

# 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

Hudson for Congress

ADDRESS (number and street)

PO Box 5053

Check if different than previously reported. (ACC)

Concord

NC

28027-1500

2. FEC IDENTIFICATION NUMBER ▼

C C00504522

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

08

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 Shawn Kocher

Signature of Treasurer Shawn Kocher

[Electronically Filed]

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 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Hudson for Congress**

Report Covering the Period: From:  /  /  To:  /  /

|                                                                                                                 | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                         |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                             | 204995.9                | 214995.9                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                       | 0                       | 0                                  |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 204995.9                | 214995.9                           |
| 7. Net Operating Expenditures                                                                                   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                        | 127655.05               | 229021.31                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                              | 395                     | 483.04                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 127260.05               | 228538.27                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                             | 506148.83               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0                       |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 5000                    |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Hudson for Congress**

Report Covering the Period: From:  /  /  To:  /  /

| I. RECEIPTS                                                                                                | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:                                                                 |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                                    |                               |                                    |
| (i) Itemized (use Schedule A).....                                                                         | 113280.6                      | 119480.6                           |
| (ii) Unitemized.....                                                                                       | 6040.3                        | 6340.3                             |
| (iii) TOTAL of contributions from individuals ▶                                                            | 119320.9                      | 125820.9                           |
| (b) Political Party Committees.....                                                                        | 0                             | 0                                  |
| (c) Other Political Committees (such as PACs).....                                                         | 85675                         | 89175                              |
| (d) The Candidate.....                                                                                     | 0                             | 0                                  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 204995.9                      | 214995.9                           |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....                                                       | 5367.28                       | 5367.28                            |
| 13. LOANS:                                                                                                 |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....                                                               | 0                             | 0                                  |
| (b) All Other Loans.....                                                                                   | 0                             | 0                                  |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....                                                             | 0                             | 0                                  |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                                       | 395                           | 483.04                             |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....                                                        | 0                             | 0                                  |
| 16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 210758.18                     | 220846.22                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 127655.05                     | 229021.31                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0                             | 0                                  |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0                             | 0                                  |
| (b) Of All Other Loans .....                                                 | 0                             | 0                                  |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0                             | 0                                  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0                             | 0                                  |
| (b) Political Party Committees.....                                          | 0                             | 0                                  |
| (c) Other Political Committees<br>(such as PACs).....                        | 0                             | 0                                  |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0                             | 0                                  |
| 21. OTHER DISBURSEMENTS .....                                                | 16000                         | 24000                              |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 143655.05                     | 253021.31                          |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 439045.7  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 210758.18 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 649803.88 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 143655.05 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 506148.83 |

**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 5 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Henry J. Ritchie**

Mailing Address 545 Winfield Boulevard SE

City Concord State NC Zip Code 28025-3709

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

Name of Employer KCL,LLC Occupation Sales Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2015**

**Transaction ID : A-CF6806**

Amount of Each Receipt this Period  
**500**  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Shimon A. Stein**

Mailing Address 600 New Hampshire Avenue NW

City Washington State DC Zip Code 20037-2403

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

Name of Employer Blank Rome Occupation Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 26 / 2015**

**Transaction ID : A-CF6807**

Amount of Each Receipt this Period  
**250**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Ashley E. Davis**

Mailing Address 4414 29th Street NW

City Washington State DC Zip Code 20008-2306

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

Name of Employer West Front Strategies Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2015**

**Transaction ID : A-CF6865**

Amount of Each Receipt this Period  
**500**

|                                                                 |                |
|-----------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1250.00</b> |
| <b>TOTAL</b> 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 6 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel R. Batchelor**

Mailing Address 285 Shore Lane

City Lexington State NC Zip Code 27292-7867

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

Name of Employer Danbur Aerospace Inc. Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A-CF6907**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Stephen A. Earwood**

Mailing Address PO Box 70

City Marston State NC Zip Code 28363-0070

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

Name of Employer Rockingham Dragway Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A-CF6882**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**James H. North Jr.**

Mailing Address 811 Crestmont Drive SE

City Concord State NC Zip Code 28025-8793

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

Name of Employer Self Occupation Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A-CF6884**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

**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 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barry W. Partlo**

Mailing Address 435 Nc Highway 42 E

City Clayton State NC Zip Code 27527-9281

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

Name of Employer Direct Distributors Inc. Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A-CF6877**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Don K. Price**

Mailing Address 4057 Murphy Road

City Eastover State NC Zip Code 28312-8503

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

Name of Employer Lafayette Ford Lincoln Inc. Occupation Owner and President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A-CF6878**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Charles M. Viser**

Mailing Address 125 Altondale Avenue

City Charlotte State NC Zip Code 28207-2201

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

Name of Employer James, McElroy & Diehl, PA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A-CF6876**

Amount of Each Receipt this Period  
**1500**

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

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

**2000.00**

**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 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Derick S. Close**

Mailing Address 9016 Winged Bourne

City State Zip Code  
Charlotte NC 28210-5944

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

Name of Employer Occupation  
Springs Creative Products CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : A-CF6941**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Sonya Cox Nunn**

Mailing Address 2919 Wolf Pond Road

City State Zip Code  
Monroe NC 28112-8985

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

Name of Employer Occupation  
Cox Brothers Farms Office Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : A-CF6942**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Smallwood**

Mailing Address 24 Beechwood Road  
Suite 225

City State Zip Code  
Summit NJ 07901-2516

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

Name of Employer Occupation  
Smallwood Financial Group,LL President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : A-CF6945**

Amount of Each Receipt this Period  
**500**

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

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

**2500.00**



**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 9 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Walter S. Price**

Mailing Address 1426 Sterling Road

City State Zip Code  
Charlotte NC 28209-1544

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

Name of Employer Occupation  
Moore & Van Allen Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.6

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : A-IF6985**

Amount of Each Receipt this Period  
100

Inkind: conference room

**B.** Full Name (Last, First, Middle Initial)  
**Walter S. Price**

Mailing Address 1426 Sterling Road

City State Zip Code  
Charlotte NC 28209-1544

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

Name of Employer Occupation  
Moore & Van Allen Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.6

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : A-IF6986**

Amount of Each Receipt this Period  
130.6

Inkind: food & drinks

**C.** Full Name (Last, First, Middle Initial)  
**Scott K. Lampe**

Mailing Address 17927 River Ford Drive

City State Zip Code  
Davidson NC 28036-8823

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

Name of Employer Occupation  
Hendrick Motorsports CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2015

**Transaction ID : A-CF6993**

Amount of Each Receipt this Period  
2700

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

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

2930.60

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

|                                                                         |                                                                                                                                                                                      |                |  |  |  |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 10 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott K. Lampe**

Mailing Address 17927 River Ford Drive

City Davidson State NC Zip Code 28036-8823

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

Name of Employer Hendrick Motorsports Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : A-CF6994**

Amount of Each Receipt this Period  
 2500

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth S. Nantz**

Mailing Address 7803 Kerrybrook Circle

City Charlotte State NC Zip Code 28214-2513

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

Name of Employer info requested Occupation info requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : A-CF6997**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Anderson D. Warlick**

Mailing Address 950 Cloister Drive

City Gastonia State NC Zip Code 28056-6614

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

Name of Employer Parkdale Mills Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : A-CF6996**

Amount of Each Receipt this Period  
 2000

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

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

4750.00

**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 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brady W. Dickson**

Mailing Address 5185 Woodrun On Tillery

City Mount Gilead State NC Zip Code 27306-9596

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : A-CF7024**

Amount of Each Receipt this Period  
 2600  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Marshall Carlson**

Mailing Address 3900 Foxcroft Road

City Charlotte State NC Zip Code 28211-3757

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

Name of Employer Hendrick Automotive Occupation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : A-CF7005**

Amount of Each Receipt this Period  
 2600

**C.** Full Name (Last, First, Middle Initial)  
**Frank L. Horne Jr.**

Mailing Address 4115 Silver Bell Drive

City Charlotte State NC Zip Code 28211-4437

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

Name of Employer Gas-Fired Products, Inc Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : A-CF7004**

Amount of Each Receipt this Period  
 250

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

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

5450.00

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 12 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gene Isenhour Jr.**

Mailing Address **PO Box 994**

City **Concord** State **NC** Zip Code **28026-0994**

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

Name of Employer **Self** Occupation **Investor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF6999**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Dean Proctor**

Mailing Address **125 6th Street NW**

City **Hickory** State **NC** Zip Code **28601-6009**

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

Name of Employer **United Beverages of NC** Occupation **VP/Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF7003**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Douglas B. Davenport**

Mailing Address **3721 N Vermont Street**

City **Arlington** State **VA** Zip Code **22207-4539**

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

Name of Employer **Self** Occupation **Public Affairs**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2015**

**Transaction ID : A-CF7029**

Amount of Each Receipt this Period  
**2000**  
 online

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

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

**5000.00**

**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 13 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marie Baucom**

Mailing Address 9611 Morgan Mill Road

City State Zip Code  
Monroe NC 28110-9063

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

Name of Employer Occupation  
A.L. Baucom, Inc. Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7060**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Derick S. Close**

Mailing Address 9016 Winged Bourne

City State Zip Code  
Charlotte NC 28210-5944

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

Name of Employer Occupation  
Springs Creative Products CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7064**

Amount of Each Receipt this Period  
**1700**

**C.** Full Name (Last, First, Middle Initial)  
**Derick S. Close**

Mailing Address 9016 Winged Bourne

City State Zip Code  
Charlotte NC 28210-5944

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

Name of Employer Occupation  
Springs Creative Products CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7065**

Amount of Each Receipt this Period  
**900**

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

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

**5100.00**

**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 14 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Delano Cox**

Mailing Address 6409 Rape Road

City State Zip Code  
Monroe NC 28112-8941

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

Name of Employer Occupation  
Cox Brothers Farm Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7063**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Elona L. Edwards**

Mailing Address 1807 Hamiltons Crossroads Road

City State Zip Code  
Marshville NC 28103

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7066**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Jeff Edwards**

Mailing Address 1907 Hamiltons Cross Road

City State Zip Code  
Marshville NC 28103-9097

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

Name of Employer Occupation  
Edwards Wood Products President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7058**

Amount of Each Receipt this Period  
**2000**

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

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

**4000.00**

**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 15 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lane E. Faison**

Mailing Address 112 S Tryon Street  
Suite 850

City Charlotte State NC Zip Code 28284-2108

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

Name of Employer Copeley Capital Mgmt Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : A-CF7031**

Amount of Each Receipt this Period  
 2700  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Lane E. Faison**

Mailing Address 112 S Tryon Street  
Suite 850

City Charlotte State NC Zip Code 28284-2108

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

Name of Employer Copeley Capital Mgmt Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : A-CF7032**

Amount of Each Receipt this Period  
 2500  
 onloine

**C.** Full Name (Last, First, Middle Initial)  
**John C. Fennebresque**

Mailing Address 150 Cherokee Road

City Charlotte State NC Zip Code 28207-1904

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

Name of Employer McGuire Woods, LLP Occupation Attorney at Law

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : A-CF7067**

Amount of Each Receipt this Period  
 2700

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

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

7900.00

**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 16 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John C. Fennebresque**

Mailing Address 150 Cherokee Road

City State Zip Code  
Charlotte NC 28207-1904

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

Name of Employer Occupation  
McGuire Woods, LLP Attorney at Law

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7068**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**J. Daniel Hanks Jr.**

Mailing Address 39 Huntington Road SW

City State Zip Code  
Rome GA 30165-6661

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

Name of Employer Occupation  
Retired Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7062**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Windell L. Talley**

Mailing Address PO Box 157

City State Zip Code  
Stanfield NC 28163-0157

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

Name of Employer Occupation  
Talley Farms, Inc. Owner/Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : A-CF7059**

Amount of Each Receipt this Period  
**2700**

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

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

**6400.00**



**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 17 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edgar Broyhill**

Mailing Address 525 N Hawthorne Road

City State Zip Code  
Winston Salem NC 27104-3224

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

Name of Employer Occupation  
Anvil Mgt. Business

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : A-CF7033**

Amount of Each Receipt this Period  
2000  
online

**B.** Full Name (Last, First, Middle Initial)  
**Thomas M. Bolton Jr.**

Mailing Address 110 Beaver Lane

City State Zip Code  
Pinehurst NC 28374-7100

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

Name of Employer Occupation  
Stifel Financial First Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : A-CF7034**

Amount of Each Receipt this Period  
1000  
online

**C.** Full Name (Last, First, Middle Initial)  
**Judy Childress**

Mailing Address 9160 Hampton Road

City State Zip Code  
Lexington NC 27295-9785

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

Name of Employer Occupation  
Richard Childress Racing, Inc. Richard Childress Racing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : A-CF7078**

Amount of Each Receipt this Period  
2700

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 18 OF 105  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Childress**

Mailing Address 9160 Hampton Road

City Lexington State NC Zip Code 27295-9785

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

Name of Employer Richard Childress Racing Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : A-CF7077**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**S. William Lehew III**

Mailing Address 9900 Lampkin Park Drive

City Charlotte State NC Zip Code 28269-8631

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

Name of Employer Hines RE Investments Occupation Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : A-CF7075**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Marc D. Oken**

Mailing Address 2881 Winding Oak Lane

City Wellington State FL Zip Code 33414-7044

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

Name of Employer Falfurrias Capital Partners Occupation Managing Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : A-CF7074**

Amount of Each Receipt this Period  
**500**

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

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

**3700.00**

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 19 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward I. Weisiger Jr.**

Mailing Address **PO Box 1095**

City **Charlotte** State **NC** Zip Code **28201-1095**

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

Name of Employer **Carolina Tractor** Occupation **President & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : A-CF7076**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Vinay B Patel**

Mailing Address **9215 Hollybush Lane**

City **Charlotte** State **NC** Zip Code **28277-2733**

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

Name of Employer **SREE Hotels, LLC** Occupation **Hotel Management**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF7088**

Amount of Each Receipt this Period  
**1000**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Keith Allison**

Mailing Address **PO Box 35910**

City **Fayetteville** State **NC** Zip Code **28303-0910**

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

Name of Employer **Systel** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7079**

Amount of Each Receipt this Period  
**2700**

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

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

**4700.00**

**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 20 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Keith Allison**

Mailing Address **PO Box 35910**

City **Fayetteville** State **NC** Zip Code **28303-0910**

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

Name of Employer **Systel** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7080**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Franklin S Clark III**

Mailing Address **PO Box 53394**

City **Fayetteville** State **NC** Zip Code **28305-3394**

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

Name of Employer **Self** Occupation **Self**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7084**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Michael Ference**

Mailing Address **4117 Waterview Drive**

City **Edgewater** State **MD** Zip Code **21037-4327**

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

Name of Employer **S3 Group** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7090**

Amount of Each Receipt this Period  
**2000**  
 online

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

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

**5700.00**

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 21 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gary McRae**

Mailing Address **PO Box 896**

City **Mount Gilead** State **NC** Zip Code **27306-0896**

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

Name of Employer **McRae Industries Inc.** Occupation **Owner/Operator**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7086**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Byard L. Stevens**

Mailing Address **516D River Highway  
Suite 150**

City **Mooreville** State **NC** Zip Code **28117-6829**

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

Name of Employer **Carolinas Concrete Masonry A** Occupation **Executive Director**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7092**

Amount of Each Receipt this Period  
**500**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Richard F. Storm**

Mailing Address **900 Colonial Drive**

City **Albemarle** State **NC** Zip Code **28001-2915**

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

Name of Employer **Storm Technologies** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7085**

Amount of Each Receipt this Period  
**500**

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

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

**2000.00**

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 22 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Keith D. Wayne**

Mailing Address 195 Ervin Woods Drive

City Kannapolis State NC Zip Code 28081-9080

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

Name of Employer Wayne Brothers Inc. Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : A-CF7091**

Amount of Each Receipt this Period  
**2600**  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Henry J. Ritchie**

Mailing Address 545 Winfield Boulevard SE

City Concord State NC Zip Code 28025-3709

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

Name of Employer KCL,LLC Occupation Sales Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2015**

**Transaction ID : A-CF7152**

Amount of Each Receipt this Period  
**50**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Curtis T. Crews**

Mailing Address 105 Blair Street

City Troy State NC Zip Code 27371-3001

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2015**

**Transaction ID : A-CF7156**

Amount of Each Receipt this Period  
**500**  
 online

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

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

**3150.00**

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 23 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph E. Carter III**

Mailing Address 201 Sterling Lane

City State Zip Code  
Laurinburg NC 28352-5598

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

Name of Employer Occupation  
Scotland Orthopedics Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7106**

Amount of Each Receipt this Period  
**500**  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Charles W. Collier Jr.**

Mailing Address 524 Windsor Place NE

City State Zip Code  
Concord NC 28025-2548

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

Name of Employer Occupation  
Toffler & Associates Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7110**

Amount of Each Receipt this Period  
**500**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**John D. Crews**

Mailing Address 105 Blair Street

City State Zip Code  
Troy NC 27371-3001

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

Name of Employer Occupation  
Carolina Growler, Inc. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7103**

Amount of Each Receipt this Period  
**500**  
 online

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 105  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JC Blucher Ehringhaus III**

Mailing Address 2565 Roswell Avenue

City State Zip Code  
Charlotte NC 28209-1660

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7105**

Amount of Each Receipt this Period  
**250**  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Winslow Hayes Galloway**

Mailing Address 237 Lebanon Street

City State Zip Code  
Morgantown WV 26501-6535

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7101**

Amount of Each Receipt this Period  
**500**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Melvin F. Graham**

Mailing Address 2701 Coltsgate Road  
Suite 300

City State Zip Code  
Charlotte NC 28211-3594

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

Name of Employer Occupation  
Graham Enterprises Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7159**

Amount of Each Receipt this Period  
**500**  
 online

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

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

**1250.00**



**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 25 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert C. Hayes Jr.**

Mailing Address 524 Meadowbrook Road

City State Zip Code  
Charlotte NC 28211-1314

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

Name of Employer Occupation  
Colville Partners President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A-CF7113**

Amount of Each Receipt this Period  
1000  
online

**B.** Full Name (Last, First, Middle Initial)  
**Brandon P. Lowery**

Mailing Address 107 Kapp Place Road

City State Zip Code  
 Mooresville NC 28117-6608

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

Name of Employer Occupation  
Converge Communication Techn President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A-CF7115**

Amount of Each Receipt this Period  
1000  
online

**C.** Full Name (Last, First, Middle Initial)  
**Ravi C. Patel**

Mailing Address 5924 Old Well House Road

City State Zip Code  
Charlotte NC 28226-2669

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

Name of Employer Occupation  
SREE Hotels President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A-CF7098**

Amount of Each Receipt this Period  
500  
online

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

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

2500.00

**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 26 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marcus G. Smith**

Mailing Address 2299 Sharon Lane

City State Zip Code  
Charlotte NC 28211-3737

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

Name of Employer Occupation  
Speedway Motorsports Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7114**

Amount of Each Receipt this Period  
**2700**

online

**B.** Full Name (Last, First, Middle Initial)  
**Samuel Oren Starnes Jr.**

Mailing Address 1511 Circle S Ranch Road

City State Zip Code  
Monroe NC 28112-9353

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

Name of Employer Occupation  
Circle S. Ranch, Inc. Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7107**

Amount of Each Receipt this Period  
**500**

online

**C.** Full Name (Last, First, Middle Initial)  
**Vickie Walker**

Mailing Address 4513 Piper Glen Drive

City State Zip Code  
Charlotte NC 28277-0368

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7160**

Amount of Each Receipt this Period  
**2600**

online

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

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

**5800.00**

**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 27 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James F. Watson Jr.**

Mailing Address 374 Myrick Estates Road

City Littleton State NC Zip Code 27850-9370

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

Name of Employer Watson Timber Company Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7102**

Amount of Each Receipt this Period  
**500**  
 online

**B.** Full Name (Last, First, Middle Initial)  
**H. O. Woltz III**

Mailing Address 1373 Boggs Drive

City Mount Airy State NC Zip Code 27030-2145

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

Name of Employer Insteel Industries Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF7162**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Harold J. Brubaker**

Mailing Address 215 Back Creek Church Road

City Asheboro State NC Zip Code 27205-2313

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

Name of Employer Self-Employed Occupation Real Estate Appraiser

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7134**

Amount of Each Receipt this Period  
**2700**  
 online

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

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

**3450.00**

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

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

FOR LINE NUMBER: PAGE 28 OF 105  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph R. Budd**  
 Mailing Address 815 Merry Acres Court  
 City State Zip Code  
 Winston Salem NC 27106-5752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Budd Group President  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A-CF7214**  
 Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Richard P. Budd**  
 Mailing Address 4432 Bent Tree Farm Road  
 City State Zip Code  
 Winston Salem NC 27106-4252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Investor  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A-CF7215**  
 Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Michael R. Coltrane**  
 Mailing Address 110 Forest Cliff Court NE  
 City State Zip Code  
 Concord NC 28025-9536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A-CF7222**  
 Amount of Each Receipt this Period  
 2700

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

3700.00

**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 29 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael R. Coltrane**

Mailing Address 110 Forest Cliff Court NE

City Concord State NC Zip Code 28025-9536

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7223**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Stephen M. Cosper**

Mailing Address 18606 Northline Drive

City Cornelius State NC Zip Code 28031-9321

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

Name of Employer Granite Contracting Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7221**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Crutchfield**

Mailing Address 185 Northchase Drive

City Concord State NC Zip Code 28027-3502

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

Name of Employer Casco Signs, Inc. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7136**

Amount of Each Receipt this Period  
**500**  
 online

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

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

**4200.00**

**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 30 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jere M Ervin**

Mailing Address 4200 Arundel Court

City Nashville State TN Zip Code 37215-1816

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

Name of Employer SPD Financial Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7189**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Lee M. Grantham**

Mailing Address 28 Trinity Drive

City Lumberton State NC Zip Code 28358-8332

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

Name of Employer NurserySouth, LLC Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7128**

Amount of Each Receipt this Period  
**500**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Robert C Hayes**

Mailing Address 1176 Asheford Green Avenue NW

City Concord State NC Zip Code 28027-8188

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

Name of Employer Self Occupation Self

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7118**

Amount of Each Receipt this Period  
**2700**  
 online

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

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

**5200.00**

**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 31 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christina Hunoval**

Mailing Address 501 Minuet Lane  
Suite 104A

City Charlotte State NC Zip Code 28217-2710

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

Name of Employer Hunoval Law Firm Occupation Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7122**

Amount of Each Receipt this Period  
 100  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Christina Hunoval**

Mailing Address 501 Minuet Lane  
Suite 104A

City Charlotte State NC Zip Code 28217-2710

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

Name of Employer Hunoval Law Firm Occupation Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7123**

Amount of Each Receipt this Period  
 2700  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Mathias Hunoval**

Mailing Address 501 Minuet Lane  
Suite 104A

City Charlotte State NC Zip Code 28217-2710

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

Name of Employer The Hunoval Law Firm, PLLC Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7119**

Amount of Each Receipt this Period  
 100  
 online

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

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

2900.00

**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 32 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mathias Hunoval**

Mailing Address 501 Minuet Lane  
Suite 104A

City Charlotte State NC Zip Code 28217-2710

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

Name of Employer The Hunoval Law Firm, PLLC Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7120**

Amount of Each Receipt this Period  
**2700**  
 online

**B.** Full Name (Last, First, Middle Initial)  
**Kira Lieberman**

Mailing Address 3946 Highwood Court NW

City Washington State DC Zip Code 20007-2132

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7124**

Amount of Each Receipt this Period  
**1000**  
 online

**C.** Full Name (Last, First, Middle Initial)  
**Jason Loden**

Mailing Address 6800 Newhall Road

City Charlotte State NC Zip Code 28270-6072

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

Name of Employer Wells Fargo Occupation Operational Risk Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7126**

Amount of Each Receipt this Period  
**500**  
 online

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

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

**4200.00**



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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 33 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bill F. Norwood**

Mailing Address 906 Bridgewater Drive

City State Zip Code  
Monroe NC 28112-8446

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

Name of Employer Occupation  
State Utility Contractors President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : A-CF7121**

Amount of Each Receipt this Period  
500  
online

**B.** Full Name (Last, First, Middle Initial)  
**David H. Rankin Jr.**

Mailing Address 15239 Elena Drive

City State Zip Code  
Charlotte NC 28278-7413

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : A-CF7225**

Amount of Each Receipt this Period  
2600

**C.** Full Name (Last, First, Middle Initial)  
**Atlas James Russell**

Mailing Address 114 Timber Lake Court

City State Zip Code  
Mount Gilead NC 27306-9286

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

Name of Employer Occupation  
JT Russell & Sons Inc Construction Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : A-CF7220**

Amount of Each Receipt this Period  
1500

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

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

4600.00

**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 34 OF 105 |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Beth Swanner**

Mailing Address 500 Muirfield Drive

City Albemarle State NC Zip Code 28001-2832

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7224**

Amount of Each Receipt this Period  
**1000**

**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

**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

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

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

**1000.00**

**113280.60**

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 35 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. Zeneca Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**Zeneca Inc. Political Action Committee**

Mailing Address **c/o Zeneca Inc.**  
**701 Pennsylvania Avenue, NW**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00279455**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 05 / 2015**

**Transaction ID : A-CF6775**

Amount of Each Receipt this Period  
**2500**

**B. Honeywell International Political Action Committee**

Full Name (Last, First, Middle Initial)  
**Honeywell International Political Action Committee**

Mailing Address **101 Constitution Avenue NW**  
**Suite 500 W**

City **Washington** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 30 / 2015**

**Transaction ID : A-CF6829**

Amount of Each Receipt this Period  
**2000**

**C. Investment Company Institute Political Action Committee**

Full Name (Last, First, Middle Initial)  
**Investment Company Institute Political Action Committee**

Mailing Address **1401 H Street NW**  
**Suite 1200**

City **Washington** State **DC** Zip Code **20005-2110**

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2015**

**Transaction ID : A-CF6863**

Amount of Each Receipt this Period  
**2000**

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

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

**6500.00**

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

|                                                                               |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 36 OF 105 |
|                                                                               | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Association Of Convenience Stores Political Action Committee (NASC PAC)**

Mailing Address 1600 Duke Street

City State Zip Code  
Alexandria VA 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : A-CF6864**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**Votesane Pac**

Mailing Address PO Box 2713

City State Zip Code  
Alexandria VA 22301-0713

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : A-CF6862**

Amount of Each Receipt this Period  
475

**C.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : A-CF6943**

Amount of Each Receipt this Period  
2000

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

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

4475.00

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 37 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. National Agricultural Aviation Association PAC (AGAV PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1005 E Street SE

City Washington State DC Zip Code 20003-2847

FEC ID number of contributing federal political committee. **C C00341701**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2015

**Transaction ID : A-CF6944**

Amount of Each Receipt this Period  
**5000**

**B. Genentech Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Dna Way

City South San Francisco State CA Zip Code 94080-4918

FEC ID number of contributing federal political committee. **C C00199257**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2015

**Transaction ID : A-CF6998**

Amount of Each Receipt this Period  
**2500**

**C. Areva Inc. Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 4800 Hampden Lane

City Bethesda State MD Zip Code 20814-2930

FEC ID number of contributing federal political committee. **C C00395285**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : A-CF7008**

Amount of Each Receipt this Period  
**2000**

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

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

**9500.00**

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

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

FOR LINE NUMBER: PAGE 38 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

Full Name (Last, First, Middle Initial)  
North Carolina Farm Bureau Federation Inc Pol Act Cmte Inc (aka) NC Farm Bureau FARMPAC

Mailing Address 5301 Glenwood Avenue

City State Zip Code  
Raleigh NC 27612-3244

FEC ID number of contributing federal political committee. **C** C00216754

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2700

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015

Transaction ID : A-CF7061

Amount of Each Receipt this Period  
 2700

Full Name (Last, First, Middle Initial)  
**Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015

Transaction ID : A-CF7081

Amount of Each Receipt this Period  
 2000

Full Name (Last, First, Middle Initial)  
**Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015

Transaction ID : A-CF7082

Amount of Each Receipt this Period  
 2500

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

7200.00

**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:<br>(check only one)                                                                                                                                                 | PAGE 39 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**The Goldman Sachs Group, Inc. Political Action Committee**

Mailing Address 101 Constitution Avenue NW  
Suite 1000E

City Washington State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : A-CF7083**

Amount of Each Receipt this Period  
 2000

**B. Full Name (Last, First, Middle Initial)**  
**Mortgage Bankers Association Political Action Committee**

Mailing Address 1717 Rhode Island Avenue NW  
Suite 400

City Washington State DC Zip Code 20036-3023

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : A-CF7094**

Amount of Each Receipt this Period  
 2000

**C. Full Name (Last, First, Middle Initial)**  
**Reynolds American Inc. Political Action Committee**

Mailing Address PO Box 718

City Winston Salem State NC Zip Code 27102-0718

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : A-CF7096**

Amount of Each Receipt this Period  
 2500

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

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

6500.00

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 40 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wine And Spirits Wholesalers Of America, Inc. Political Action Committee**

Mailing Address 805 15th Street NW  
Suite 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : A-CF7095**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7193**

Amount of Each Receipt this Period  
2000

**C.** Full Name (Last, First, Middle Initial)  
**Alticor Political Action Committee ALTIPAC**

Mailing Address 7575 E Fulton Road  
Attn SCOTTSMO

City Ada State MI Zip Code 49355-0001

FEC ID number of contributing federal political committee. **C C00034884**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7198**

Amount of Each Receipt this Period  
1000

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

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

5000.00



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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 41 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Altria Group, Inc. Political Action Committee (ALTRIAPAC)**

Mailing Address 101 Constitution Avenue NW  
Suite 400W

City Washington State DC Zip Code 20001-2155

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7229**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**American College Of Radiology Association Political Action Committee**

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7194**

Amount of Each Receipt this Period  
 1500

**C.** Full Name (Last, First, Middle Initial)  
**Automotive Free International Trade PAC**

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7218**

Amount of Each Receipt this Period  
 5000

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

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

8500.00

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

|                                                                               |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 42 OF 105 |
|                                                                               | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**BLUEPAC - Blue Cross Blue Shield Association PAC**

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005-3000

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7186**

Amount of Each Receipt this Period  
**2000**

**B. Full Name (Last, First, Middle Initial)**  
**Comcast Corporation Political Action Committee - Federal**

Mailing Address 300 New Jersey Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2266

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7188**

Amount of Each Receipt this Period  
**2000**

**C. Full Name (Last, First, Middle Initial)**  
**CULAC The PAC Of Credit Union National Association**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF7227**

Amount of Each Receipt this Period  
**1000**

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

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

**5000.00**

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 43 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ernst & Young PAC**

Mailing Address 1101 New York Avenue NW

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7196**

Amount of Each Receipt this Period  
 2500

**B.** Full Name (Last, First, Middle Initial)  
**Farm Credit Council Political Action Committee**

Mailing Address 50 F Street NW  
Suite 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7217**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**FMR LLC Political Action Committee - Federal (Fidelity PAC)**

Mailing Address 82 Devonshire Street  
# N5A

City Boston State MA Zip Code 02109-3605

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7202**

Amount of Each Receipt this Period  
 2000

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

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

6500.00

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 44 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**General Dynamics Corporation Political Action Committee**

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7191**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Brokers Of America, Inc. Political Action Committee**

Mailing Address 412 1st Street SE  
Suite 300

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7192**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**International Paper Political Action Committee (IP-PAC)**

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 200

City Washington State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7197**

Amount of Each Receipt this Period  
 1000

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

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

4000.00

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 45 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Koch Industries Inc Political Action Committee (KOCHPAC)**

Mailing Address 600 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7185**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**Lowe's Companies, Inc. Political Action Committee**

Mailing Address 1000 Lowes Boulevard

City Mooresville State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7199**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Marathon Petroleum Corporation Employees Political Action Committee**

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7201**

Amount of Each Receipt this Period  
 2500

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

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

6500.00

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

|                                                                         |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 46 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Merck & Co., Inc., Employees Political Action Committee**

Mailing Address 601 PENNSYLVANIA AVE., NW  
NORTH BUILDING, SUITE 1200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7203**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**National Chicken Council Political Action Committee**

Mailing Address 1015 15th Street NW

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7190**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**National Concrete Masonry Association Political Action Committee**

Mailing Address 13750 Sunrise Valley Drive

City Herndon State VA Zip Code 20171-4636

FEC ID number of contributing federal political committee. **C** C00128975

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7226**

Amount of Each Receipt this Period  
 500

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

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

4500.00

**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 47 OF 105                                 |                                    |                             |
|                                                                         | <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. National Restaurant Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2055 L Street NW

City Washington State DC Zip Code 20036-4957

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7187**

Amount of Each Receipt this Period  
 2500

**B. PriceWaterhouseCoopers Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1301 K Street NW Suite 800W

City Washington State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7195**

Amount of Each Receipt this Period  
 2000

**C. PriceWaterhouseCoopers Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1301 K Street NW Suite 800W

City Washington State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7200**

Amount of Each Receipt this Period  
 2000

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

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

6500.00

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

|                                                                               |                                                                                                                                                                                      |                |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                                                 | PAGE 48 OF 105 |
|                                                                               | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**The Boeing Company Political Action Committee**

Mailing Address 1200 Wilson Boulevard

City State Zip Code  
Arlington VA 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7228**

Amount of Each Receipt this Period  
1000

**B. Full Name (Last, First, Middle Initial)**  
**The Grant Thornton Llp Political Action Committee Llc**

Mailing Address 175 W Jackson Boulevard  
Suite 2000

City State Zip Code  
Chicago IL 60604-2615

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7204**

Amount of Each Receipt this Period  
2000

**C. Full Name (Last, First, Middle Initial)**  
**The Home Depot Inc. Political Action Committee**

Mailing Address 1155 F Street NW  
Suite 400

City State Zip Code  
Washington DC 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-CF7205**

Amount of Each Receipt this Period  
2000

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

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

5000.00

85675.00



**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 49 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br><input checked="" type="checkbox"/> 12<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 13a<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 13b<br><input type="checkbox"/> 11d<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hudson Freedom Fund**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00548818

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5367.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-TF7235**

Amount of Each Receipt this Period  
2683.64  
transfer of joint fundraising proceeds

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Riddick Hendrick III**

Mailing Address 3237 Seven Eagles Road

City Charlotte State NC Zip Code 28210-5938

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

Name of Employer Occupation  
Hendrick Motorsports Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-TIP148**

Amount of Each Receipt this Period  
2700  
contribution

**[MEMO ITEM]**  
Transfer Memo of Hudson Freedom Fund (3/31/2015)

**C.** Full Name (Last, First, Middle Initial)  
**Hudson Freedom Fund**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00548818

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5367.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A-TF7236**

Amount of Each Receipt this Period  
2683.64  
transfer of joint fundraising proceeds

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

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

5367.28

**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 50 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br><input checked="" type="checkbox"/> 12<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 13a<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 13b<br><input type="checkbox"/> 11d<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Riddick Hendrick III**

Mailing Address 3237 Seven Eagles Road

City Charlotte State NC Zip Code 28210-5938

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

Name of Employer Hendrick Motorsports Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-TIP149**

Amount of Each Receipt this Period  
 contribution **2700**

**[MEMO ITEM]**  
 Transfer Memo of Hudson Freedom Fund (3/31/2015)

**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

**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

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

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

**0.00**

**5367.28**

**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 51 OF 105 |
|                                                                         | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Prayer Breakfast**

Mailing Address 2343 Massachusetts Avenue NW

City Washington State DC Zip Code 20008-2853

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : A-OF6868**

Amount of Each Receipt this Period  
 350  
 refund for overpayment

**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

**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

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

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

350.00

350.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                         |                                                                                                                                                         |                |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 52 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                        |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International, Inc.</b>                                        |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2015 |  |
| Mailing Address 205 Pennsylvania Avenue SE                                                                                |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>650                |  |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                        | Zip Code<br>20003-1164 | Transaction ID : B-E-6753                                     |  |
| Purpose of Disbursement<br>BO-Jan                                                                                         |                                                                                                                                    | 001                    |                                                               |  |
| Candidate Name                                                                                                            |                                                                                                                                    | Category/<br>Type      |                                                               |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                               |  |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                               |  |

|                                                                                                                           |                                                                                                                                    |                        |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx</b>                                                                |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2015 |  |
| Mailing Address 1215 Concord Parkway N                                                                                    |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>17.28              |  |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        | Zip Code<br>28025-4325 | Transaction ID : B-E-6745                                     |  |
| Purpose of Disbursement<br>shipping                                                                                       |                                                                                                                                    | 001                    |                                                               |  |
| Candidate Name                                                                                                            |                                                                                                                                    | Category/<br>Type      |                                                               |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                               |  |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                               |  |

|                                                                                                                           |                                                                                                                                    |                        |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2015 |  |
| Mailing Address 182 Howard Street<br># 8                                                                                  |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>40                 |  |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611 | Transaction ID : B-E-6742                                     |  |
| Purpose of Disbursement<br>taxi                                                                                           |                                                                                                                                    | 001                    |                                                               |  |
| Candidate Name                                                                                                            |                                                                                                                                    | Category/<br>Type      |                                                               |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                               |  |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                               |  |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 707.28 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 53 OF 105                      |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b>                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 02 / 2015 |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    | Amount of Each Disbursement this Period<br>4.37               |
| City San Francisco                                                                                                        | State CA Zip Code 94105-1611                                                                                                       |                                                               |
| Purpose of Disbursement<br>taxi                                                                                           | Category/Type<br>001                                                                                                               | <b>Transaction ID : B-E-6746</b>                              |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. O3 Strategies, Inc</b>                                                   |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2015 |
| Mailing Address PO Box 25363                                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>50                 |
| City Raleigh                                                                                                              | State NC Zip Code 27611-5363                                                                                                       |                                                               |
| Purpose of Disbursement<br>website                                                                                        | Category/Type<br>001                                                                                                               | <b>Transaction ID : B-E-6755</b>                              |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. The Stewart Group</b>                                                    |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2015 |
| Mailing Address PO Box 26508                                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>1836.65            |
| City Raleigh                                                                                                              | State NC Zip Code 27611-6508                                                                                                       |                                                               |
| Purpose of Disbursement<br>printing                                                                                       | Category/Type<br>001                                                                                                               | <b>Transaction ID : B-E-6754</b>                              |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1891.02 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 54 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                          |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Employment Security Commission of North Carolina</b>                     |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2015 |
| Mailing Address PO Box 26504                                                                                              |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>478.8              |
| City<br>Raleigh                                                                                                           | State<br>NC                                                                                                                        | Zip Code<br>27611-6504   | Transaction ID : B-E-6752                                     |
| Purpose of Disbursement<br>payroll tax                                                                                    |                                                                                                                                    | 001<br>Category/<br>Type |                                                               |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |
| State: _____                                                                                                              | District: _____                                                                                                                    |                          |                                                               |

|                                                                                                                           |                                                                                                                                    |                          |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service</b>                                             |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2015 |
| Mailing Address 10715 David Taylor Drive                                                                                  |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>1808.98            |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        | Zip Code<br>28262-1283   | Transaction ID : B-E-6749                                     |
| Purpose of Disbursement<br>payroll tax                                                                                    |                                                                                                                                    | 001<br>Category/<br>Type |                                                               |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |
| State: _____                                                                                                              | District: _____                                                                                                                    |                          |                                                               |

|                                                                                                                           |                                                                                                                                    |                          |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Internal Revenue Service</b>                                             |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2015 |
| Mailing Address 10715 David Taylor Drive                                                                                  |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>378                |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        | Zip Code<br>28262-1283   | Transaction ID : B-E-6750                                     |
| Purpose of Disbursement<br>payroll tax                                                                                    |                                                                                                                                    | 001<br>Category/<br>Type |                                                               |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |
| State: _____                                                                                                              | District: _____                                                                                                                    |                          |                                                               |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2665.78 |
| <b>TOTAL</b> 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:<br>(check only one)                                   | PAGE 55 OF 105                                              |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NC Department of Revenue</b>                                    |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2015 |
| Mailing Address PO Box 25000                                                                                     |                                                                                                                              | Amount of Each Disbursement this Period<br>300                |
| City Raleigh                                                                                                     | State NC                                                                                                                     | Zip Code 27640-0640                                           |
| Purpose of Disbursement<br>payroll tax                                                                           | Category/Type<br>001                                                                                                         |                                                               |
| Candidate Name                                                                                                   | Transaction ID : B-E-6751                                                                                                    |                                                               |
| 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)<br><b>B. Uber Technologies, Inc.</b>                                     |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2015 |
| Mailing Address 182 Howard Street # 8                                                                            |                                                                                                                              | Amount of Each Disbursement this Period<br>8.55               |
| City San Francisco                                                                                               | State CA                                                                                                                     | Zip Code 94105-1611                                           |
| Purpose of Disbursement<br>taxi                                                                                  | Category/Type<br>001                                                                                                         |                                                               |
| Candidate Name                                                                                                   | Transaction ID : B-E-6762                                                                                                    |                                                               |
| 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)<br><b>C. Book World</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 07 / 2015 |
| Mailing Address 2211 N 1st Street                                                                                |                                                                                                                              | Amount of Each Disbursement this Period<br>1500               |
| City San Jose                                                                                                    | State CA                                                                                                                     | Zip Code 95131-2021                                           |
| Purpose of Disbursement<br>books                                                                                 | Category/Type<br>001                                                                                                         |                                                               |
| Candidate Name                                                                                                   | Transaction ID : B-E-6769                                                                                                    |                                                               |
| 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:                                                                                                 |                                                                                                                              |                                                               |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1808.55 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 56 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                  |                                                                                                                              |                                                                                     |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b>                                     |                                                                                                                              | Date of Disbursement<br>MM / DD / YYYY<br>01 / 07 / 2015                            |
| Mailing Address 182 Howard Street # 8                                                                            |                                                                                                                              | Amount of Each Disbursement this Period<br>8.18<br><b>Transaction ID : B-E-6763</b> |
| City San Francisco                                                                                               | State CA Zip Code 94105-1611                                                                                                 |                                                                                     |
| Purpose of Disbursement<br>taxi                                                                                  | Category/Type<br>001                                                                                                         |                                                                                     |
| 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:                                                                                                 |                                                                                                                              |                                                                                     |

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|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Four Seasons Resort</b>                                         |                                                                                                                              | Date of Disbursement<br>MM / DD / YYYY<br>01 / 08 / 2015                           |
| Mailing Address 7680 Granite Loop Road                                                                           |                                                                                                                              | Amount of Each Disbursement this Period<br>150<br><b>Transaction ID : B-E-6771</b> |
| City Jackson                                                                                                     | State WY Zip Code 83001                                                                                                      |                                                                                    |
| Purpose of Disbursement<br>storage fee                                                                           | Category/Type<br>001                                                                                                         |                                                                                    |
| 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:                                                                                                 |                                                                                                                              |                                                                                    |

|                                                                                                                  |                                                                                                                              |                                                                                      |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. NC Fudge</b>                                                    |                                                                                                                              | Date of Disbursement<br>MM / DD / YYYY<br>01 / 08 / 2015                             |
| Mailing Address 8929 Nc Highway 157                                                                              |                                                                                                                              | Amount of Each Disbursement this Period<br>990.9<br><b>Transaction ID : B-E-6777</b> |
| City Rougemont                                                                                                   | State NC Zip Code 27572-8733                                                                                                 |                                                                                      |
| Purpose of Disbursement<br>food                                                                                  | Category/Type<br>001                                                                                                         |                                                                                      |
| 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:                                                                                                 |                                                                                                                              |                                                                                      |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1149.08 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 57 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                          |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2015 |  |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>12.1               |  |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611   | Transaction ID : B-E-6764                                     |  |
| Purpose of Disbursement<br>taxi                                                                                           |                                                                                                                                    | Category/<br>Type<br>001 |                                                               |  |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |  |
| State: District:                                                                                                          |                                                                                                                                    |                          |                                                               |  |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 08 / 2015 |  |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>8.39               |  |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611   | Transaction ID : B-E-6765                                     |  |
| Purpose of Disbursement<br>taxi                                                                                           |                                                                                                                                    | Category/<br>Type<br>001 |                                                               |  |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |  |
| State: District:                                                                                                          |                                                                                                                                    |                          |                                                               |  |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2015 |  |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>8.71               |  |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611   | Transaction ID : B-E-6766                                     |  |
| Purpose of Disbursement<br>taxi                                                                                           |                                                                                                                                    | Category/<br>Type<br>001 |                                                               |  |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |  |
| State: District:                                                                                                          |                                                                                                                                    |                          |                                                               |  |

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|-----------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 29.20 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 58 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b>                                     |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2015 |
| Mailing Address 182 Howard Street # 8                                                                            |                                                                                                                              | Amount of Each Disbursement this Period<br>8.91               |
| City San Francisco                                                                                               | State CA Zip Code 94105-1611                                                                                                 |                                                               |
| Purpose of Disbursement<br>taxi                                                                                  | Category/Type<br>001                                                                                                         | <b>Transaction ID : B-E-6767</b>                              |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Intuit</b>                                                      |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 12 / 2015 |
| Mailing Address 2632 Marine Way                                                                                  |                                                                                                                              | Amount of Each Disbursement this Period<br>39.95              |
| City Mountain View                                                                                               | State CA Zip Code 94043-1126                                                                                                 |                                                               |
| Purpose of Disbursement<br>QB                                                                                    | Category/Type<br>001                                                                                                         | <b>Transaction ID : B-E-6759</b>                              |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Ashley M. Beaver</b>                                            |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 12 / 2015 |
| Mailing Address 401 N Church Street Apt. 407                                                                     |                                                                                                                              | Amount of Each Disbursement this Period<br>8560.1             |
| City Charlotte                                                                                                   | State NC Zip Code 28202-1184                                                                                                 |                                                               |
| Purpose of Disbursement<br>event planner                                                                         | Category/Type<br>001                                                                                                         | <b>Transaction ID : B-E-6758</b>                              |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8608.96 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 59 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                       |                                                                                                                           |                                                                                                                                    |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Hertz Rental Car</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2015                                                                      |
| Mailing Address 640 Concord Parkway N                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>1050.75<br><b>Transaction ID : B-E-6778</b>                                             |
| City<br>Concord                                                       | State<br>NC                                                                                                               |                                                                                                                                    |
| Zip Code<br>28027-6034                                                | Purpose of Disbursement<br>rental car                                                                                     | Category/<br>Type<br>001                                                                                                           |
| Candidate Name                                                        | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                                                    |
| State:                                                                | District:                                                                                                                 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|                                                                    |                                                                                                                           |                                                                                                                                    |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Lodge At Vail</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2015                                                                      |
| Mailing Address 174 E Gore Creek Drive                             |                                                                                                                           | Amount of Each Disbursement this Period<br>2<br><b>Transaction ID : B-E-6780</b>                                                   |
| City<br>Vail                                                       | State<br>CO                                                                                                               |                                                                                                                                    |
| Zip Code<br>81657-4511                                             | Purpose of Disbursement<br>hotel                                                                                          | Category/<br>Type<br>001                                                                                                           |
| Candidate Name                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                                                    |
| State:                                                             | District:                                                                                                                 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|                                                                              |                                                                                                                           |                                                                                                                                    |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b> |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2015                                                                      |
| Mailing Address 182 Howard Street<br># 8                                     |                                                                                                                           | Amount of Each Disbursement this Period<br>33<br><b>Transaction ID : B-E-6784</b>                                                  |
| City<br>San Francisco                                                        | State<br>CA                                                                                                               |                                                                                                                                    |
| Zip Code<br>94105-1611                                                       | Purpose of Disbursement<br>taxi                                                                                           | Category/<br>Type<br>001                                                                                                           |
| Candidate Name                                                               | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                                                                    |
| State:                                                                       | District:                                                                                                                 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1085.75 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 60 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                        |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Krystal M Kocher</b>                                                     |                                                                                                                                    |                        | Date of Disbursement<br>MM / DD / YYYY<br>01 / 15 / 2015                              |
| Mailing Address 508 Geary Street NW                                                                                       |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>469.38<br><b>Transaction ID : B-E-6776</b> |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        | Zip Code<br>28027-8210 |                                                                                       |
| Purpose of Disbursement<br>payroll                                                                                        | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                              |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                       |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                       |

|                                                                                                                           |                                                                                                                                    |                        |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                        | Date of Disbursement<br>MM / DD / YYYY<br>01 / 16 / 2015                          |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>35<br><b>Transaction ID : B-E-6785</b> |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611 |                                                                                   |
| Purpose of Disbursement<br>taxi                                                                                           | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                   |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                   |

|                                                                                                                           |                                                                                                                                    |                        |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Jim 'N Nick's BBQ</b>                                                    |                                                                                                                                    |                        | Date of Disbursement<br>MM / DD / YYYY<br>01 / 20 / 2015                             |
| Mailing Address 7791 Gateway Lane NW                                                                                      |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>33.62<br><b>Transaction ID : B-E-6789</b> |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        | Zip Code<br>28027-4418 |                                                                                      |
| Purpose of Disbursement<br>food                                                                                           | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                      |

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|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 538.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 61 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                   |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2015                     |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>22<br><b>Transaction ID : B-E-6790</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                   |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                   |

|                                                                         |                                                                                                                                                                                                                                                  |                                                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Lukens Company</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 21 / 2015                          |
| Mailing Address 2800 S Shirlington Road Floor 9                         |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>1957.97<br><b>Transaction ID : B-E-6791</b> |
| City Arlington State VA Zip Code 22206-3601                             | Purpose of Disbursement postage<br>001<br>Category/Type                                                                                                                                                                                          |                                                                                        |
| Candidate Name                                                          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                        |
| State: District:                                                        |                                                                                                                                                                                                                                                  |                                                                                        |

|                                                                        |                                                                                                                                                                                                                                                  |                                                                                       |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Hill Club</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2015                         |
| Mailing Address 300 1st Street SE                                      |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>159.96<br><b>Transaction ID : B-E-6795</b> |
| City Washington State DC Zip Code 20003-1801                           | Purpose of Disbursement food<br>001<br>Category/Type                                                                                                                                                                                             |                                                                                       |
| Candidate Name                                                         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                       |                                                                                                                                                                                                                                                  |                                                                                       |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2139.93 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 62 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Converge Communication Technologies</b>                                  |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2015 |
| Mailing Address 8621 Covedale Crossings Circle                                                                            |                                                                                                                                    | Amount of Each Disbursement this Period<br>227.35             |
| City<br>Cornelius                                                                                                         | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28031-5698                                                                                                    | Purpose of Disbursement<br>phones                                                                                                  | 001                                                           |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Hershey Lodge</b>                                                        |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2015 |
| Mailing Address 325 University Drive                                                                                      |                                                                                                                                    | Amount of Each Disbursement this Period<br>331.2              |
| City<br>Hershey                                                                                                           | State<br>PA                                                                                                                        |                                                               |
| Zip Code<br>17033-2800                                                                                                    | Purpose of Disbursement<br>hotel                                                                                                   | 001                                                           |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. The International Foundation</b>                                         |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2015 |
| Mailing Address PO Box 23813                                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>350                |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                        |                                                               |
| Zip Code<br>20026-3813                                                                                                    | Purpose of Disbursement<br>food                                                                                                    | 001                                                           |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

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|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 908.55 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 63 OF 105                     |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                         |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2015                           |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>..... 15<br><b>Transaction ID : B-E-6797</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>..... 001<br>Category/Type                                                                                                                                                                                     |                                                                                         |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                         |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                         |

|                                                                  |                                                                                                                                                                                                                                                  |                                                                                             |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Wiland Inc.</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2015                               |
| Mailing Address PO Box 174480                                    |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>..... 400.01<br><b>Transaction ID : B-E-6794</b> |
| City Denver State CO Zip Code 80217-4480                         | Purpose of Disbursement list<br>..... 001<br>Category/Type                                                                                                                                                                                       |                                                                                             |
| Candidate Name                                                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                             |
| State: District:                                                 |                                                                                                                                                                                                                                                  |                                                                                             |

|                                                             |                                                                                                                                                                                                                                                  |                                                                                            |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Intuit</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 26 / 2015                              |
| Mailing Address 2632 Marine Way                             |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>..... 66.86<br><b>Transaction ID : B-E-6801</b> |
| City Mountain View State CA Zip Code 94043-1126             | Purpose of Disbursement tax filing fee<br>..... 001<br>Category/Type                                                                                                                                                                             |                                                                                            |
| Candidate Name                                              | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                            |
| State: District:                                            |                                                                                                                                                                                                                                                  |                                                                                            |

|                                                                 |              |
|-----------------------------------------------------------------|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | ..... 481.87 |
| <b>TOTAL</b> 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:<br>(check only one)                                   | PAGE 64 OF 105                                              |                                                              |                                                             |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>                                                     |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 26 / 2015 |
| Mailing Address 8603 Concord Mills Boulevard                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>888.28             |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28027-5400                                                                                                    | Purpose of Disbursement<br>phone                                                                                                   | <b>Transaction ID : B-E-6799</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Anedot</b>                                                               |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 28 / 2015 |
| Mailing Address 10156 Perkins Rowe Suite 311F                                                                             |                                                                                                                                    | Amount of Each Disbursement this Period<br>31.12              |
| City<br>Baton Rouge                                                                                                       | State<br>LA                                                                                                                        |                                                               |
| Zip Code<br>70810-1799                                                                                                    | Purpose of Disbursement<br>cc fees                                                                                                 | <b>Transaction ID : B-E-6808</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Hill Club</b>                                                    |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 28 / 2015 |
| Mailing Address 300 1st Street SE                                                                                         |                                                                                                                                    | Amount of Each Disbursement this Period<br>230                |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                        |                                                               |
| Zip Code<br>20003-1801                                                                                                    | Purpose of Disbursement<br>food                                                                                                    | <b>Transaction ID : B-E-6809</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1149.40 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 66 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                      |                                                                                                                              | Amount of Each Disbursement this Period<br>226.6              |
| City Phoenix                                                                                                     | State AZ Zip Code 85034-3802                                                                                                 |                                                               |
| Purpose of Disbursement flights                                                                                  | Category/Type 001                                                                                                            | <b>Transaction ID : B-E-6812</b>                              |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                      |                                                                                                                              | Amount of Each Disbursement this Period<br>852.1              |
| City Phoenix                                                                                                     | State AZ Zip Code 85034-3802                                                                                                 |                                                               |
| Purpose of Disbursement flight                                                                                   | Category/Type 001                                                                                                            | <b>Transaction ID : B-E-6813</b>                              |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                      |                                                                                                                              | Amount of Each Disbursement this Period<br>852.1              |
| City Phoenix                                                                                                     | State AZ Zip Code 85034-3802                                                                                                 |                                                               |
| Purpose of Disbursement flight                                                                                   | Category/Type 001                                                                                                            | <b>Transaction ID : B-E-6814</b>                              |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1930.80 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 67 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2015                        |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>590.1<br><b>Transaction ID : B-E-6815</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                      |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                           |                                                                                                                                                                                                                                                  |                                                                                   |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 29 / 2015                     |
| Mailing Address 455 Concord Parkway N                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>98<br><b>Transaction ID : B-E-6817</b> |
| City Concord State NC Zip Code 28027-6736                 | Purpose of Disbursement postage<br>001<br>Category/Type                                                                                                                                                                                          |                                                                                   |
| Candidate Name                                            | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                          |                                                                                                                                                                                                                                                  |                                                                                   |

|                                                                       |                                                                                                                                                                                                                                                  |                                                                                       |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Krystal M Kocher</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 30 / 2015                         |
| Mailing Address 508 Geary Street NW                                   |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>477.08<br><b>Transaction ID : B-E-6825</b> |
| City Concord State NC Zip Code 28027-8210                             | Purpose of Disbursement payroll<br>001<br>Category/Type                                                                                                                                                                                          |                                                                                       |
| Candidate Name                                                        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                      |                                                                                                                                                                                                                                                  |                                                                                       |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1165.18 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 68 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Citibank NA</b>                                                          |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2015 |
| Mailing Address 1500 Boltonfield Street                                                                                   |                                                                                                                                    | Amount of Each Disbursement this Period<br>220.89             |
| City Columbus                                                                                                             | State OH                                                                                                                           | Zip Code 43228-3669                                           |
| Purpose of Disbursement<br>hotel                                                                                          | Category/Type<br>001                                                                                                               |                                                               |
| Candidate Name                                                                                                            | Transaction ID : B-E-6819                                                                                                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Hilton Garden Inn</b>                                                    |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2015 |
| Mailing Address 7831 Gateway Lane NW                                                                                      |                                                                                                                                    | Amount of Each Disbursement this Period<br>246.34             |
| City Concord                                                                                                              | State NC                                                                                                                           | Zip Code 28027-4419                                           |
| Purpose of Disbursement<br>hotel                                                                                          | Category/Type<br>001                                                                                                               |                                                               |
| Candidate Name                                                                                                            | Transaction ID : B-E-6820                                                                                                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Hilton Garden Inn</b>                                                    |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2015 |
| Mailing Address 7831 Gateway Lane NW                                                                                      |                                                                                                                                    | Amount of Each Disbursement this Period<br>963.62             |
| City Concord                                                                                                              | State NC                                                                                                                           | Zip Code 28027-4419                                           |
| Purpose of Disbursement<br>food                                                                                           | Category/Type<br>001                                                                                                               |                                                               |
| Candidate Name                                                                                                            | Transaction ID : B-E-6821                                                                                                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1430.85 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 69 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Wingate By Wyndham</b>                                                   |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2015                         |
| Mailing Address 7841 Gateway Lane NW                                                                                      |                                                                                                                                    | Amount of Each Disbursement this Period<br>379.68<br><b>Transaction ID : B-E-6823</b> |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        |                                                                                       |
| Purpose of Disbursement<br>hotel                                                                                          |                                                                                                                                    | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                       |

|                                                                                                                           |                                                                                                                                    |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b>                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 20 / 2015                       |
| Mailing Address 182 Howard Street<br># 8                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period<br>10.01<br><b>Transaction ID : B-S-319</b> |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        |                                                                                     |
| Purpose of Disbursement<br>taxi                                                                                           |                                                                                                                                    | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                     |
|                                                                                                                           |                                                                                                                                    | <b>[MEMO ITEM]</b><br>Subitemization of Richard Hudson(01/31/15)                    |

|                                                                                                                           |                                                                                                                                    |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle International, Inc.</b>                                        |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2015                      |
| Mailing Address 205 Pennsylvania Avenue SE                                                                                |                                                                                                                                    | Amount of Each Disbursement this Period<br>650<br><b>Transaction ID : B-E-6824</b> |
| City<br>Washington                                                                                                        | State<br>DC                                                                                                                        |                                                                                    |
| Purpose of Disbursement<br>BackOffice                                                                                     |                                                                                                                                    | Category/<br>Type<br>001                                                           |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                    |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                    |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1029.68 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 70 OF 105                     |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. O3 Strategies, Inc</b>                                                            |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 02 / 2015                     |
| Mailing Address PO Box 25363                                                                                                       |                                                                                                                           | Amount of Each Disbursement this Period<br>50<br><b>Transaction ID : B-E-6832</b> |
| City<br>Raleigh                                                                                                                    | State<br>NC                                                                                                               |                                                                                   |
| Zip Code<br>27611-5363                                                                                                             | Purpose of Disbursement<br>website                                                                                        | Category/<br>Type<br>001                                                          |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                   |

|                                                                                                                                    |                                                                                                                           |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Reid Political Consulting, LLC</b>                                                |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 02 / 2015                       |
| Mailing Address 3502 Halcyon Drive                                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>8985<br><b>Transaction ID : B-E-6830</b> |
| City<br>Alexandria                                                                                                                 | State<br>VA                                                                                                               |                                                                                     |
| Zip Code<br>22305-1330                                                                                                             | Purpose of Disbursement<br>fundraising                                                                                    | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

|                                                                                                                                    |                                                                                                                           |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Ashley M. Beaver</b>                                                              |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 02 / 2015                       |
| Mailing Address 401 N Church Street<br>Apt. 407                                                                                    |                                                                                                                           | Amount of Each Disbursement this Period<br>2500<br><b>Transaction ID : B-E-6831</b> |
| City<br>Charlotte                                                                                                                  | State<br>NC                                                                                                               |                                                                                     |
| Zip Code<br>28202-1184                                                                                                             | Purpose of Disbursement<br>event planner                                                                                  | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 11535.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 71 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                         |                                                                   |                                         |
|-----------------------------------------|-------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial) |                                                                   | Date of Disbursement                    |
| <b>A. USPS</b>                          |                                                                   | M M / D D / Y Y Y Y<br>02 / 03 / 2015   |
| Mailing Address 455 Concord Parkway N   |                                                                   | Amount of Each Disbursement this Period |
| City                                    | State                                                             | Zip Code                                |
| Concord                                 | NC                                                                | 28027-6736                              |
| Purpose of Disbursement<br>postage      | Category/<br>Type                                                 | Transaction ID : B-E-6839               |
|                                         | 001                                                               | 49                                      |
| Candidate Name                          |                                                                   |                                         |
| Office Sought:                          | Disbursement For:                                                 |                                         |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |                                         |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |                                         |
| <input type="checkbox"/> President      |                                                                   |                                         |
| State: District:                        |                                                                   |                                         |

|                                         |                                                                   |                                         |
|-----------------------------------------|-------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial) |                                                                   | Date of Disbursement                    |
| <b>B. FedEx</b>                         |                                                                   | M M / D D / Y Y Y Y<br>02 / 04 / 2015   |
| Mailing Address 1215 Concord Parkway N  |                                                                   | Amount of Each Disbursement this Period |
| City                                    | State                                                             | Zip Code                                |
| Concord                                 | NC                                                                | 28025-4325                              |
| Purpose of Disbursement<br>shipping     | Category/<br>Type                                                 | Transaction ID : B-E-6840               |
|                                         | 001                                                               | 24.51                                   |
| Candidate Name                          |                                                                   |                                         |
| Office Sought:                          | Disbursement For:                                                 |                                         |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |                                         |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify)                          |                                         |
| <input type="checkbox"/> President      |                                                                   |                                         |
| State: District:                        |                                                                   |                                         |

|                                          |                                                                   |                                         |
|------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial)  |                                                                   | Date of Disbursement                    |
| <b>C. Internal Revenue Service</b>       |                                                                   | M M / D D / Y Y Y Y<br>02 / 04 / 2015   |
| Mailing Address 10715 David Taylor Drive |                                                                   | Amount of Each Disbursement this Period |
| City                                     | State                                                             | Zip Code                                |
| Charlotte                                | NC                                                                | 28262-1283                              |
| Purpose of Disbursement<br>payroll taxes | Category/<br>Type                                                 | Transaction ID : B-E-6827               |
|                                          | 001                                                               | 231.34                                  |
| Candidate Name                           |                                                                   |                                         |
| Office Sought:                           | Disbursement For:                                                 |                                         |
| <input type="checkbox"/> House           | <input type="checkbox"/> Primary <input type="checkbox"/> General |                                         |
| <input type="checkbox"/> Senate          | <input type="checkbox"/> Other (specify)                          |                                         |
| <input type="checkbox"/> President       |                                                                   |                                         |
| State: District:                         |                                                                   |                                         |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 304.85 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 72 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NC Department of Revenue</b>                                             |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 04 / 2015 |
| Mailing Address PO Box 25000                                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>42                 |
| City Raleigh                                                                                                              | State NC                                                                                                                           | Zip Code 27640-0640                                           |
| Purpose of Disbursement<br>payroll taxes                                                                                  | Category/Type<br>001                                                                                                               |                                                               |
| Candidate Name                                                                                                            | Transaction ID : B-E-6826                                                                                                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b>                                                           |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 04 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                               |                                                                                                                                    | Amount of Each Disbursement this Period<br>217.1              |
| City Phoenix                                                                                                              | State AZ                                                                                                                           | Zip Code 85034-3802                                           |
| Purpose of Disbursement<br>flight                                                                                         | Category/Type<br>001                                                                                                               |                                                               |
| Candidate Name                                                                                                            | Transaction ID : B-E-6841                                                                                                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b>                                                           |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 04 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                               |                                                                                                                                    | Amount of Each Disbursement this Period<br>25                 |
| City Phoenix                                                                                                              | State AZ                                                                                                                           | Zip Code 85034-3802                                           |
| Purpose of Disbursement<br>flight                                                                                         | Category/Type<br>001                                                                                                               |                                                               |
| Candidate Name                                                                                                            | Transaction ID : B-E-6842                                                                                                          |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 284.10 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 73 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                          |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Intuit</b>                                                               |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 05 / 2015 |
| Mailing Address 2632 Marine Way                                                                                           |                                                                                                                                    | Amount of Each Disbursement this Period<br>383.03        |
| City<br>Mountain View                                                                                                     | State<br>CA                                                                                                                        |                                                          |
| Zip Code<br>94043-1126                                                                                                    | Purpose of Disbursement<br>checks                                                                                                  | <b>Transaction ID : B-E-6844</b>                         |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                          |
| State: District:                                                                                                          |                                                                                                                                    |                                                          |

|                                                                                                                           |                                                                                                                                    |                                                          |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b>                                              |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 05 / 2015 |
| Mailing Address 182 Howard Street<br># 8                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period<br>52            |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        |                                                          |
| Zip Code<br>94105-1611                                                                                                    | Purpose of Disbursement<br>taxi                                                                                                    | <b>Transaction ID : B-E-6843</b>                         |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                          |
| State: District:                                                                                                          |                                                                                                                                    |                                                          |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Ciro's Italian Restaurant</b>                                            |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 09 / 2015 |
| Mailing Address 8927 J M Keynes Drive                                                                                     |                                                                                                                                    | Amount of Each Disbursement this Period<br>205.63        |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        |                                                          |
| Zip Code<br>28262-8433                                                                                                    | Purpose of Disbursement<br>food & beverage                                                                                         | <b>Transaction ID : B-E-6852</b>                         |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                          |
| State: District:                                                                                                          |                                                                                                                                    |                                                          |

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|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 640.66 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 74 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                        |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Hilton At University Place</b>                                           |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 09 / 2015                        |
| Mailing Address 8629 J M Keynes Drive                                                                                     |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>230.8<br><b>Transaction ID : B-E-6855</b> |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        | Zip Code<br>28262-8425 |                                                                                      |
| Purpose of Disbursement<br>hotel                                                                                          | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                      |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 09 / 2015                     |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>15<br><b>Transaction ID : B-E-6848</b> |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611 |                                                                                   |
| Purpose of Disbursement<br>taxi                                                                                           | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                   |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                   |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b>                                              |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 09 / 2015                     |
| Mailing Address 182 Howard Street # 8                                                                                     |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>25<br><b>Transaction ID : B-E-6849</b> |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94105-1611 |                                                                                   |
| Purpose of Disbursement<br>taxi                                                                                           | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                   |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                   |

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|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 270.80 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 75 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 11 / 2015                             |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>665.2<br><b>Transaction ID : B-E-6856</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                      |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 11 / 2015                             |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>665.2<br><b>Transaction ID : B-E-6857</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                      |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 11 / 2015                             |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>714.6<br><b>Transaction ID : B-E-6858</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                      |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2045.00 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 76 OF 105                     |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                      |                                                                                                                              | Amount of Each Disbursement this Period<br>714.6              |
| City Phoenix                                                                                                     | State AZ                                                                                                                     |                                                               |
| Zip Code 85034-3802                                                                                              | Purpose of Disbursement flight                                                                                               | <b>Transaction ID : B-E-6859</b>                              |
| Candidate Name                                                                                                   | 001<br>Category/Type                                                                                                         |                                                               |
| 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)<br><b>B. US Airways</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                      |                                                                                                                              | Amount of Each Disbursement this Period<br>371.85             |
| City Phoenix                                                                                                     | State AZ                                                                                                                     |                                                               |
| Zip Code 85034-3802                                                                                              | Purpose of Disbursement flight                                                                                               | <b>Transaction ID : B-E-6860</b>                              |
| Candidate Name                                                                                                   | 001<br>Category/Type                                                                                                         |                                                               |
| 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)<br><b>c. US Airways</b>                                                  |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2015 |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                      |                                                                                                                              | Amount of Each Disbursement this Period<br>475.1              |
| City Phoenix                                                                                                     | State AZ                                                                                                                     |                                                               |
| Zip Code 85034-3802                                                                                              | Purpose of Disbursement flight                                                                                               | <b>Transaction ID : B-E-6861</b>                              |
| Candidate Name                                                                                                   | 001<br>Category/Type                                                                                                         |                                                               |
| 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:                                                                                                 |                                                                                                                              |                                                               |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1561.55 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 77 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b>                                              |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 12 / 2015                          |
| Mailing Address 182 Howard Street<br># 8                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period<br>17<br><b>Transaction ID : B-E-6866</b> |
| City San Francisco                                                                                                        | State CA Zip Code 94105-1611                                                                                                       |                                                                                   |
| Purpose of Disbursement<br>taxi                                                                                           | Category/Type<br>001                                                                                                               |                                                                                   |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                   |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Krystal M Kocher</b>                                                     |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 13 / 2015                              |
| Mailing Address 508 Geary Street NW                                                                                       |                                                                                                                                    | Amount of Each Disbursement this Period<br>481.08<br><b>Transaction ID : B-E-6835</b> |
| City Concord                                                                                                              | State NC Zip Code 28027-8210                                                                                                       |                                                                                       |
| Purpose of Disbursement<br>payroll                                                                                        | Category/Type<br>001                                                                                                               |                                                                                       |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                       |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Hill Club</b>                                                    |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 14 / 2015                            |
| Mailing Address 300 1st Street SE                                                                                         |                                                                                                                                    | Amount of Each Disbursement this Period<br>35.1<br><b>Transaction ID : B-E-6867</b> |
| City Washington                                                                                                           | State DC Zip Code 20003-1801                                                                                                       |                                                                                     |
| Purpose of Disbursement<br>food                                                                                           | Category/Type<br>001                                                                                                               |                                                                                     |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                     |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 533.18 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 78 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                        |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Metro Mailing &amp; Printing Company</b>                                 |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2015                          |
| Mailing Address 109 Winona Street                                                                                         |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>1974.23<br><b>Transaction ID : B-E-6936</b> |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        | Zip Code<br>28203-4149 |                                                                                        |
| Purpose of Disbursement<br>printing                                                                                       | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                        |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                        |

|                                                                                                                           |                                                                                                                                    |                        |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Lukens Company</b>                                                   |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 16 / 2015                          |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                        |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>5984.96<br><b>Transaction ID : B-E-6937</b> |
| City<br>Arlington                                                                                                         | State<br>VA                                                                                                                        | Zip Code<br>22206-3601 |                                                                                        |
| Purpose of Disbursement<br>printing                                                                                       | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                        |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                        |

|                                                                                                                           |                                                                                                                                    |                        |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Intuit</b>                                                               |                                                                                                                                    |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 17 / 2015                        |
| Mailing Address 2632 Marine Way                                                                                           |                                                                                                                                    |                        | Amount of Each Disbursement this Period<br>39.95<br><b>Transaction ID : B-E-6928</b> |
| City<br>Mountain View                                                                                                     | State<br>CA                                                                                                                        | Zip Code<br>94043-1126 |                                                                                      |
| Purpose of Disbursement<br>QB                                                                                             | Candidate Name                                                                                                                     |                        | Category/<br>Type<br>001                                                             |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |                                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                        |                                                                                      |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7999.14 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 79 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                              |                                                                                                                                                                                                                                                  |                                                                                      |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2015                             |
| Mailing Address 182 Howard Street # 8                                        |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>45.56<br><b>Transaction ID : B-E-6925</b> |
| City San Francisco State CA Zip Code 94105-1611                              | Purpose of Disbursement taxi<br>Category/Type 001                                                                                                                                                                                                |                                                                                      |
| Candidate Name                                                               | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                             |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                                              |                                                                                                                                                                                                                                                  |                                                                                   |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2015                          |
| Mailing Address 182 Howard Street # 8                                        |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>10<br><b>Transaction ID : B-E-6926</b> |
| City San Francisco State CA Zip Code 94105-1611                              | Purpose of Disbursement taxi<br>Category/Type 001                                                                                                                                                                                                |                                                                                   |
| Candidate Name                                                               | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                                             |                                                                                                                                                                                                                                                  |                                                                                   |

|                                                                              |                                                                                                                                                                                                                                                  |                                                                                      |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2015                             |
| Mailing Address 182 Howard Street # 8                                        |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>14.11<br><b>Transaction ID : B-E-6927</b> |
| City San Francisco State CA Zip Code 94105-1611                              | Purpose of Disbursement taxi<br>Category/Type 001                                                                                                                                                                                                |                                                                                      |
| Candidate Name                                                               | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                             |                                                                                                                                                                                                                                                  |                                                                                      |

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|-----------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 69.67 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 80 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                      |                                                                                                                                    |                                                                                      |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b> |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2015                             |
| Mailing Address 5501 Josh Birmingham Parkway                         |                                                                                                                                    | Amount of Each Disbursement this Period<br>825.2<br><b>Transaction ID : B-E-6929</b> |
| City<br>Charlotte                                                    | State<br>NC                                                                                                                        |                                                                                      |
| Zip Code<br>28208-5750                                               | Purpose of Disbursement<br>flight                                                                                                  | Category/<br>Type<br>001                                                             |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                                                                                      |
| State: District:                                                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                      |

|                                                                      |                                                                                                                                    |                                                                                      |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b> |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2015                             |
| Mailing Address 5501 Josh Birmingham Parkway                         |                                                                                                                                    | Amount of Each Disbursement this Period<br>825.2<br><b>Transaction ID : B-E-6930</b> |
| City<br>Charlotte                                                    | State<br>NC                                                                                                                        |                                                                                      |
| Zip Code<br>28208-5750                                               | Purpose of Disbursement<br>flight                                                                                                  | Category/<br>Type<br>001                                                             |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                                                                                      |
| State: District:                                                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                      |

|                                                                      |                                                                                                                                    |                                                                                    |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Walter S. Price</b> |                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 18 / 2015                           |
| Mailing Address 1426 Sterling Road                                   |                                                                                                                                    | Amount of Each Disbursement this Period<br>100<br><b>Transaction ID : B-I-6985</b> |
| City<br>Charlotte                                                    | State<br>NC                                                                                                                        |                                                                                    |
| Zip Code<br>28209-1544                                               | Purpose of Disbursement<br>Inkind: conference room                                                                                 | Category/<br>Type                                                                  |
| Candidate Name                                                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                                                                                    |
| State: District:                                                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                    |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1750.40 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 81 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Walter S. Price</b>                                                      |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 18 / 2015 |
| Mailing Address 1426 Sterling Road                                                                                        |                                                                                                                                    | Amount of Each Disbursement this Period<br>130.6              |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28209-1544                                                                                                    | Purpose of Disbursement<br>Inkind: food & drinks                                                                                   | Transaction ID : B-I-6986                                     |
| Candidate Name                                                                                                            | Category/<br>Type                                                                                                                  |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. St. Regis Deer Valley Resort</b>                                         |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 23 / 2015 |
| Mailing Address 2300 Deer Valley Dr E                                                                                     |                                                                                                                                    | Amount of Each Disbursement this Period<br>100.06             |
| City<br>Park City                                                                                                         | State<br>UT                                                                                                                        |                                                               |
| Zip Code<br>84060                                                                                                         | Purpose of Disbursement<br>hotel                                                                                                   | Transaction ID : B-E-6932                                     |
| Candidate Name                                                                                                            | Category/<br>Type<br>001                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. St. Regis Deer Valley Resort</b>                                         |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 23 / 2015 |
| Mailing Address 2300 Deer Valley Dr E                                                                                     |                                                                                                                                    | Amount of Each Disbursement this Period<br>128.31             |
| City<br>Park City                                                                                                         | State<br>UT                                                                                                                        |                                                               |
| Zip Code<br>84060                                                                                                         | Purpose of Disbursement<br>hotel                                                                                                   | Transaction ID : B-E-6933                                     |
| Candidate Name                                                                                                            | Category/<br>Type<br>001                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 358.97 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 82 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                          |                                                               |  |  |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. St. Regis Deer Valley Resort</b>                                         |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 23 / 2015 |  |  |
| Mailing Address 2300 Deer Valley Dr E                                                                                     |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>90                 |  |  |
| City<br>Park City                                                                                                         | State<br>UT                                                                                                                        | Zip Code<br>84060        | Transaction ID : B-E-6934                                     |  |  |
| Purpose of Disbursement<br>hotel                                                                                          |                                                                                                                                    | 001<br>Category/<br>Type |                                                               |  |  |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |  |  |
| State: District:                                                                                                          |                                                                                                                                    |                          |                                                               |  |  |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Anedot</b>                                                               |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2015 |  |  |
| Mailing Address 10156 Perkins Rowe Suite 311F                                                                             |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>21.29              |  |  |
| City<br>Baton Rouge                                                                                                       | State<br>LA                                                                                                                        | Zip Code<br>70810-1799   | Transaction ID : B-E-6952                                     |  |  |
| Purpose of Disbursement<br>cc fees                                                                                        |                                                                                                                                    | 001<br>Category/<br>Type |                                                               |  |  |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |  |  |
| State: District:                                                                                                          |                                                                                                                                    |                          |                                                               |  |  |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. St. Regis Deer Valley Resort</b>                                         |                                                                                                                                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2015 |  |  |
| Mailing Address 2300 Deer Valley Dr E                                                                                     |                                                                                                                                    |                          | Amount of Each Disbursement this Period<br>2382.84            |  |  |
| City<br>Park City                                                                                                         | State<br>UT                                                                                                                        | Zip Code<br>84060        | Transaction ID : B-E-6955                                     |  |  |
| Purpose of Disbursement<br>hotel                                                                                          |                                                                                                                                    | 001<br>Category/<br>Type |                                                               |  |  |
| Candidate Name                                                                                                            |                                                                                                                                    |                          |                                                               |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |                                                               |  |  |
| State: District:                                                                                                          |                                                                                                                                    |                          |                                                               |  |  |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2494.13 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 83 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>                                                              |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>02 / 24 / 2015                              |
| Mailing Address 8603 Concord Mills Boulevard                                                                                       |                                                                                                                           | Amount of Each Disbursement this Period<br>144.61<br><b>Transaction ID : B-E-6919</b> |
| City<br>Concord                                                                                                                    | State<br>NC                                                                                                               |                                                                                       |
| Zip Code<br>28027-5400                                                                                                             | Purpose of Disbursement<br>cell phone                                                                                     | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                                                                                    |                                                                                                                           |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Snow Country Limo</b>                                                             |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>02 / 25 / 2015                           |
| Mailing Address 1800 Homestake Road                                                                                                |                                                                                                                           | Amount of Each Disbursement this Period<br>174<br><b>Transaction ID : B-E-6954</b> |
| City<br>Park City                                                                                                                  | State<br>UT                                                                                                               |                                                                                    |
| Zip Code<br>84060-7540                                                                                                             | Purpose of Disbursement<br>car                                                                                            | Category/<br>Type<br>001                                                           |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                    |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                    |

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|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b>                                                       |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>02 / 26 / 2015                          |
| Mailing Address 182 Howard Street<br># 8                                                                                           |                                                                                                                           | Amount of Each Disbursement this Period<br>16<br><b>Transaction ID : B-E-6953</b> |
| City<br>San Francisco                                                                                                              | State<br>CA                                                                                                               |                                                                                   |
| Zip Code<br>94105-1611                                                                                                             | Purpose of Disbursement<br>taxi                                                                                           | Category/<br>Type<br>001                                                          |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                   |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 334.61 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 84 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. CaterDMV.com</b>                                                                  |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2015                              |
| Mailing Address 6450 America Boulevard                                                                                             |                                                                                                                           | Amount of Each Disbursement this Period<br>234.42<br><b>Transaction ID : B-E-6961</b> |
| City<br>Hyattsville                                                                                                                | State<br>MD                                                                                                               |                                                                                       |
| Zip Code<br>20782-2149                                                                                                             | Purpose of Disbursement<br>food                                                                                           | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                                                                                    |                                                                                                                           |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Snow Country Limo</b>                                                             |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2015                           |
| Mailing Address 1800 Homestake Road                                                                                                |                                                                                                                           | Amount of Each Disbursement this Period<br>174<br><b>Transaction ID : B-E-6962</b> |
| City<br>Park City                                                                                                                  | State<br>UT                                                                                                               |                                                                                    |
| Zip Code<br>84060-7540                                                                                                             | Purpose of Disbursement<br>car                                                                                            | Category/<br>Type<br>001                                                           |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                    |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                    |

|                                                                                                                                    |                                                                                                                           |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. St. Regis Deer Valley Resort</b>                                                  |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2015                           |
| Mailing Address 2300 Deer Valley Dr E                                                                                              |                                                                                                                           | Amount of Each Disbursement this Period<br>275<br><b>Transaction ID : B-E-6963</b> |
| City<br>Park City                                                                                                                  | State<br>UT                                                                                                               |                                                                                    |
| Zip Code<br>84060                                                                                                                  | Purpose of Disbursement<br>hotel                                                                                          | Category/<br>Type<br>001                                                           |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                    |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                    |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 683.42 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 85 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                              |                                                                                                                                                                                                                                                  |                                                                                    |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2015                      |
| Mailing Address 182 Howard Street # 8                                        |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>113<br><b>Transaction ID : B-E-6966</b> |
| City San Francisco State CA Zip Code 94105-1611                              | Purpose of Disbursement taxi<br>Category/Type 001                                                                                                                                                                                                |                                                                                    |
| Candidate Name                                                               | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                    |
| State: District:                                                             |                                                                                                                                                                                                                                                  |                                                                                    |

|                                                                               |                                                                                                                                                                                                                                                  |                                                                                   |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. NC Department of Revenue</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2015                     |
| Mailing Address PO Box 25000                                                  |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>21<br><b>Transaction ID : B-E-6959</b> |
| City Raleigh State NC Zip Code 27640-0640                                     | Purpose of Disbursement payroll taxes<br>Category/Type 001                                                                                                                                                                                       |                                                                                   |
| Candidate Name                                                                | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                                              |                                                                                                                                                                                                                                                  |                                                                                   |

|                                                                                    |                                                                                                                                                                                                                                                  |                                                                                     |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle International, Inc.</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2015                       |
| Mailing Address 205 Pennsylvania Avenue SE                                         |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>1950<br><b>Transaction ID : B-E-6960</b> |
| City Washington State DC Zip Code 20003-1164                                       | Purpose of Disbursement Backoffice<br>Category/Type 001                                                                                                                                                                                          |                                                                                     |
| Candidate Name                                                                     | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                     |
| State: District:                                                                   |                                                                                                                                                                                                                                                  |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2084.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 86 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Converge Communication Technologies</b>                                           |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2015                         |
| Mailing Address 8621 Covedale Crossings Circle                                                                                     |                                                                                                                           | Amount of Each Disbursement this Period<br>227.35<br><b>Transaction ID : B-E-6983</b> |
| City<br>Cornelius                                                                                                                  | State<br>NC                                                                                                               |                                                                                       |
| Zip Code<br>28031-5698                                                                                                             | Purpose of Disbursement<br>phones                                                                                         | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service</b>                                                      |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2015                         |
| Mailing Address 10715 David Taylor Drive                                                                                           |                                                                                                                           | Amount of Each Disbursement this Period<br>115.67<br><b>Transaction ID : B-E-6958</b> |
| City<br>Charlotte                                                                                                                  | State<br>NC                                                                                                               |                                                                                       |
| Zip Code<br>28262-1283                                                                                                             | Purpose of Disbursement<br>payroll taxes                                                                                  | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                                                                                    |                                                                                                                           |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. O3 Strategies, Inc</b>                                                            |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2015                     |
| Mailing Address PO Box 25363                                                                                                       |                                                                                                                           | Amount of Each Disbursement this Period<br>50<br><b>Transaction ID : B-E-6984</b> |
| City<br>Raleigh                                                                                                                    | State<br>NC                                                                                                               |                                                                                   |
| Zip Code<br>27611-5363                                                                                                             | Purpose of Disbursement<br>website                                                                                        | Category/<br>Type<br>001                                                          |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                   |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 393.02 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 87 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>                                                                          |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2015                     |
| Mailing Address 455 Concord Parkway N                                                                                              |                                                                                                                           | Amount of Each Disbursement this Period<br>92<br><b>Transaction ID : B-E-6982</b> |
| City<br>Concord                                                                                                                    | State<br>NC                                                                                                               |                                                                                   |
| Zip Code<br>28027-6736                                                                                                             | Purpose of Disbursement<br>PO Box renewal                                                                                 | Category/<br>Type<br>001                                                          |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                   |

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Krystal M Kocher</b>                                                              |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 06 / 2015                         |
| Mailing Address 508 Geary Street NW                                                                                                |                                                                                                                           | Amount of Each Disbursement this Period<br>476.98<br><b>Transaction ID : B-E-6957</b> |
| City<br>Concord                                                                                                                    | State<br>NC                                                                                                               |                                                                                       |
| Zip Code<br>28027-8210                                                                                                             | Purpose of Disbursement<br>payroll                                                                                        | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Hill Club</b>                                                             |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2015                         |
| Mailing Address 300 1st Street SE                                                                                                  |                                                                                                                           | Amount of Each Disbursement this Period<br>985.08<br><b>Transaction ID : B-E-6956</b> |
| City<br>Washington                                                                                                                 | State<br>DC                                                                                                               |                                                                                       |
| Zip Code<br>20003-1801                                                                                                             | Purpose of Disbursement<br>food                                                                                           | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1554.06 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 88 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. The Lukens Company</b>                                                            |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2015                              |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>466.66<br><b>Transaction ID : B-E-7009</b> |
| City<br>Arlington                                                                                                                  | State<br>VA                                                                                                               |                                                                                       |
| Zip Code<br>22206-3601                                                                                                             | Purpose of Disbursement<br>printing                                                                                       | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                                                                                    |                                                                                                                           |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Lukens Company</b>                                                            |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2015                            |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-7010</b> |
| City<br>Arlington                                                                                                                  | State<br>VA                                                                                                               |                                                                                     |
| Zip Code<br>22206-3601                                                                                                             | Purpose of Disbursement<br>printing                                                                                       | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

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|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. The Lukens Company</b>                                                            |                                                                                                                           | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2015                            |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-7011</b> |
| City<br>Arlington                                                                                                                  | State<br>VA                                                                                                               |                                                                                     |
| Zip Code<br>22206-3601                                                                                                             | Purpose of Disbursement<br>printing                                                                                       | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

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|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2466.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 89 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. The Lukens Company</b>                                                            |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 08 / 2015                       |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-7012</b> |
| City<br>Arlington                                                                                                                  | State<br>VA                                                                                                               |                                                                                     |
| Zip Code<br>22206-3601                                                                                                             | Purpose of Disbursement<br>printing                                                                                       | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

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|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Lukens Company</b>                                                            |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 08 / 2015                       |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-7013</b> |
| City<br>Arlington                                                                                                                  | State<br>VA                                                                                                               |                                                                                     |
| Zip Code<br>22206-3601                                                                                                             | Purpose of Disbursement<br>printing                                                                                       | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

|                                                                                                                                    |                                                                                                                           |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. The Lukens Company</b>                                                            |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 08 / 2015                       |
| Mailing Address 2800 S Shirlington Road<br>Floor 9                                                                                 |                                                                                                                           | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-7014</b> |
| City<br>Arlington                                                                                                                  | State<br>VA                                                                                                               |                                                                                     |
| Zip Code<br>22206-3601                                                                                                             | Purpose of Disbursement<br>printing                                                                                       | Category/<br>Type<br>001                                                            |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 90 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                   |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2015                     |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>29<br><b>Transaction ID : B-E-7017</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                   |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                   |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                   |

|                                                                 |                                                                                                                                                                                                                                                  |                                                                                      |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2015                        |
| Mailing Address 4000 E Sky Harbor Boulevard                     |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>217.1<br><b>Transaction ID : B-E-7018</b> |
| City Phoenix State AZ Zip Code 85034-3802                       | Purpose of Disbursement flight<br>001<br>Category/Type                                                                                                                                                                                           |                                                                                      |
| Candidate Name                                                  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                                       |                                                                                                                                                                                                                                                  |                                                                                     |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Ashley M. Beaver</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2015                       |
| Mailing Address 401 N Church Street Apt. 407                          |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>2500<br><b>Transaction ID : B-E-7015</b> |
| City Charlotte State NC Zip Code 28202-1184                           | Purpose of Disbursement event planner<br>001<br>Category/Type                                                                                                                                                                                    |                                                                                     |
| Candidate Name                                                        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                     |
| State: District:                                                      |                                                                                                                                                                                                                                                  |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2746.10 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 91 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                             |                                                                                                                                                                                                                                                  |                                                                                       |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Anedot</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2015                         |
| Mailing Address 10156 Perkins Rowe Suite 311F               |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>111.95<br><b>Transaction ID : B-E-7028</b> |
| City Baton Rouge State LA Zip Code 70810-1799               | Purpose of Disbursement cc fees<br>001<br>Category/Type                                                                                                                                                                                          |                                                                                       |
| Candidate Name                                              | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                            |                                                                                                                                                                                                                                                  |                                                                                       |

|                                                             |                                                                                                                                                                                                                                                  |                                                                                      |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Intuit</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2015                        |
| Mailing Address 2632 Marine Way                             |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>39.95<br><b>Transaction ID : B-E-7044</b> |
| City Mountain View State CA Zip Code 94043-1126             | Purpose of Disbursement QB<br>001<br>Category/Type                                                                                                                                                                                               |                                                                                      |
| Candidate Name                                              | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                            |                                                                                                                                                                                                                                                  |                                                                                      |

|                                                                       |                                                                                                                                                                                                                                                  |                                                                                       |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Krystal M Kocher</b> |                                                                                                                                                                                                                                                  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2015                         |
| Mailing Address 508 Geary Street NW                                   |                                                                                                                                                                                                                                                  | Amount of Each Disbursement this Period<br>471.08<br><b>Transaction ID : B-E-7036</b> |
| City Concord State NC Zip Code 28027-8210                             | Purpose of Disbursement payroll<br>001<br>Category/Type                                                                                                                                                                                          |                                                                                       |
| Candidate Name                                                        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                      |                                                                                                                                                                                                                                                  |                                                                                       |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 622.98 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 92 OF 105                     |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                  |                                                                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Anedot</b>                                                      |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2015 |
| Mailing Address 10156 Perkins Rowe<br>Suite 311F                                                                 |                                                                                                                              | Amount of Each Disbursement this Period<br>400.27             |
| City Baton Rouge                                                                                                 | State LA                                                                                                                     |                                                               |
| Zip Code 70810-1799                                                                                              | Purpose of Disbursement cc fees                                                                                              | <b>Transaction ID : B-E-7035</b>                              |
| Candidate Name                                                                                                   | 001<br>Category/Type                                                                                                         |                                                               |
| 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)<br><b>B. United Airlines</b>                                             |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2015 |
| Mailing Address 5501 Josh Birmingham Parkway                                                                     |                                                                                                                              | Amount of Each Disbursement this Period<br>25                 |
| City Charlotte                                                                                                   | State NC                                                                                                                     |                                                               |
| Zip Code 28208-5750                                                                                              | Purpose of Disbursement flight                                                                                               | <b>Transaction ID : B-E-7047</b>                              |
| Candidate Name                                                                                                   | 001<br>Category/Type                                                                                                         |                                                               |
| 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)<br><b>c. United Airlines</b>                                             |                                                                                                                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2015 |
| Mailing Address 5501 Josh Birmingham Parkway                                                                     |                                                                                                                              | Amount of Each Disbursement this Period<br>25                 |
| City Charlotte                                                                                                   | State NC                                                                                                                     |                                                               |
| Zip Code 28208-5750                                                                                              | Purpose of Disbursement flight                                                                                               | <b>Transaction ID : B-E-7049</b>                              |
| Candidate Name                                                                                                   | 001<br>Category/Type                                                                                                         |                                                               |
| 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:                                                                                                 |                                                                                                                              |                                                               |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 450.27 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 93 OF 105                     |                                     |                                    |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>                                                      |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2015 |
| Mailing Address 5501 Josh Birmingham Parkway                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>..... 35           |
| City<br>Charlotte                                                                                                         | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28208-5750                                                                                                    | Purpose of Disbursement<br>flight                                                                                                  | <b>Transaction ID : B-E-7050</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Four Seasons Resort</b>                                                  |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2015 |
| Mailing Address 7680 Granite Loop Road                                                                                    |                                                                                                                                    | Amount of Each Disbursement this Period<br>..... 552          |
| City<br>Jackson                                                                                                           | State<br>WY                                                                                                                        |                                                               |
| Zip Code<br>83001                                                                                                         | Purpose of Disbursement<br>hotel                                                                                                   | <b>Transaction ID : B-E-7054</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Hertz Rental Car</b>                                                     |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2015 |
| Mailing Address 640 Concord Parkway N                                                                                     |                                                                                                                                    | Amount of Each Disbursement this Period<br>..... 521          |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28027-6034                                                                                                    | Purpose of Disbursement<br>car                                                                                                     | <b>Transaction ID : B-E-7055</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |               |
|-----------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | ..... 1108.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 94 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                    |                                                                                                                           |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>                                                               |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2015                     |
| Mailing Address 5501 Josh Birmingham Parkway                                                                                       |                                                                                                                           | Amount of Each Disbursement this Period<br>50<br><b>Transaction ID : B-E-7051</b> |
| City<br>Charlotte                                                                                                                  | State<br>NC                                                                                                               |                                                                                   |
| Zip Code<br>28208-5750                                                                                                             | Purpose of Disbursement<br>flight                                                                                         | Category/<br>Type<br>001                                                          |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                   |

|                                                                                                                                    |                                                                                                                           |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Uber Technologies, Inc.</b>                                                       |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 18 / 2015                     |
| Mailing Address 182 Howard Street # 8                                                                                              |                                                                                                                           | Amount of Each Disbursement this Period<br>15<br><b>Transaction ID : B-E-7057</b> |
| City<br>San Francisco                                                                                                              | State<br>CA                                                                                                               |                                                                                   |
| Zip Code<br>94105-1611                                                                                                             | Purpose of Disbursement<br>taxi                                                                                           | Category/<br>Type<br>001                                                          |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                   |

|                                                                                                                                    |                                                                                                                           |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b>                                                                    |                                                                                                                           | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2015                         |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                                        |                                                                                                                           | Amount of Each Disbursement this Period<br>1461.7<br><b>Transaction ID : B-E-7052</b> |
| City<br>Phoenix                                                                                                                    | State<br>AZ                                                                                                               |                                                                                       |
| Zip Code<br>85034-3802                                                                                                             | Purpose of Disbursement<br>flight                                                                                         | Category/<br>Type<br>001                                                              |
| Candidate Name                                                                                                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                       |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                          |                                                                                       |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1526.70 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|                                                                               |                                               |                                    |                                     |                                    |  |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 95 OF 105                     |                                     |                                    |  |
|                                                                               | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Uber Technologies, Inc.</b>                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 20 / 2015</b> |
| Mailing Address <b>182 Howard Street # 8</b>                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br><b>20</b>                 |
| City <b>San Francisco</b>                                                                                                 | State <b>CA</b>                                                                                                                    | Zip Code <b>94105-1611</b>                                           |
| Purpose of Disbursement<br>taxi                                                                                           | Category/Type<br><b>001</b>                                                                                                        |                                                                      |
| Candidate Name                                                                                                            |                                                                                                                                    | <b>Transaction ID : B-E-7073</b>                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                                                                      |

|                                                                                                                           |                                                                                                                                    |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Anedot</b>                                                               |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2015</b> |
| Mailing Address <b>10156 Perkins Rowe Suite 311F</b>                                                                      |                                                                                                                                    | Amount of Each Disbursement this Period<br><b>240.37</b>             |
| City <b>Baton Rouge</b>                                                                                                   | State <b>LA</b>                                                                                                                    | Zip Code <b>70810-1799</b>                                           |
| Purpose of Disbursement<br>cc fees                                                                                        | Category/Type<br><b>001</b>                                                                                                        |                                                                      |
| Candidate Name                                                                                                            |                                                                                                                                    | <b>Transaction ID : B-E-7093</b>                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                                                                      |

|                                                                                                                           |                                                                                                                                    |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Hill Club</b>                                                    |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2015</b> |
| Mailing Address <b>300 1st Street SE</b>                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period<br><b>12.29</b>              |
| City <b>Washington</b>                                                                                                    | State <b>DC</b>                                                                                                                    | Zip Code <b>20003-1801</b>                                           |
| Purpose of Disbursement<br>food                                                                                           | Category/Type<br><b>001</b>                                                                                                        |                                                                      |
| Candidate Name                                                                                                            |                                                                                                                                    | <b>Transaction ID : B-E-7070</b>                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                                                                      |

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|-----------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>272.66</b> |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 96 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Converge Communication Technologies</b>                                  |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2015 |
| Mailing Address 8621 Covedale Crossings Circle                                                                            |                                                                                                                                    | Amount of Each Disbursement this Period<br>227.35             |
| City<br>Cornelius                                                                                                         | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28031-5698                                                                                                    | Purpose of Disbursement<br>phones                                                                                                  | <b>Transaction ID : B-E-7087</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>                                                     |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 24 / 2015 |
| Mailing Address 8603 Concord Mills Boulevard                                                                              |                                                                                                                                    | Amount of Each Disbursement this Period<br>158.45             |
| City<br>Concord                                                                                                           | State<br>NC                                                                                                                        |                                                               |
| Zip Code<br>28027-5400                                                                                                    | Purpose of Disbursement<br>cell phone                                                                                              | <b>Transaction ID : B-E-7069</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                                                                           |                                                                                                                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Uber Technologies, Inc.</b>                                              |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 25 / 2015 |
| Mailing Address 182 Howard Street<br># 8                                                                                  |                                                                                                                                    | Amount of Each Disbursement this Period<br>19                 |
| City<br>San Francisco                                                                                                     | State<br>CA                                                                                                                        |                                                               |
| Zip Code<br>94105-1611                                                                                                    | Purpose of Disbursement<br>taxi                                                                                                    | <b>Transaction ID : B-E-7174</b>                              |
| Candidate Name                                                                                                            | 001<br>Category/<br>Type                                                                                                           |                                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                               |
| State: District:                                                                                                          |                                                                                                                                    |                                                               |

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 404.80 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 97 OF 105 |  |  |  |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                           |                                                                                                                                    |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>                                                           |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 25 / 2015                        |
| Mailing Address 4000 E Sky Harbor Boulevard                                                                               |                                                                                                                                    | Amount of Each Disbursement this Period<br>918.7<br><b>Transaction ID : B-E-7175</b> |
| City Phoenix                                                                                                              | State AZ Zip Code 85034-3802                                                                                                       |                                                                                      |
| Purpose of Disbursement<br>flight                                                                                         | Category/Type<br>001                                                                                                               |                                                                                      |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                      |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                      |

|                                                                                                                           |                                                                                                                                    |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Hill Country Bakery</b>                                                  |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 26 / 2015                         |
| Mailing Address 410 7th Street NW                                                                                         |                                                                                                                                    | Amount of Each Disbursement this Period<br>989.92<br><b>Transaction ID : B-E-7184</b> |
| City Washington                                                                                                           | State DC Zip Code 20004-2217                                                                                                       |                                                                                       |
| Purpose of Disbursement<br>food                                                                                           | Category/Type<br>001                                                                                                               |                                                                                       |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                       |

|                                                                                                                           |                                                                                                                                    |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Krystal M Kocher</b>                                                     |                                                                                                                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 26 / 2015                         |
| Mailing Address 508 Geary Street NW                                                                                       |                                                                                                                                    | Amount of Each Disbursement this Period<br>480.48<br><b>Transaction ID : B-E-7170</b> |
| City Concord                                                                                                              | State NC Zip Code 28027-8210                                                                                                       |                                                                                       |
| Purpose of Disbursement<br>payroll                                                                                        | Category/Type<br>001                                                                                                               |                                                                                       |
| Candidate Name                                                                                                            |                                                                                                                                    |                                                                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                       |
| State: District:                                                                                                          |                                                                                                                                    |                                                                                       |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2389.10 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 98 OF 105                      |                                    |
|                                                                         | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

**A. Acqua AI 2**

Full Name (Last, First, Middle Initial)  
Mailing Address 212 7th Street SE

City Washington State DC Zip Code 20003-4311

Purpose of Disbursement food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2015

Amount of Each Disbursement this Period: 206.73

Transaction ID : B-E-7206

Category/Type: 001

**B. National Republican Congressional Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement transfer

Candidate Name National Republican Congressional Committee

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2015

Amount of Each Disbursement this Period: 45400

Transaction ID : B-E-7168

Category/Type: 011

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 45606.73

**TOTAL** This Period (last page this line number only) ..... 124424.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                                                                                                                                         |                |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 99 OF 105 |
|                                                                               | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |                |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                           |                                                                                                                                                                                                                                                                                   |                                                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Donovan For Congress</b> |                                                                                                                                                                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 05 / 2015                            |
| Mailing Address 440 Leverett Avenue                                       |                                                                                                                                                                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6834</b> |
| City Staten Island State NY Zip Code 10308-1333                           | Purpose of Disbursement contribution<br>011<br>Category/Type                                                                                                                                                                                                                      |                                                                                     |
| Candidate Name<br><b>Dan Donovan</b>                                      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| State: NY District: 11                                                    |                                                                                                                                                                                                                                                                                   |                                                                                     |

|                                                                           |                                                                                                                                                                                                                                                                                   |                                                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Palazzo For Congress</b> |                                                                                                                                                                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 05 / 2015                            |
| Mailing Address 13155 Shriners Boulevard Suite B                          |                                                                                                                                                                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6833</b> |
| City Biloxi State MS Zip Code 39532-8745                                  | Purpose of Disbursement contribution<br>011<br>Category/Type                                                                                                                                                                                                                      |                                                                                     |
| Candidate Name<br><b>Steven Mccarty Palazzo</b>                           | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| State: MS District: 04                                                    |                                                                                                                                                                                                                                                                                   |                                                                                     |

|                                                                                  |                                                                                                                                                                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Carlos Curbelo For Congress</b> |                                                                                                                                                                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address 8770 SW 72nd Street # 355                                        |                                                                                                                                                                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6979</b> |
| City Miami State FL Zip Code 33173-3512                                          | Purpose of Disbursement contribution<br>011<br>Category/Type                                                                                                                                                                                                                      |                                                                                     |
| Candidate Name<br><b>Carlos Curbelo</b>                                          | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| State: FL District: 26                                                           |                                                                                                                                                                                                                                                                                   |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|                                                                               |                                                                                                                                                         |                 |  |  |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                                                                                                    | PAGE 100 OF 105 |  |  |  |
|                                                                               | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                                    |                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Cresent Hardy For Congress</b>                                                                    |                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address PO Box 753941                                                                                                                      |                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6972</b> |
| City<br>Las Vegas                                                                                                                                  | State<br>NV                                                                                                                       |                                                                                     |
| Zip Code<br>89136-3941                                                                                                                             | Purpose of Disbursement contribution<br>011                                                                                       | Category/<br>Type                                                                   |
| Candidate Name<br><b>Cresent Hardy</b>                                                                                                             | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: NV District: 04                                                                                                            |                                                                                     |

|                                                                                                                                                    |                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Dold For Congress</b>                                                                             |                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address PO Box 6312                                                                                                                        |                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6970</b> |
| City<br>Libertyville                                                                                                                               | State<br>IL                                                                                                                       |                                                                                     |
| Zip Code<br>60048-6312                                                                                                                             | Purpose of Disbursement contribution<br>011                                                                                       | Category/<br>Type                                                                   |
| Candidate Name<br><b>Robert James Mr Dold Jr.</b>                                                                                                  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IL District: 10                                                                                                            |                                                                                     |

|                                                                                                                                                    |                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Friends Of Frank Guinta</b>                                                                       |                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address PO Box 877                                                                                                                         |                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6977</b> |
| City<br>Manchester                                                                                                                                 | State<br>NH                                                                                                                       |                                                                                     |
| Zip Code<br>03105-0877                                                                                                                             | Purpose of Disbursement contribution<br>011                                                                                       | Category/<br>Type                                                                   |
| Candidate Name<br><b>Frank Guinta</b>                                                                                                              | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: NH District: 01                                                                                                            |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> 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:<br>(check only one)                                                                                                                    | PAGE 101 OF 105 |  |  |  |
|                                                                         | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                   |                                                                                                                                                    |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Hurd For Congress</b>                                                            |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                     |
| Mailing Address PO Box 656                                                                                                        |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000<br>Transaction ID : B-E-6975 |
| City<br>Helotes                                                                                                                   | State<br>TX                                                                                                                                        |                                                                              |
| Zip Code<br>78023-0656                                                                                                            | Purpose of Disbursement contribution<br>011                                                                                                        | Amount of Each Disbursement this Period<br>1000<br>Transaction ID : B-E-6975 |
| Candidate Name<br><b>William Hurd</b>                                                                                             | Category/Type                                                                                                                                      |                                                                              |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                              |
| State: TX                                                                                                                         | District: 23                                                                                                                                       |                                                                              |

|                                                                                                                                   |                                                                                                                                                    |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Katko For Congress</b>                                                           |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                     |
| Mailing Address 5407 Anvil Drive                                                                                                  |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000<br>Transaction ID : B-E-6976 |
| City<br>Camillus                                                                                                                  | State<br>NY                                                                                                                                        |                                                                              |
| Zip Code<br>13031-8646                                                                                                            | Purpose of Disbursement contribution<br>011                                                                                                        | Amount of Each Disbursement this Period<br>1000<br>Transaction ID : B-E-6976 |
| Candidate Name<br><b>John M. Katko</b>                                                                                            | Category/Type                                                                                                                                      |                                                                              |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                              |
| State: NY                                                                                                                         | District: 24                                                                                                                                       |                                                                              |

|                                                                                                                                   |                                                                                                                                                    |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. McSally For Congress</b>                                                         |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                     |
| Mailing Address PO Box 18612                                                                                                      |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000<br>Transaction ID : B-E-6973 |
| City<br>Tucson                                                                                                                    | State<br>AZ                                                                                                                                        |                                                                              |
| Zip Code<br>85731-8612                                                                                                            | Purpose of Disbursement contribution<br>011                                                                                                        | Amount of Each Disbursement this Period<br>1000<br>Transaction ID : B-E-6973 |
| Candidate Name<br><b>Martha E Mcsally</b>                                                                                         | Category/Type                                                                                                                                      |                                                                              |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                              |
| State: AZ                                                                                                                         | District: 02                                                                                                                                       |                                                                              |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> 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:<br>(check only one) |                                    | PAGE 102 OF 105                     |                                               |
|                                                                         | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                                    |                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike Bost For Congress Committee</b>                                                              |                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address PO Box 1212                                                                                                                        |                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6980</b> |
| City<br>Murphysboro                                                                                                                                | State<br>IL                                                                                                                       |                                                                                     |
| Zip Code<br>62966-1212                                                                                                                             | Purpose of Disbursement contribution<br>011                                                                                       | Category/<br>Type                                                                   |
| Candidate Name<br><b>Michael J. Bost</b>                                                                                                           | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IL District: 12                                                                                                            |                                                                                     |

|                                                                                                                                                    |                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Poliquin For Congress</b>                                                                         |                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address 123 Snow Pond Road                                                                                                                 |                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6978</b> |
| City<br>Oakland                                                                                                                                    | State<br>ME                                                                                                                       |                                                                                     |
| Zip Code<br>04963-4732                                                                                                                             | Purpose of Disbursement contribution<br>011                                                                                       | Category/<br>Type                                                                   |
| Candidate Name<br><b>Bruce L. Poliquin</b>                                                                                                         | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: ME District: 02                                                                                                            |                                                                                     |

|                                                                                                                                                    |                                                                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Valadao For Congress</b>                                                                          |                                                                                                                                   | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address 504 Van Ness Avenue                                                                                                                |                                                                                                                                   | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6981</b> |
| City<br>Fresno                                                                                                                                     | State<br>CA                                                                                                                       |                                                                                     |
| Zip Code<br>93721-2924                                                                                                                             | Purpose of Disbursement contribution<br>011                                                                                       | Category/<br>Type                                                                   |
| Candidate Name<br><b>David Valadao</b>                                                                                                             | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                     |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: CA District: 21                                                                                                            |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> 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:<br>(check only one) |                                    | PAGE 103 OF 105                     |                                               |
|                                                                         | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                                       |                                                                                                                                                    |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Young For Iowa, Inc.</b>                                                                             |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address PO Box 162                                                                                                                            |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6969</b> |
| City<br>Van Meter                                                                                                                                     | State<br>IA                                                                                                                                        |                                                                                     |
| Zip Code<br>50261-0162                                                                                                                                | Purpose of Disbursement contribution<br>011                                                                                                        | Category/<br>Type                                                                   |
| Candidate Name<br><b>David Young</b>                                                                                                                  | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 03 |                                                                                                                                                    |                                                                                     |

|                                                                                                                                                       |                                                                                                                                                    |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Zeldin For Congress</b>                                                                              |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2015                            |
| Mailing Address PO Box 133                                                                                                                            |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-6974</b> |
| City<br>Shirley                                                                                                                                       | State<br>NY                                                                                                                                        |                                                                                     |
| Zip Code<br>11967-0133                                                                                                                                | Purpose of Disbursement contribution<br>011                                                                                                        | Category/<br>Type                                                                   |
| Candidate Name<br><b>Lee M. Zeldin</b>                                                                                                                | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 01 |                                                                                                                                                    |                                                                                     |

|                                                                                                                                                       |                                                                                                                                                    |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Poliquin For Congress</b>                                                                            |                                                                                                                                                    | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2015                            |
| Mailing Address 123 Snow Pond Road                                                                                                                    |                                                                                                                                                    | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-7167</b> |
| City<br>Oakland                                                                                                                                       | State<br>ME                                                                                                                                        |                                                                                     |
| Zip Code<br>04963-4732                                                                                                                                | Purpose of Disbursement contribution<br>011                                                                                                        | Category/<br>Type                                                                   |
| Candidate Name<br><b>Bruce L. Poliquin</b>                                                                                                            | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                                                                     |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ME District: 02 |                                                                                                                                                    |                                                                                     |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3000.00 |
| <b>TOTAL</b> 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:<br>(check only one) |                                    | PAGE 104 OF 105                     |                                               |
|                                                                         | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Hudson for Congress**

|                                                                                                                                                    |                                                                                                                                   |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Young For Iowa, Inc.</b>                                                                          |                                                                                                                                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 26 / 2015</b>                       |
| Mailing Address PO Box 162                                                                                                                         |                                                                                                                                   | Amount of Each Disbursement this Period<br><b>1000</b><br><b>Transaction ID : B-E-7166</b> |
| City<br>Van Meter                                                                                                                                  | State<br>IA                                                                                                                       |                                                                                            |
| Zip Code<br>50261-0162                                                                                                                             | Purpose of Disbursement contribution<br><b>011</b>                                                                                | Category/<br>Type                                                                          |
| Candidate Name<br><b>David Young</b>                                                                                                               | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                                                                            |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IA District: 03                                                                                                            |                                                                                            |

|                                                                                                                                 |                                                                                                                        |                                             |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                                            |                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                                 |                                                                                                                        | Amount of Each Disbursement this Period     |
| City                                                                                                                            | State                                                                                                                  |                                             |
| Zip Code                                                                                                                        | Purpose of Disbursement                                                                                                | Category/<br>Type                           |
| Candidate Name                                                                                                                  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                             |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                       |                                             |

|                                                                                                                                 |                                                                                                                        |                                             |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                                            |                                                                                                                        | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                                                                                                 |                                                                                                                        | Amount of Each Disbursement this Period     |
| City                                                                                                                            | State                                                                                                                  |                                             |
| Zip Code                                                                                                                        | Purpose of Disbursement                                                                                                | Category/<br>Type                           |
| Candidate Name                                                                                                                  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                             |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                                                                                       |                                             |

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1000.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>16000.00</b> |



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Hudson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Reid Political Consulting, LLC**

Nature of Debt (Purpose):  
Performance Bonus

Mailing Address 3502 Halcyon Drive

City State Zip Code  
Alexandria VA 22305-1330

Outstanding Balance Beginning This Period

5000

Transaction ID : SD10-DEBT3260

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

5000

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

5000.00

2) **TOTALS** This Period (last page this line number only) .....

5000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5000.00