FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

MOSOLF FOR CONGRESS

ADDRESS (number and street) ▼

550 FIRST COLONIAL RD S # 3182

☐ Check if different than previous reported. (ACC)

VIRGINIA BEACH | VA | 23454 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00917310

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT

VA 02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

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

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2025 through 12 / 31 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Krueger, Nancy, , ,

Signature of Treasurer *Krueger, Nancy, , ,* Date 01 / 31 / 2026

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

Office Use Only							

FEC **Form 3** (Revised 03/2016)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MOSOLF FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 2025

	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))	1910.00	2110.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1910.00	2110.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19115.63	23132.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	19115.63	23132.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1325.50	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	22347.74	

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

MOSOLF FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 2025

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)	1300.00	1300.00
(ii) Unitemized	610.00	810.00
(iii) TOTAL of contributions from individuals ▶	1910.00	2110.00
(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))	1910.00	2110.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	18300.00	22647.74
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	18300.00	22647.74
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) ▶	20210.00	24757.74

FEC **Form 3** (Revised 05/2016)

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	19115.63	23132.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	300.00	300.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	300.00	300.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19415.63	23432.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	531.13
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	20210.00
25. SUBTOTAL (add Line 23 and Line 24)	20741.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	19415.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1325.50

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Mosolf, Charles, , ,
Mailing Address: 241 Mercury Circle
City: Juno Beach | State: FL | Zip Code: 33408
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1200.00
Date of Receipt: 10 / 30 / 2025
Transaction ID : SA11AI.4134
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Mosolf, Charles, , ,
Mailing Address: 241 Mercury Circle
City: Juno Beach | State: FL | Zip Code: 33408
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1300.00
Date of Receipt: 12 / 02 / 2025
Transaction ID : SA11AI.4131
Amount of Each Receipt this Period: 100.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Mosolf, Charles, , ,
Mailing Address: 241 Mercury Circle
City: Juno Beach | State: FL | Zip Code: 33408
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 12 / 20 / 2025
Transaction ID : SA11AI.4132
Amount of Each Receipt this Period: 200.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

TOTAL This Period (last page this line number only) ▶ 1300.00

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

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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
FEC ID number of contributing federal political committee: C
Name of Employer: Mosolf for Congress | Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 4547.74
Date of Receipt: 10 / 01 / 2025
Transaction ID : SA13A.4143
Amount of Each Receipt this Period: 200.00
☐ Memo Item

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
FEC ID number of contributing federal political committee: C
Name of Employer: Mosolf for Congress | Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 11547.74
Date of Receipt: 10 / 20 / 2025
Transaction ID : SA13A.4144
Amount of Each Receipt this Period: 7000.00
☐ Memo Item

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
FEC ID number of contributing federal political committee: C
Name of Employer: Mosolf for Congress | Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 16747.74
Date of Receipt: 11 / 12 / 2025
Transaction ID : SA13A.4145
Amount of Each Receipt this Period: 5200.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 12400.00

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

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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
FEC ID number of contributing federal political committee: C
Name of Employer: Mosolf for Congress | Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 17047.74
Date of Receipt: 12 / 16 / 2025
Transaction ID : SA13A.4146
Amount of Each Receipt this Period: 300.00
☐ Memo Item

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
FEC ID number of contributing federal political committee: C
Name of Employer: Mosolf for Congress | Occupation: Candidate
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 22647.74
Date of Receipt: 12 / 17 / 2025
Transaction ID : SA13A.4147
Amount of Each Receipt this Period: 5600.00
☐ 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
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5900.00

TOTAL This Period (last page this line number only) ▶ 18300.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

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

Mailing Address 1111 Constitution Ave. NW

City: Washington | State: DC | Zip Code: 20224

Purpose of Disbursement: Tax witholding, FICA, Medicare, Sep '25

Category/Type: 001

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2026
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 10 / 24 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1012.42

Transaction ID : SB17.4149

[ ] Memo Item

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

Mailing Address 1111 Constitution Ave. NW

City: Washington | State: DC | Zip Code: 20224

Purpose of Disbursement: Tax witholding, FICA, Medicare Oct '25

Category/Type:

Candidate Name: MOSOLF FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02

Disbursement For: 2026
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 11 / 17 / 2025

FEC Identification Number: C C00917310

Amount of Each Disbursement this Period: 1057.24

Transaction ID : SB17.4150

[ ] Memo Item

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

Mailing Address 1111 Constitution Ave. NW

City: Washington | State: DC | Zip Code: 20224

Purpose of Disbursement: Tax witholding, FICA Medicare for Nov '25

Category/Type: 001

Candidate Name: MOSOLF FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02

Disbursement For: 2026
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 12 / 16 / 2025

FEC Identification Number: C C00917310

Amount of Each Disbursement this Period: 1012.42

Transaction ID : SB17.4151

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3082.08

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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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
Purpose of Disbursement: Salary payment for Sep '25
Category/Type: 001
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 23 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 4919.75
Transaction ID : SB17.4156
[ ] Memo Item

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
Purpose of Disbursement: Reimbursement for use of car
Category/Type: 002
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 28 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 261.80
Transaction ID : SB17.4159
[ ] Memo Item

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
Purpose of Disbursement: Salary paymment for Oct '25
Category/Type: 001
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 24 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 4200.89
Transaction ID : SB17.4157
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9382.44

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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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
Purpose of Disbursement: Reimbursement for use of car
Category/Type: 002
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 24 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 945.00
Transaction ID : SB17.4161
[ ] Memo Item

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
Purpose of Disbursement: Salary payment for Nov '25
Category/Type: 001
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 19 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 4078.42
Transaction ID : SB17.4158
[ ] Memo Item

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
Purpose of Disbursement: Reimbursement for use of car- Nov '25
Category/Type: 002
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 19 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 212.10
Transaction ID : SB17.4162
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5235.52

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Unitemized disbursements, Unitemized disbursem, , ,

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

Category/Type: 001

Candidate Name: MOSOLF FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 12 / 31 / 2025

FEC Identification Number: C C00917310

Amount of Each Disbursement this Period: 319.75

Transaction ID : SB17.4171

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Virginia Dept of Taxation, Virginia Dept of Tax, , ,

Mailing Address PO Box 1115

City: Richmond | State: VA | Zip Code: 23218

Purpose of Disbursement: VA tax witholding

Category/Type: 001

Candidate Name: MOSOLF FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 10 / 22 / 2025

FEC Identification Number: C C00917310

Amount of Each Disbursement this Period: 205.27

Transaction ID : SB17.4152

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Virginia Dept of Taxation, Virginia Dept of Tax, , ,

Mailing Address PO Box 1115

City: Richmond | State: VA | Zip Code: 23218

Purpose of Disbursement: VA Tax witholding

Category/Type: 001

Candidate Name: MOSOLF FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 11 / 18 / 2025

FEC Identification Number: C C00917310

Amount of Each Disbursement this Period: 214.71

Transaction ID : SB17.4154

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 739.73

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Virginia Dept of Taxation, Virginia Dept of Tax, , ,
Mailing Address: PO Box 1115
City: Richmond | State: VA | Zip Code: 23218
Purpose of Disbursement: Tax witholding for Nov '25
Category/Type: 001
Candidate Name: MOSOLF FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 23 / 2025
FEC Identification Number: C C00917310
Amount of Each Disbursement this Period: 205.27
Transaction ID : SB17.4155
[ ] Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 205.27

TOTAL This Period (last page this line number only) ▶ 18645.04

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

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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
Purpose of Disbursement: Principla repayment
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB19A.4173
☐ Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶ 300.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4120

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
08 / 07 / 2025	N/A	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4122

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4100.00	0.00	4100.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
08 / 13 / 2025	N/A	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 4100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4123

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
147.74	0.00	147.74

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
09 / 29 / 2025	N/A	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 147.74

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4143

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
10 / 01 / 2025	Demand	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 200.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4144

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
10 / 20 / 2025	Demand	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4145

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5200.00	0.00	5200.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
11 / 12 / 2025	Demand	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5200.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4146

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	300.00	0.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 16 / 2025	Demand	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 0.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MOSOLF FOR CONGRESS

Transaction ID : SC/10.4147

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

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
550 First Colonial Rd S #3182

City	State	ZIP Code
Virginia Beach	VA	23454

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5600.00	0.00	5600.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 17 / 2025	Demand	0.00 % (apr)	☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5600.00

TOTALS This Period (last page in this line only) ▶ 22347.74

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