Rd S #3182

City Virginia Beach	State VA	Zip Code 23454
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FEC ID number of contributing federal political committee.

Name of Employer Mosolf for Congress	Occupation Candidate
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA13A.4122

Amount of Each Receipt this Period

Memo Item
For general campaign expenses

C. Full Name (Last, First, Middle Initial)
Mosolf, Patrick, , ,

Mailing Address 550 First Colonial Rd S #3182

City Virginia Beach	State VA	Zip Code 23454
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FEC ID number of contributing federal political committee.

Name of Employer Mosolf for Congress	Occupation Candidate
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA13A.4123

Amount of Each Receipt this Period

Memo Item
For initial campaign expenses

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4347.04"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="4347.04"/>

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 6 OF 10	
	<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)
MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Internal Revenue Service, Internal Revenue Ser, , ,

Mailing Address 1111 Constitution Ave. NW

City Washington State DC Zip Code 20224

Purpose of Disbursement Payment for tax withholding, FICA, Medicare- Aug '25

Candidate Name

Office Sought: House Senate President

Disbursement For: 2025 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 22 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 420.46

Transaction ID : SB17.4118

Memo Item

Full Name (Last, First, Middle Initial)
B. Mosolf, Patrick, , ,

Mailing Address 550 First Colonial Rd S #3182

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement Salary payment for August minus taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 09 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 2330.75

Transaction ID : SB17.4113

Memo Item

Full Name (Last, First, Middle Initial)
C. Mosolf, Patrick, , ,

Mailing Address 550 First Colonial Rd S #3182

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement Reimbursement for use of car

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 12 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 406.70

Transaction ID : SB17.4115

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3157.91

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 7 OF 10	
	<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)
MOSOLF FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Unitemized disbursements, Unitemized disbursements, , ,

Mailing Address 550 First Colonial Rd S #3182

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement Unitemized campaign expenses under \$200 each

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 437.78

Transaction ID : SB17.4112

Memo Item

Full Name (Last, First, Middle Initial)

B. Vexwire LLC, Vexwire LLC, , ,

Mailing Address 310 Brighton Road

City Clifton State NJ Zip Code 07012

Purpose of Disbursement Used iPhone for Campaign via Amazon marketplace

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 420.92

Transaction ID : SB17.4116

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 858.70

TOTAL This Period (last page this line number only).....▶ 4016.61

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MOSOLF FOR CONGRESS** Transaction ID : **SC/10.4120**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Mosolf, Patrick, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
550 First Colonial Rd S #3182			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Virginia Beach	VA	23454	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 07 / 2025	N/A	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:

SUBTOTALS This Period This Page (optional).....▶	100.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MOSOLF FOR CONGRESS** Transaction ID : **SC/10.4122**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Mosolf, Patrick, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 550 First Colonial Rd S #3182			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Virginia Beach	State VA	ZIP Code 23454	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4100.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 13 / 2025	M M / D D / Y Y Y Y N/A	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:

SUBTOTALS This Period This Page (optional).....▶	4100.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MOSOLF FOR CONGRESS** Transaction ID : **SC/10.4123**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Mosolf, Patrick, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
550 First Colonial Rd S #3182			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Virginia Beach	VA	23454	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
147.04	0.00	147.04

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2025	N/A	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:

SUBTOTALS This Period This Page (optional).....▶	147.04
TOTALS This Period (last page in this line only).....▶	4347.04

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