

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: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 06 / 03 / 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))....	1391.17	26876.82
(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))	1391.17	26876.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	209949.01	477697.81
(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))	209949.01	477697.81
8. Cash on Hand at Close of Reporting Period (from Line 27)	58414.95	
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)	710000.00	

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: / / 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).....	912.30	24330.46
(ii) Unitemized.....	478.87	2546.36
(iii) TOTAL of contributions from individuals ▶	1391.17	26876.82
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1391.17	26876.82
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	12.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1391.17	526889.69

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.....	209949.01	477697.81
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) ►	209949.01	477697.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	266972.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1391.17
25. SUBTOTAL (add Line 23 and Line 24).....	268363.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	209949.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58414.95

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

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

FOR LINE NUMBER: PAGE 5 OF 23
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
Hach for Congress

A. Full Name (Last, First, Middle Initial)
Kalaba, Ernest, , ,
Mailing Address 300 Winston Drive
#1210
City Cliffsid Park State NJ Zip Code 07010
FEC ID number of contributing federal political committee. C
Name of Employer n/a Occupation retired
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
204.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2026
Transaction ID : SA11AI.4888
Amount of Each Receipt this Period
100.00
 Memo Item
Earmarked-> WinRed

B. Full Name (Last, First, Middle Initial)
WinRed
Mailing Address P.O. Box 9891
City Arlington State TX 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 ▼
11772.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026
Transaction ID : SA11AI.4888.0
Amount of Each Receipt this Period
100.00
 Memo Item
earmarks received

C. Full Name (Last, First, Middle Initial)
Kilfoil, James, , ,
Mailing Address 509 E. 88th Street
#4C
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. C
Name of Employer Blue Castle Services, LLC Occupation private investigator
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
312.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2026
Transaction ID : SA11AI.4852
Amount of Each Receipt this Period
52.05
 Memo Item
Earmarked-> WinRed

SUBTOTAL of Receipts This Page (optional).....▶ 152.05
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 6 OF 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hach for Congress

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

Mailing Address P.O. Box 9891

City: Arlington State: TX 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 ▼
10730.03

Date of Receipt: 04 / 20 / 2026

Transaction ID : SA11AI.4852.0

Amount of Each Receipt this Period: 52.05

Memo Item
earmarks received

B. Full Name (Last, First, Middle Initial)
Kusick, Timothy, , ,

Mailing Address 46 McGeory Avenue

City: Bronxville State: NY Zip Code: 10708

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

Name of Employer: Occupation:
n/a retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt: 04 / 27 / 2026

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period: 260.25

Memo Item
Earmarked-> WinRed

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

Mailing Address P.O. Box 9891

City: Arlington State: TX 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 ▼
11516.31

Date of Receipt: 04 / 29 / 2026

Transaction ID : SA11AI.4868.0

Amount of Each Receipt this Period: 260.25

Memo Item
earmarks received

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

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

260.25

**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 7 OF 23	
	<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)
Hach for Congress

A. Full Name (Last, First, Middle Initial)
Rubin, Jeffrey, , ,

Mailing Address 50 Charles Lindbergh Blvd.

City Uniondale	State NY	Zip Code 11553
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plus Management	Occupation certified medical officer
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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
04 / 20 / 2026

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked-> WinRed

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

Mailing Address P.O. Box 9891

City Arlington	State TX	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11230.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : SA11AI.4857.0

Amount of Each Receipt this Period
500.00

Memo Item
earmarks received

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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	912.30

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 9 OF 23	
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. BW International, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 1096 Grange Road			FEC Identification Number C	
City Leesport	State PA	Zip Code 19533	Amount of Each Disbursement this Period 4189.63	
Purpose of Disbursement media production		Category/ Type	Transaction ID : SB17.4899	
Candidate Name			<input type="checkbox"/> Memo Item	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CSC Capital LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 38 Condon Road			FEC Identification Number C	
City Stillwater	State NY	Zip Code 12170	Amount of Each Disbursement this Period 4500.00	
Purpose of Disbursement fundraising consulting		Category/ Type	Transaction ID : SB17.4851	
Candidate Name			<input type="checkbox"/> Memo Item	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. CSC Capital LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2026	
Mailing Address 38 Condon Road			FEC Identification Number C	
City Stillwater	State NY	Zip Code 12170	Amount of Each Disbursement this Period 4500.00	
Purpose of Disbursement fundraising consulting		Category/ Type	Transaction ID : SB17.4872	
Candidate Name			<input type="checkbox"/> Memo Item	
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) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	13189.63
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 10 OF 23	
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. Express Canvassing, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 11805 Watts Court		FEC Identification Number C
City Tavares	State LA	Zip Code 32778
Purpose of Disbursement ballot access canvassing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5796.00	
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) ▼	Transaction ID : SB17.4832
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Express Canvassing, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2026
Mailing Address 11805 Watts Court		FEC Identification Number C
City Tavares	State LA	Zip Code 32778
Purpose of Disbursement GOTV software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5800.00	
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) ▼	Transaction ID : SB17.4875
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Robert Watkins & Company. P.A.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 610 S. Boulevard		FEC Identification Number C
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement accounting services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3000.00	
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) ▼	Transaction ID : SB17.4846
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	14596.00
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 11 OF 23			
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. Robert Watkins & Company. P.A.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 610 S. Boulevard		FEC Identification Number C
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement accounting services		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : SB17.4871
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) B. Robert Watkins & Company. P.A.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2026
Mailing Address 610 S. Boulevard		FEC Identification Number C
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement accounting services		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	Transaction ID : SB17.4905
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. Spectrum Mionthly LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2026
Mailing Address 5 Eddy Road Suite 101		FEC Identification Number C
City Manchester	State NH	Zip Code 03102
Purpose of Disbursement advertising		Amount of Each Disbursement this Period 14606.36
Candidate Name	Category/ Type	Transaction ID : SB17.4908
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).....▶	20606.36
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 12 OF 23	
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. The November Team		Date of Disbursement MM / DD / YYYY 04 / 02 / 2026
Mailing Address P. O. Box 99		FEC Identification Number C
City South Salem	State NY	Zip Code 10590
Purpose of Disbursement communications consulting		Amount of Each Disbursement this Period 6000.00
Candidate Name		Transaction ID : SB17.4820
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) B. The November Team		Date of Disbursement MM / DD / YYYY 05 / 05 / 2026
Mailing Address P. O. Box 99		FEC Identification Number C
City South Salem	State NY	Zip Code 10590
Purpose of Disbursement communications consulting		Amount of Each Disbursement this Period 6000.00
Candidate Name		Transaction ID : SB17.4873
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. The Waverly Group		Date of Disbursement MM / DD / YYYY 04 / 06 / 2026
Mailing Address 1931 E. Cumberland Street		FEC Identification Number C
City Philadelphia	State PA	Zip Code 19125
Purpose of Disbursement campaign consulting		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB17.4831
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	17000.00
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 13 OF 23			
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. The Waverly Group		M M / D D / Y Y Y Y 04 / 24 / 2026	
Mailing Address 1931 E. Cumberland Street		FEC Identification Number	
City Philadelphia	State PA	Zip Code 19125	C
Purpose of Disbursement research/survey		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			16000.00
Office Sought:	House <input type="checkbox"/>	Disbursement For:	Transaction ID : SB17.4866
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. The Waverly Group		M M / D D / Y Y Y Y 05 / 05 / 2026	
Mailing Address 1931 E. Cumberland Street		FEC Identification Number	
City Philadelphia	State PA	Zip Code 19125	C
Purpose of Disbursement campaign consulting		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			5792.96
Office Sought:	House <input type="checkbox"/>	Disbursement For:	Transaction ID : SB17.4874
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. The Waverly Group		M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 1931 E. Cumberland Street		FEC Identification Number	
City Philadelphia	State PA	Zip Code 19125	C
Purpose of Disbursement media placement/research		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			56000.00
Office Sought:	House <input type="checkbox"/>	Disbursement For:	Transaction ID : SB17.4887
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	77792.96
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 23	
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. The Waverly Group		Date of Disbursement MM / DD / YYYY 05 / 26 / 2026
Mailing Address 1931 E. Cumberland Street		FEC Identification Number C
City Philadelphia	State PA	Zip Code 19125
Purpose of Disbursement media placement		Amount of Each Disbursement this Period 50000.00
Candidate Name		Transaction ID : SB17.4904
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) B. WinRed Technical Services, LLC		Date of Disbursement MM / DD / YYYY 04 / 14 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 0.41
Candidate Name		Transaction ID : SB17.4847
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. WinRed Technical Services, LLC		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 2.05
Candidate Name		Transaction ID : SB17.4854
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).....▶	50002.46
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 23			
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. WinRed Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 17.03
Candidate Name		Transaction ID : SB17.4856
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) B. WinRed Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 2.05
Candidate Name		Transaction ID : SB17.4863
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. WinRed Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 10.25
Candidate Name		Transaction ID : SB17.4867
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).....▶	29.33
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 23	
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. WinRed Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 2.05
Candidate Name		Transaction ID : SB17.4876
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) B. WinRed Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 2.05
Candidate Name		Transaction ID : SB17.4880
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. WinRed Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2026
Mailing Address 1776 Wilson Boulevard #530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement processing fees		Amount of Each Disbursement this Period 2.05
Candidate Name		Transaction ID : SB17.4884
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).....▶	6.15
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 23	
	<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)
Hach for Congress

Full Name (Last, First, Middle Initial) A. WinRed Technical Services, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2026	
Mailing Address 1776 Wilson Boulevard #530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 3.94	
Purpose of Disbursement processing fees		Category/ Type	Transaction ID : SB17.4890	
Candidate Name			<input type="checkbox"/> Memo Item	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WinRed Technical Services, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026	
Mailing Address 1776 Wilson Boulevard #530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 1.03	
Purpose of Disbursement processing fees		Category/ Type	Transaction ID : SB17.4900	
Candidate Name			<input type="checkbox"/> Memo Item	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
Candidate Name				
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) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4.97
TOTAL This Period (last page this line number only).....▶	209940.81

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Hach for Congress** Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Hach, Gregory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 338 Jericho Pkwy. #212			<input type="checkbox"/> General
City		State	ZIP Code
Syosset		NY	11791
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 08 / 2023	None	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).....▶	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

NAME OF COMMITTEE (In Full) **Hach for Congress** Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Hach, Gregory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 338 Jericho Pkwy. #212			<input type="checkbox"/> General
City		State	ZIP Code
Syosset		NY	11791
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
199950.00	0.00	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)	<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).....▶	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

NAME OF COMMITTEE (In Full) **Hach for Congress** Transaction ID : **SC/10.4522**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Hach, Gregory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 338 Jericho Pkwy. #212			<input type="checkbox"/> General
City		State	ZIP Code
Syosset		NY	11791
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
475000.00	465000.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 21 / 2024	M M / D D / Y Y Y Y None	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).....▶	10000.00
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) **Hach for Congress** Transaction ID : **SC/10.4651**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Hach, Gregory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 338 Jericho Pkwy. #212			<input type="checkbox"/> General
City		State	ZIP Code
Syosset		NY	11791
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 20 / 2025	M M / D D / Y Y Y Y None	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).....▶	250000.00
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) **Hach for Congress** Transaction ID : **SC/10.4652**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Hach, Gregory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 338 Jericho Pkwy. #212			<input type="checkbox"/> General
City		State	ZIP Code
Syosset		NY	11791
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 23 / 2025	M M / D D / Y Y Y Y None	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).....▶	100000.00
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) **Hach for Congress** Transaction ID : **SC/10.4814**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Hach, Gregory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 338 Jericho Pkwy. #212			<input type="checkbox"/> General
City		State	ZIP Code
Syosset		NY	11791
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 25 / 2026	M M / D D / Y Y Y Y None	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).....▶	150000.00
TOTALS This Period (last page in this line only).....▶	710000.00

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