

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Kassay for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 11 / 2026

	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))	3025.06	10016.06
(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))	3025.06	10016.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17027.57	41667.43
(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))	17027.57	41667.43
8. Cash on Hand at Close of Reporting Period (from Line 27)	- 13847.91	
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)	24157.04	

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

Kassay 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).....	1575.00	4040.00
(ii) Unitemized.....	1450.06	5961.06
(iii) TOTAL of contributions from individuals ▶	3025.06	10001.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	15.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3025.06	10016.06
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	8578.46	17818.46
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	8578.46	17818.46
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)..... ▶	11603.52	27834.52

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.....	17027.57	41667.43
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) ►	17027.57	41667.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 8423.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11603.52
25. SUBTOTAL (add Line 23 and Line 24).....	3179.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17027.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 13847.91

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Fix accounting errors

Form/Schedule:
Transaction ID:

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 26
(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)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
Gratzek, Tom, , ,

Mailing Address 3308 Starmount Dr

City Greensboro State NC Zip Code 27403

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 01 / 2026

Transaction ID : CDR-000000004789868

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8821.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 01 / 2026

Transaction ID : CDABR-00000004789868

Amount of Each Receipt this Period
250.00

Memo Item

Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Veltri, Janet, , ,

Mailing Address 4905 Koger Blvd

City Greensboro State NC Zip Code 27407

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 05 / 2026

Transaction ID : CDR-0000000005376404

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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: PAGE 7 OF 26
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
Witmer, Larry, , ,

Mailing Address 11281 Olde Cedar Ct

City Davidson State NC Zip Code 28036

FEC ID number of contributing federal political committee. C

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

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 / 11 / 2026

Transaction ID : CDR-000000005010511

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 8821.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : CDABR-00000005010511

Amount of Each Receipt this Period
100.00

Memo Item

Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Wentnick, Flo, , ,

Mailing Address 3220 Bowers Ave

City High Point State NC Zip Code 27260

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 Y Y
01 / 27 / 2026

Transaction ID : CDR-0000000005376424

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 8 OF 26	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
Witmer, Larry, , ,

Mailing Address 11281 Olde Cedar Ct

City Davidson State NC Zip Code 28036

FEC ID number of contributing federal political committee. C

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

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
01 / 22 / 2026

Transaction ID : CDR-00000000487736

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 8821.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2026

Transaction ID : CDABR-0000000487736

Amount of Each Receipt this Period
50.00

Memo Item

Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Baker, Denise, , ,

Mailing Address 2506 Sylvan Rd

City Greensboro State NC Zip Code 27403

FEC ID number of contributing federal political committee. C

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

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
01 / 25 / 2026

Transaction ID : CDR-000000004889888

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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: PAGE 9 OF 26
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8821.06

Date of Receipt: 01 / 25 / 2026

Transaction ID : CDABR-00000004889888

Amount of Each Receipt this Period: 50.00

Memo Item

Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Wentnick, Flo, , ,

Mailing Address 3220 Bowers Ave

City: High Point State: NC Zip Code: 27260

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:
Retired Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt: 01 / 16 / 2026

Transaction ID : CDR-000000005376310

Amount of Each Receipt this Period: 50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Wentnick, Flo, , ,

Mailing Address 3220 Bowers Ave

City: High Point State: NC Zip Code: 27260

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:
Retired Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt: 01 / 16 / 2026

Transaction ID : CDR-000000005376397

Amount of Each Receipt this Period: 50.00

Memo Item

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

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

100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
Canon, Joel, , ,

Mailing Address 503 Frankfurt Ct

City Winston Salem State NC Zip Code 27127

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

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2026

Transaction ID : CDR-000000004854235

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8821.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2026

Transaction ID : CDABR-00000004854235

Amount of Each Receipt this Period
75.00

Memo Item

Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Witmer, Larry, , ,

Mailing Address 11281 Olde Cedar Ct

City Davidson State NC Zip Code 28036

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

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

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
01 / 09 / 2026

Transaction ID : CDR-0000000004812267

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 11 OF 26	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8821.06

Date of Receipt

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

Transaction ID : CDABR-00000004812267

Amount of Each Receipt this Period
100.00

Memo Item

Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Herndon, Bill, , ,

Mailing Address 342 N NC Highway 109

City Thomasville	State NC	Zip Code 27360
---------------------	-------------	-------------------

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

Name of Employer Grace Episcopal Church, Lexington, NC	Occupation Organist
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		12		2026

Transaction ID : CDR-0000000004834529

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8821.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		12		2026

Transaction ID : CDABR-00000004834529

Amount of Each Receipt this Period
250.00

Memo Item

Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	1575.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kassay for Congress

A. Full Name (Last, First, Middle Initial)
Kassay, Alysa, , ,

Mailing Address PO Box 7192

City Greensboro State NC Zip Code 27417

FEC ID number of contributing federal political committee. **C** H6NC06180

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
32828.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2026

Transaction ID : CDLC-00000000000614

Amount of Each Receipt this Period
8578.46

Memo Item
Loan to Committee

B. 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 Y Y

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. **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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8578.46
TOTAL This Period (last page this line number only).....▶	8578.46

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)
Kassay for Congress

Full Name (Last, First, Middle Initial) A. Mosaic Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2026
Mailing Address 800 SW Jackson St Ste 618 554		FEC Identification Number C
City Topeka	State KS	Zip Code 66612
Purpose of Disbursement Overhead Expense		001
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : CDD-0000000454166404 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Campaign Deputy		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address 445 Baxter Ave Ste 101		FEC Identification Number C
City Louisville	State KY	Zip Code 40204
Purpose of Disbursement Overhead Expense		001
Candidate Name		Amount of Each Disbursement this Period 475.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : CDD-0000000454171210 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wix.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2026
Mailing Address 100 Gansevoort St		FEC Identification Number C
City New York	State NY	Zip Code 10014
Purpose of Disbursement Overhead Expense		001
Candidate Name		Amount of Each Disbursement this Period 24.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : CDD-0000000454171211 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1999.00
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 14 OF 26	
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook Ads		M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising Exp	004	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 39.76
State: District:	Transaction ID : CDD-0000000454171212	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Scale to Win		M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 455 Market St Ste 1940		FEC Identification Number
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Advertising Exp	004	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 666.69
State: District:	Transaction ID : CDD-0000000454171213	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. USPS		M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 4615 W Gate City Blvd		FEC Identification Number
City Greensboro	State NC	Zip Code 27407
Purpose of Disbursement Advertising Exp	004	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 183.00
State: District:	Transaction ID : CDD-0000000454171214	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	889.45
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 15 OF 26			
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial) A. Wix.com		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026
Mailing Address 100 Gansevoort St		FEC Identification Number C
City New York	State NY	Zip Code 10014
Purpose of Disbursement Overhead Expense	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 25.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171215
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Mosaic Group		Date of Disbursement MM / DD / YYYY 01 / 20 / 2026
Mailing Address 800 SW Jackson St Ste 618 554		FEC Identification Number C
City Topeka	State KS	Zip Code 66612
Purpose of Disbursement Campaign Materials	Category/ Type 006	
Candidate Name	Amount of Each Disbursement this Period 322.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171217
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 01 / 21 / 2026
Mailing Address 4615 W Gate City Blvd		FEC Identification Number C
City Greensboro	State NC	Zip Code 27407
Purpose of Disbursement Advertising Exp	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 158.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171219
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	506.40
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 16 OF 26	
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 4615 W Gate City Blvd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement Advertising Ext Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : CDD-0000000454171220

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 4615 W Gate City Blvd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement Advertising Exp Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : CDD-0000000454171222

Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign Deputy

Mailing Address 445 Baxter Ave Ste 101

City Louisville State KY Zip Code 40204

Purpose of Disbursement Overhead Expense Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : CDD-0000000454171223

Memo Item

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

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 17 OF 26	
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial) A. Mosaic Group		Date of Disbursement MM / DD / YYYY 02 / 03 / 2026
Mailing Address 800 SW Jackson St Ste 618 554		FEC Identification Number C
City Topeka	State KS	Zip Code 66612
Purpose of Disbursement Overhead Exp	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : CDD-0000000454171224 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Scale to Win		Date of Disbursement MM / DD / YYYY 02 / 03 / 2026
Mailing Address 455 Market St Ste 1940		FEC Identification Number C
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Advertising Exp	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 188.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : CDD-0000000454171225 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Stones Phones		Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 41-750 Rancho Las Palmas Dr		FEC Identification Number C
City Rancho Mirage	State CA	Zip Code 92270
Purpose of Disbursement Advertising Exp	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 790.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : CDD-0000000454171226 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2478.42
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 18 OF 26			
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial) A. Wix.com		Date of Disbursement MM / DD / YYYY 02 / 05 / 2026
Mailing Address 100 Gansevoort St		FEC Identification Number C
City New York	State NY	Zip Code 10014
Purpose of Disbursement Overhead Exp	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 24.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171227
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Allegra		Date of Disbursement MM / DD / YYYY 02 / 03 / 2026
Mailing Address 3250 Healy Dr		FEC Identification Number C
City Winston Salem	State NC	Zip Code 27103
Purpose of Disbursement Advertising Exp	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 8578.46	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171228
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Allegra		Date of Disbursement MM / DD / YYYY 01 / 21 / 2026
Mailing Address 3250 Healy Dr		FEC Identification Number C
City Winston Salem	State NC	Zip Code 27103
Purpose of Disbursement Advertising Exp	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 1338.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171229
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	9941.04
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 19 OF 26	
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Summerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 13.83	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : CDD-0000000454171735	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2026	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Summerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 16.60	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : CDD-0000000454171736	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2026	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Summerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 17.20	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : CDD-0000000454171737	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	47.63
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 20 OF 26	
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Actblue Technical Services		M M / D D / Y Y Y Y 01 / 25 / 2026	
Mailing Address 366 Summer Street		FEC Identification Number	
City Summerville	State MA	Zip Code 02144	C
Purpose of Disbursement Merchant Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	9.71
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171738
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Actblue Technical Services		M M / D D / Y Y Y Y 01 / 30 / 2026	
Mailing Address 366 Summer Street		FEC Identification Number	
City Summerville	State MA	Zip Code 02144	C
Purpose of Disbursement Merchant Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5.74
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171739
State:	District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Actblue Technical Services		M M / D D / Y Y Y Y 02 / 06 / 2026	
Mailing Address 366 Summer Street		FEC Identification Number	
City Summerville	State MA	Zip Code 02144	C
Purpose of Disbursement Merchant Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	10.28
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171740
State:	District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	25.73
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)		PAGE 21 OF 26	
	<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)
Kassay for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026
Mailing Address 366 Summer Street		FEC Identification Number C
City Summerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 12.46	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : CDD-0000000454171741
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12.46
TOTAL This Period (last page this line number only).....▶	16731.13

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Kassay for Congress** Transaction ID : **CDL-0000000000000518**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Kassay, Alysa, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 7192			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Greensboro	NC	27417	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 04 / 2025	M M / D D / Y Y Y Y Whenever	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).....▶	5000.00
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) **Kassay for Congress** Transaction ID : **CDL-000000000000521**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Kassay, Alysa, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 7192			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Greensboro	NC	27417	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 03 / 2025	Whenever		

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).....▶	7500.00
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) **Kassay for Congress** Transaction ID : **CDL-000000000000597**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Kassay, Alysa, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 7192			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Greensboro	NC	27417	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1740.00	0.00	1740.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 16 / 2025	M M / D D / Y Y Y Y Whenever	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).....▶	1740.00
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) **Kassay for Congress** Transaction ID : **CDL-000000000000609**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kassay, Alysa, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 7192		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Greensboro	State NC	ZIP Code 27417
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1338.58	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1338.58
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 20 / 2025	M M / D D / Y Y Y Y Whenever	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).....▶	1338.58
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) **Kassay for Congress** Transaction ID : **CDL-0000000000000614**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Kassay, Alysa, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 7192			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Greensboro	NC	27417	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8578.46	0.00	8578.46

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 05 / 2026	M M / D D / Y Y Y Y Whenever	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).....▶	8578.46
TOTALS This Period (last page in this line only).....▶	24157.04

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