

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL JOE HATHAWAY FOR CONGRESS				
ADDRESS (number and street) PO BOX 999				
CITY EDISON		STATE NJ		ZIP CODE 08818-0999
2. NAME OF CANDIDATE HATHAWAY, JOE, , ,			3. OFFICE SOUGHT (State and District) House NJ 11	
4. FEC IDENTIFICATION NUMBER C00921809				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME KELLOGG, PETER, , ,		Name of Employer INFORMATION REQUESTED		Date (month, day, year) 04/06/2026
MAILING ADDRESS 48 WALL STREET 50TH FLOOR CITY NEW YORK		Transaction ID : 6359F5F7B41884EAC		Amount 1000.00
STATE NY	ZIP CODE 10005-2903	Occupation RETIRED		
B. FULL NAME KLEIN, JACOB, , ,		Name of Employer THE KLEIN GROUP		Date (month, day, year) 04/06/2026
MAILING ADDRESS 25 A HANOVER ROAD, SUITE 350 CITY FLORHAM PARK		Transaction ID : 6649E916B3EBF4738		Amount 2750.00
STATE NJ	ZIP CODE 07932	Occupation REAL ESTATE		
C. FULL NAME CHRISTIE, CHRIS, , ,		Name of Employer THE CHRISTIE LAW FIRM		Date (month, day, year) 04/06/2026
MAILING ADDRESS 46 COREY LN CITY MENDHAM		Transaction ID : 666C00FEC4CDF459:		Amount 3500.00
STATE NJ	ZIP CODE 07945	Occupation ATTORNEY		
D. FULL NAME SEMERARO, MICHAEL, , ,		Name of Employer LANGAN		Date (month, day, year) 04/06/2026
MAILING ADDRESS 2 WARNER WAY CITY WAYNE		Transaction ID : 6F444FAADEC9042D		Amount 1000.00
STATE NJ	ZIP CODE 07470	Occupation CIVIL ENGINEER		
E. FULL NAME BODNAR, KAREN, , ,		Name of Employer RETIRED		Date (month, day, year) 04/06/2026
MAILING ADDRESS 41 HADLEY DR CITY FLORHAM PARK		Transaction ID : 63F4C2AA37D9B4AE		Amount 1000.00
STATE NJ	ZIP CODE 07932	Occupation RETIRED		
SIGNATURE (optional) GRAVINO, RONALD, , ,			DATE 04/06/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE CHRISTIE, MARY PAT, , , 46 COREY LN MENDHAM NJ 07945	Name of Employer CHRISTIE 55 SOLUTIONS Transaction ID : 65455BA372BD8426D8CB Occupation MANAGING DIRECTOR	Date (month, day, year) 04/06/2026	Amount 3500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE ASBATY, ANN, , , 3 HUNTINGTON DRIVE RANDOLPH NJ 07869-2119	Name of Employer RETIRED Transaction ID : 603A97CF1F3C7441B8AB1 Occupation RETIRED	Date (month, day, year) 04/06/2026	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE KELLOGG, CYNTHIA, , , 48 WALL STREET 30TH FLOOR NEW YORK NY 10005-2915	Name of Employer INFORMATION REQUESTED Transaction ID : 66EDE3F0C769C4708937 Occupation RETIRED	Date (month, day, year) 04/06/2026	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE SCHLOESSER, RUDY, , , 9 OLDE YORK ROAD RANDOLPH NJ 07869	Name of Employer KEN-MAR MACHINE MFG CORP Transaction ID : 6185127448BD24005918 Occupation MANAGER	Date (month, day, year) 04/06/2026	Amount 3500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE MAURILLO, JOSEPH, , , 678 CRANBURY RD EAST BRUNSWICK NJ 08816	Name of Employer JOSEPH MAURILLO Transaction ID : 60DBD5B2E2E5B45288A7 Occupation HOSPITALITY	Date (month, day, year) 04/06/2026	Amount 1000.00

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE FUNT, BARRY, , , 1 CARRIAGE HILL DR MORRISTOWN NJ 07960		Name of Employer SELF EMPLOYED Transaction ID : 6B835CBA9D1F348F4B37 Occupation COMMERICAL REAL ESTATE Date (month, day, year) 04/06/2026 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE SEAMAN, ERIC, , , 92 MOHAWK RD SHORT HILLS NJ 07078		Name of Employer SUMMIT HEALTH Transaction ID : 6136E9AC5B2664BD6967 Occupation HEALTHCARE Date (month, day, year) 04/06/2026 Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	