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## 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.

| NAME OF COMMITTEE IN FUL HUDSON FOR      | _               | <u> </u>               |   |                    | 7                               |   |
|--|-----------------|------------------------|---|--------------------|---------------------------------|---|
| ADDRESS (number and street)              | PO BOX 5053     |                        |   |                    |                                 |   |
| CITY STATE CONCORD NC                    |                 | ZIP CODE<br>28027-1500 |   | -                  |                                 |   |
| 2. NAME OF CANDIDATE                     |                 |                        | 3. OFFICE SOUGHT (State and District)         |                    | 4. FEC IDENTIFICATION NUMBER    |   |
| HUDSON, RICHARD, L., , JR.               |                 |                        | House NC 08                                   |                    | C00504522                       |   |
| 5. ISTHIS AN AMENDMENT?                  | NO, THIS IS A N | IEW FILING             | YES, IT AMENDS TH                             | IE NOTICE FILED ON | //                              |   |
| ROBERTS, HAROLD, K, , JR.                |                 |                        | Name of Employer<br>STATEWIDE TITLE INSURANCE |                    | Date (month, day, year)         | Amount  |
| MAILING ADDRESS 117 NORTH MERRITT AVE    |                 |                        |   |                    | 02/18/2020                      | 1000.00   |
| CITY                                     | STATE           | ZIP CODE               | Occupation                                    |                    |                                 |   |
| SALISBURY                                | NC              | 28144-2635             | PRESIDENT                                     |                    |                                 |   |
| B. FULL NAME HUTCHENS, H., TERRY, ,      |                 |                        | Name of Employer<br>HUTCHENS LAW FIRM         |                    | Date (month, day, year)         | Amount  |
| MAILING ADDRESS 1117 OFFSHORE DRIVE      |                 |                        | _   |                    | 02/18/2020                      | 2800.00   |
| CITY                                     | STATE           | ZIP CODE               | Occupation ID: 6                              | 33360ACA255C48     |                                 |   |
|  |                 |                        | ATTORNEY                                      |                    |                                 |   |
| FAYETTEVILLE<br>C. FULL NAME             | NC              | 28305-5250             |   |                    | Date (month,                    | Amount  |
| BAKER, LESLIE, M, , JR.                  |                 |                        | Name of Employer RETIRED                      |                    | day, year)                      | Amount  |
| MAILING ADDRESS<br>2034 BUENA VISTA ROAD |                 |                        | Transaction ID: 6                             | 5056B22FC397490    | 02/18/2020<br><b>DE</b>         | 2800.00   |
| CITY                                     | STATE           | ZIP CODE               | Occupation                                    |                    |                                 |   |
| WINSTON SALEM                            | NC              | 27104-2306             | RETIRED                                       |                    |                                 |   |
| DANKER, JACQUELINE, L., ,                |                 |                        | Name of Employer<br>NONE                      |                    | Date (month, day, year)         | Amount  |
| MAILING ADDRESS<br>700 ARGYLL ROAD       |                 |                        | -   |                    | 02/18/2020                      | 1200.00   |
| 700 ARGYLL ROAD                          |                 |                        | Transaction ID: 6                             | D3AC6F92DBA241     | c                               |   |
| CITY                                     | STATE           | ZIP CODE               | Occupation                                    |                    |                                 |   |
| FAYETTEVILLE                             | NC              | 28303-5175             | RETIRED                                       |                    |                                 |   |
| E FULL NAME<br>DANKER, JACQUELINE, L., , |                 |                        | Name of Employer<br>NONE                      |                    | Date (month, day, year)         | Amount  |
| MAILING ADDRESS<br>700 ARGYLL ROAD       |                 |                        | Transaction ID : 6225D5577ECDB45B             |                    | 02/18/2020                      | 1800.00   |
|  |                 |                        |   |                    | В                               |   |
| CITY                                     | STATE           | ZIP CODE               | Occupation                                    |                    |                                 |   |
| FAYETTEVILLE                             | NC              | 28303-5175             | RETIRED                                       |                    |                                 |   |
| SIGNATURE (optional) KILGORE, PAUL, , ,  |                 |                        | [Electronically Filed]                        | DATE<br>02/19/2020 | Federal Ele<br>999 E Street, NW | oformation contact:<br>ction Commission<br>, Washington, DC 20463<br>9530, Local 202-694-1100 |



Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



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| NAME OF COMMITTEE IN FULL     HUDSON FOR CONGRESS     |                                       | ]                            |         |
|---|---------------------------------------|------------------------------|---------|
| ADDRESS (number and street) PO BOX 5053               |                                       |                              |         |
|   |                                       |                              |         |
| CITY, STATE, and ZIP CODE                             | NO 00007 4500                         | continuatio                  | on page |
| CONCORD   | NC 28027-1500                         |                              |         |
| 2. NAME OF CANDIDATE                                  | 3. OFFICE SOUGHT (State and District) | 4. FEC IDENTIFICATION NUMBER |         |
| HUDSON, RICHARD, L., , JR.                            | House NC 08                           | C00504522                    |         |
| 5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING    | YES, IT AMENDS THE NOTICE FILED ON    | /                            | /       |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE            | Name of Employer                      | Date (month,                 | Amount  |
| THE GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC |                                       | day, year)<br>02/18/2020     | 2500.00 |
| 175 W JACKSON BLVD                                    |                                       |                              |         |
| STE 2000  | Transaction ID: 656D4661CE5F948B      | E881                         |         |
| CHICAGO IL 60604-2606                                 | Occupation                            |                              |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE            | Name of Employer                      | Date (month,                 | Amount  |
|   |                                       | day, year)                   |         |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE            | Name of Employer                      | Date (month, day, year)      | Amount  |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
|   |                                       |                              |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE            | Name of Employer                      | Date (month, day, year)      | Amount  |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
|   | ·                                     |                              |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE            | Name of Employer                      | Date (month,                 | Amount  |
|   |                                       | day, year)                   |         |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   |                                       | _                            |         |
|   | Occupation                            |                              |         |
|   |                                       |                              |         |