

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

Hach for Congress

ADDRESS (number and street)

338 Jericho Turnpike

#212

Check if different
than previously
reported. (ACC)

Syosset

NY

11791

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00846550

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NY

03

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

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

Watkins, Nancy, H., ,

Signature of Treasurer

Watkins, Nancy, H., ,

Date

M M /

D D /

Y Y Y Y

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

Hach for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2024

To:

MM / DD / YYYY
09 / 30 / 2024

	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))	0.00	104218.09
(b) Total Contribution Refunds (from Line 20(d))	0.00	12070.70
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	92147.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	434.77	292924.32
(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))	434.77	292924.32
8. Cash on Hand at Close of Reporting Period (from Line 27)	9223.07	
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)	210000.00	

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

Hach for Congress

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2024 To: MM / DD / YYYY 09 / 30 / 2024

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).....	0.00	97185.78
(ii) Unitemized	0.00	2032.31
(iii) TOTAL of contributions from individuals	0.00	99218.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	104218.09
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	675000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	675000.00
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).....	0.00	779218.09

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.....	434.77	292924.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	465000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	465000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	12070.70
(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	12070.70
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	434.77	769995.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9657.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	9657.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	434.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9223.07

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

PAGE 5 OF 8

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

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)

Hach for Congress

Full Name (Last, First, Middle Initial)

A. Harris Media, LLCMailing Address 66 W. Flagler Street
Unit PH-1City
MiamiState
FLZip Code
33130Purpose of Disbursement
domain registration/hosting

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
0	8		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

306.43

Transaction ID : SB17.4617

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address P. O. Box 6818

City
Carol StreamState
ILZip Code
60197Purpose of Disbursement
credit card payment

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
0	7		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

128.34

Transaction ID : SB17.4615

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-Mobile

Mailing Address 3625 132nd Avenue, S.E.

City
BellevueState
WAZip Code
98006Purpose of Disbursement
telephone

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
0	7		0	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

128.34

Transaction ID : SB17.4615.0

☒ Memo Item

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

434.77

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

434.77

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 8
	FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full) Hach for Congress	Transaction ID : SC/10.4104
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LOAN SOURCE Full Name (Last, First, Middle Initial) Hach, Gregory, , ,			☐ Memo Item	Election: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼
Mailing Address 338 Jericho Pkwy. #212				
City Syosset	State NY	ZIP Code 11791	☒ Personal Funds of the Candidate	

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
----------------------------------	------------------------------------	--

TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 08 / 2023	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: ☐ Yes ☒ No
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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: 0.00
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional).....▶	50.00
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

PAGE 7 OF 8

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

Hach for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Hach, Gregory, , ,

Mailing Address

338 Jericho Pkwy.
#212

City

Syosset

State

NY

ZIP Code

11791

☒ Personal Funds of the Candidate

Original Amount of Loan

199950.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

199950.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 10 2023

M M / D D / Y Y Y Y

None

0.00 % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

199950.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 8
	FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full) Hach for Congress	Transaction ID : SC/10.4522
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LOAN SOURCE Full Name (Last, First, Middle Initial) Hach, Gregory, , ,			☐ Memo Item	Election: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼
Mailing Address 338 Jericho Pkwy. #212				
City Syosset	State NY	ZIP Code 11791		☒ Personal Funds of the Candidate

Original Amount of Loan 475000.00	Cumulative Payment To Date 465000.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred MM / DD / YYYY 02 / 21 / 2024	Date Due MM / DD / YYYY None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: ☐ Yes ☒ No
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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).....▶	10000.00
TOTALS This Period (last page in this line only)▶	210000.00

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