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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

							1	
1. NAME OF COMMITTEE IN FULL HUDSON FOR CONGRESS ADDRESS (number and street) PO BOX 1875								
							-	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20% 1070							
CITY STATE					ZIP CODE	Ē	1	
SOUTHERN PINES NC				28388				
2. NAME OF CANDIDATE				3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION	ON NUMBER
HUDSON, RICHARD, L., , JR.				House NC 09			C00504522	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING				YES, IT AMENDS THE NOTICE FILED ON			/	. /
A. FULL NAME SWANTKOWSKI, THOMAS, , ,				Name of Employer PINEHURST MEDICAL CLINIC			Date (month, day, year)	Amount
MAILING ADDRESS 120 CARDINAL RD				Transaction ID : 6B9DB8DFCA60346D			02/24/2024	1000.00
CITY	STATE ZIP CODE			Occupation				
SOUTHERN PINES				PHYSICIAN				
			2904				Date (month,	Amount
B. FULL NAME				Name of Employer			day, year)	Amount
MAILING ADDRESS				-				
MAILING ADDRESS								
CITY STATE ZIP CODE				Occupation			_	
SIATE ZII GODE		•						
C. FULL NAME				Name of Emp	lovor		Date (month,	Amount
O. I OLE NAME				Name of Employer			day, year)	Amount
MAILING ADDRESS								
CITY STATE ZIP CODE		ZIP CODE	:	Occupation			_	
D. FULL NAME				Name of Employer			Date (month,	Amount
							day, year)	
MAILING ADDRESS								
CITY STATE ZI		ZIP CODE		Occupation		_		
E. FULL NAME				Name of Employer			Date (month,	Amount
				Name of Employer			day, year)	
MAILING ADDRESS								
CITY STATE 2		ZIP CODE	:	Occupation		_		
SIGNATURE (optional)	<u> </u>	<u> </u>				DATE		
KILGORE, PAUL, , ,				02/26/2024		For further information, contact the Federal Election Commission		
							at 800-424-9530 or visit www.fec.gov	
								-



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