

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

<b>1. NAME OF COMMITTEE IN FULL</b> HUDSON FOR CONGRESS			
ADDRESS (number and street) PO BOX 5053			
CITY CONCORD		STATE NC	ZIP CODE 28027-1500
<b>2. NAME OF CANDIDATE</b> HUDSON, RICHARD, L., , JR.		<b>3. OFFICE SOUGHT</b> (State and District) House NC 08	
<b>4. FEC IDENTIFICATION NUMBER</b> C00504522			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> VOUNATSOS, MICHEL, , ,		Name of Employer BIOGEN	
MAILING ADDRESS 28 MARLBOROUGH STREET		Date (month, day, year) 10/15/2020	
CITY BOSTON		STATE MA	ZIP CODE 02116
		Transaction ID : 65EA05861057B40B9	
		Occupation EXECUTIVE	
<b>B. FULL NAME</b> HAGOOD, CRAIG, , ,		Name of Employer HOUSE-AUTRY	
MAILING ADDRESS 5405 CALEB KNOLLS DRIVE		Date (month, day, year) 10/15/2020	
CITY HOLLY SPRINGS		STATE NC	ZIP CODE 27540
		Transaction ID : 6CAC49CB60AFC43C	
		Occupation CEO	
<b>C. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	ZIP CODE
		Occupation	
<b>D. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	ZIP CODE
		Occupation	
<b>E. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	ZIP CODE
		Occupation	
<b>SIGNATURE (optional)</b> KILGORE, PAUL, , ,		<b>DATE</b> 10/16/2020	
<i>[Electronically Filed]</i>		<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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