

**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

JAMES HAYES FOR CONGRESS

ADDRESS (number and street)

PO BOX 110157

Check if different
than previously
reported. (ACC)

PITTSBURGH

PA

15232

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00838185

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

PA

12

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

01

D D / Y Y Y Y

01

Y Y Y Y

2026

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2026

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

Type or Print Name of Treasurer Jukus, Joel, , ,

Signature of Treasurer

Jukus, Joel, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

13

Y Y Y Y

2026

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JAMES HAYES FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13854.00	24775.00
(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))	13854.00	24775.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3500.13	14219.45
(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))	3500.13	14219.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	18541.25	
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)	12253.08	

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

JAMES HAYES FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than
Political Committees****(i) Itemized (use Schedule A).....**

4550.00

12150.00

(ii) Unitemized

5354.00

7400.00

**(iii) TOTAL of contributions
from individuals**

9904.00

19550.00

(b) Political Party Committees.....

0.00

250.00

**(c) Other Political Committees
(such as PACs)**

3950.00

4950.00

(d) The Candidate

0.00

25.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

13854.00

24775.00

**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.)**

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).....**

13854.00

24775.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3500.13	14219.45
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) ►	3500.13	14219.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8187.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13854.00
25. SUBTOTAL (add Line 23 and Line 24).....	22041.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3500.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18541.25

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 18

☒ 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)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Astley, Jeff, , ,

A.

Mailing Address 1553 Arona Road

City

Irwin

State

PA

Zip Code

15642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maverick Dental Lab

Occupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2026

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

Astley, Jeff, , ,

B.

Mailing Address 1553 Arona Road

City

Irwin

State

PA

Zip Code

15642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maverick Dental Lab

Occupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2026

Transaction ID : SA11AI.5887

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

Astley, Jeff, , ,

C.

Mailing Address 1553 Arona Road

City

Irwin

State

PA

Zip Code

15642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maverick Dental Lab

Occupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2026

Transaction ID : SA11AI.5888

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

2050.00

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

Use separate schedule(s)
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PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Astley, Jeff, , ,

A.

Mailing Address 1553 Arona Road

City

Irwin

State

PA

Zip Code

15642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maverick Dental Lab

Occupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y
02 24 2026

Transaction ID : SA11AI.5889

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

Bucciero, Deborah, , ,

B.

Mailing Address 4974 Cline Hollow Rd

City

Export

State

PA

Zip Code

15632

FEC ID number of contributing
federal political committee.

C

Name of Employer
First United Methodist

Occupation
Preschool Teacher

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 06 2026

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Burak, Emil, , ,

C.

Mailing Address 255 Scenery Dr

City

Elizabeth

State

PA

Zip Code

15037

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 17 2026

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1800.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sheahen, Kevin, , ,

A.

Mailing Address 37 Seneca Rd

City

Pittsburgh

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 09 2026

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Sheahen, Kevin, , ,

B.

Mailing Address 37 Seneca Rd

City

Pittsburgh

State

PA

Zip Code

15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 09 2026

Transaction ID : SA11AI.5860

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Werkmeister, Ronald, , ,

C.

Mailing Address 4750 Robert Dr

City

Bethel Park

State

PA

Zip Code

15102

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

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 ▼

1836.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period

91.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

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 ▼

5221.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 02 2026

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period

3385.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

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 ▼

5321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 09 2026

Transaction ID : SA11AI.5873

Amount of Each Receipt this Period

100.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

0.00

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 18

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

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

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 ▼

5371.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2026

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period

50.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

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 ▼

5624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 23 2026

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period

253.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

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 ▼

5724.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2026

Transaction ID : SA11AI.5876

Amount of Each Receipt this Period

100.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED

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

0.00

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

4550.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

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

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Friends of Eric Davanzo

A.

Mailing Address 371 State Road HL

City

Smithton

State

PA

Zip Code

15479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 06 2026

Transaction ID : SA11C.5968

Amount of Each Receipt this Period

250.00



Memo Item

Permissible Funds

Full Name (Last, First, Middle Initial)

Monroeville Republican Committee

B.

Mailing Address 118 Monticello Dr

City

Monroeville

State

PA

Zip Code

15146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 28 2026

Transaction ID : SA11C.5977

Amount of Each Receipt this Period

200.00



Memo Item

Permissible Funds

Full Name (Last, First, Middle Initial)

PENNSYLVANIA HONOR

C.

Mailing Address PO BOX 23537

City

PITTSBURGH

State

PA

Zip Code

15222

FEC ID number of contributing
federal political committee.

C

C00851998

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11C.5973

Amount of Each Receipt this Period

3500.00



Memo Item

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

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

3950.00

3950.00

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

PAGE 11 OF 18

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

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Coldspark Media

Mailing Address Three PPG Place Suite 500

City
PittsburghState
PAZip Code
15222Purpose of Disbursement
Email Hosting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

154.20

Transaction ID : SB17.5913

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PA Faith & Freedom Coalition

Mailing Address PO Box 1981

City
ButlerState
PAZip Code
16003Purpose of Disbursement
Event Registration

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5854

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pittsburgh Jewish Publication Education Foundation

Mailing Address 5915 Beacon St., 5th Floor

City
PittsburghState
PAZip Code
15217Purpose of Disbursement
Advertisement- Print

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

575.00

Transaction ID : SB17.5974

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

1029.20

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

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

PAGE 12 OF 18

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

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Rightway Compliance LLCMailing Address 4075 Linglestown Rd
#119City
HarrisburgState
PAZip Code
17112Purpose of Disbursement
Accounting and Compliance Services

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.5851

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rightway Compliance LLCMailing Address 4075 Linglestown Rd
#119City
HarrisburgState
PAZip Code
17112Purpose of Disbursement
Accounting and Compliance Services

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5904

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 500 Staples Drive

City
FraminghamState
MAZip Code
01702Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

203.18

Transaction ID : SB17.5906

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**603.18****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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 500 Staples Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2026

City
FraminghamState
MAZip Code
01702

FEC Identification Number

CPurpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

152.98

Transaction ID : SB17.5907

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 5550 CENTRE AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2026

City
PittsburghState
PAZip Code
15232

FEC Identification Number

CPurpose of Disbursement
Postage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

352.55

Transaction ID : SB17.5909

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. VistaPrint

Mailing Address 95 Hayden Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2026

City
LexingtonState
MAZip Code
02451

FEC Identification Number

CPurpose of Disbursement
Campaign Apparel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

435.03

Transaction ID : SB17.5918

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

940.56

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

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

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

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Winred Technical Services LLC

Mailing Address 1776 Wilson Blvd Suite 530

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Processing Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

133.37

Transaction ID : SB17.5899

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Winred Technical Services LLC

Mailing Address 1776 Wilson Blvd Suite 530

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Processing Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3.94

Transaction ID : SB17.5900

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winred Technical Services LLC

Mailing Address 1776 Wilson Blvd Suite 530

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Processing Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.97

Transaction ID : SB17.5901

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**139.28****TOTAL** This Period (last page this line number only).....▶

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Winred Technical Services LLC

Mailing Address 1776 Wilson Blvd Suite 530

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Processing Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

9.97

Transaction ID : SB17.5902

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Winred Technical Services LLC

Mailing Address 1776 Wilson Blvd Suite 530

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
Processing Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3.94

Transaction ID : SB17.5903

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**13.91****TOTAL** This Period (last page this line number only).....▶**2726.13**

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

'Testing the Waters' Research/Polling Study

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

6200.00

Transaction ID : SD10.4278

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

Travel

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

1845.27

Transaction ID : SD10.4434

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1845.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

Trave-Mileage

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

486.01

Transaction ID : SD10.4429

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

486.01

1) **SUBTOTALS** This Period This Page (optional)

8531.28

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

Candidate Filing Fee

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.4831

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

Sponsorship

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

650.00

Transaction ID : SD10.4830

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

650.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

Campaign Tshirts and hats

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

801.70

Transaction ID : SD10.5517

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

801.70

1) **SUBTOTALS** This Period This Page (optional)

1601.70

2) **TOTALS** This Period (last page this line number only) 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JAMES HAYES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAYES, JAMES, , Dr.,

Nature of Debt (Purpose):

Travel-Lodging

Mailing Address 508 ROSLYN PL

City

PITTSBURGH

State

PA

Zip Code

15232

Outstanding Balance Beginning This Period

2120.10

Transaction ID : SD10.5844

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2120.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2120.10

2) **TOTALS** This Period (last page this line number only) ▶

12253.08

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

12253.08