

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
KYLE FOR CONGRESS

ADDRESS (number and street) 1830 OLIVET RD
 Check if different than previously reported. (ACC) SANTA ROSA CA 95401
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** C C00909275
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
STATE DISTRICT CA 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2025 through 09 / 30 / 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 WILSON, KYLE, , ,
Signature of Treasurer WILSON, KYLE, , , Date M M / D D / Y Y Y Y
10 / 29 / 2025

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KYLE 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="2299.57"/>	<input type="text" value="2299.57"/>
(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="2299.57"/>	<input type="text" value="2299.57"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="1455.46"/>	<input type="text" value="1455.46"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="100.00"/>	<input type="text" value="100.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="1355.46"/>	<input type="text" value="1355.46"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="944.11"/>	
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="0.00"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KYLE 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).....	1500.00	1500.00
(ii) Unitemized.....	697.61	697.61
(iii) TOTAL of contributions from individuals ▶	2197.61	2197.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	101.96	101.96
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2299.57	2299.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	100.00	100.00
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)..... ▶	2399.57	2399.57

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.....	1455.46	1455.46
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) ►	1455.46	1455.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2399.57
25. SUBTOTAL (add Line 23 and Line 24).....	2399.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1455.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	944.11

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 8
(check only one)
 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)
KYLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bohlen, Taylor, , ,

Mailing Address 4020 Lovall Valley Loop Road

City Sonoma State CA Zip Code 95476

FEC ID number of contributing federal political committee.

Name of Employer Bright Power, Inc. Occupation Engineer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2025

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Wilson, Owen, , ,

Mailing Address 3332 Woolsey Rd

City Windsor State CA Zip Code 95492

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 10 / 2025

Transaction ID : SA11AI.4112

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.

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).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1500.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 8
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KYLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILSON, KYLE, , ,

Mailing Address 1830 OLIVET ROAD

City SANTA ROSA State CA Zip Code 95401

FEC ID number of contributing federal political committee. **C** H6CA02267

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 01 2025

Transaction ID : SA11D.4108

Amount of Each Receipt this Period
1.96

Memo Item

B. Full Name (Last, First, Middle Initial)
WILSON, KYLE, , ,

Mailing Address 1830 OLIVET ROAD

City SANTA ROSA State CA Zip Code 95401

FEC ID number of contributing federal political committee. **C** H6CA02267

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
09 13 2025

Transaction ID : SA11D.4108

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WILSON, KYLE, , ,

Mailing Address 1830 OLIVET ROAD

City SANTA ROSA State CA Zip Code 95401

FEC ID number of contributing federal political committee. **C** H6CA02267

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 14 2025

Transaction ID : SA11D.4153

Amount of Each Receipt this Period
530.64

Memo Item
In-kind - Meta Advertising

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

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

101.96

101.96

**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 8	
	<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)
KYLE FOR CONGRESS

A. Sticker Mule

Full Name (Last, First, Middle Initial)

Mailing Address 336 Forest Ave

City Amsterdam State NY Zip Code 12010

Purpose of Disbursement Stickers and buttons Category/Type 006

Candidate Name KYLE FOR CONGRESS

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

State: CA District: 02

Date of Disbursement 08 / 19 / 2025

FEC Identification Number C C00909275

Amount of Each Disbursement this Period 255.10

Transaction ID : SB17.4133

Memo Item

B. Town of Windsor

Full Name (Last, First, Middle Initial)

Mailing Address 8400 Windsor Rd

City Windsor State CA Zip Code 95492

Purpose of Disbursement Park Permit Category/Type 007

Candidate Name KYLE FOR CONGRESS

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

State: CA District: 02

Date of Disbursement 07 / 16 / 2025

FEC Identification Number C C00909275

Amount of Each Disbursement this Period 313.00

Transaction ID : SB17.4123

Memo Item

C. VistaPrint

Full Name (Last, First, Middle Initial)

Mailing Address 100 Hayden Avenue

City Lexington State MA Zip Code 02421

Purpose of Disbursement Banner and tablecloth Category/Type 006

Candidate Name KYLE FOR CONGRESS

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

State: CA District: 02

Date of Disbursement 08 / 19 / 2025

FEC Identification Number C C00909275

Amount of Each Disbursement this Period 424.29

Transaction ID : SB17.4135

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 992.39

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 8 OF 8	
	<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)
KYLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILSON, KYLE, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2025	
Mailing Address 1830 OLIVET ROAD			FEC Identification Number C H6CA02267	
City SANTA ROSA	State CA	Zip Code 95401	Amount of Each Disbursement this Period 530.64	
Purpose of Disbursement In-kind - Meta Advertising		Category/ Type 004	Transaction ID : SB17.4154	
Candidate Name WILSON, KYLE, , ,		Disbursement For: 2026		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 02		<input checked="" type="checkbox"/> Memo Item	
			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) 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	
Candidate Name		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.			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	
Candidate Name		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
			<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	992.39