FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee		Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		cample: If typing, er the lines.	type 12	PE4M5	
BO HINES FOR CON	GRESS		1 1 1 1 1 1		1 1 1 1	1
	126 C STREET	NW				
ADDRESS (number and street)  ▼	THIRD FLOOR					
Check if different than previously reported. (ACC)	WASHINGTON			DC	2000	01
2. FEC IDENTIFICATION N	IIMRED W	CITY A		STATE	<b>▲</b>	ZIP CODE ▲
C C00766162	ONIBER V	3. IS THIS REPORT	NEW (N)	OR ×	AMENDED (A)	STATE ▼ DISTRICT  NC 06
4. TYPE OF REPORT (Ch	noose One)	(b) 10 Day <b>DD</b>	-Election Report	for the		
(a) Quarterly Reports:		(b) 12-Day <b>PRE</b>	Primary (12P)		General (12G)	Runoff (12R)
X April 15 Quarterly	Report (Q1)	H				Hulloll (12h)
July 15 Quarterly F	Report (Q2)		Convention (12)	<i></i>	Special (12S)	
October 15 Quarte	erly Report (Q3)	Election on		D D / Y	YYY	in the State of
January 31 Year-E	nd Report (YE)	(c) 30-Day <b>POS</b>	<b>ST</b> -Election Repor	t for the:		
			General (30G)	_ F	Runoff (30R)	Special (30S)
Termination Report	t (TER)	Election on		D D / Y	YYY	in the State of
5. Covering Period	/ D D /	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M / 03	D D / Y	ү ү ү 2025
I certify that I have examined the	BOLES IVEC	-	nowledge and be	ief it is true, co	orrect and cor	mplete.
Type or Print Name of Treasure  BO  Signature of Treasurer	LES, JASON, D, ,			Date	M M /	11 / Y Y Y Y Y Y Y 2025
NOTE: Submission of false, erron	eous, or incomplet	e information may	subject the persor	n signing this Re	eport to the pe	enalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

#### **BO HINES FOR CONGRESS**

R	eport Covering the Period: From:	01 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	. MO3 <sup>M</sup> / D31 <sup>D</sup> / Y 2025 Y
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	2817.76	88042.84
	(b) Total Offsets to Operating Expenditures (from Line 14)	5989.84	5989.84
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	- 3172.08	82053.00
8.	Cash on Hand at Close of Reporting Period (from Line 27)	4318.31	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	2229464.76	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

#### **BO HINES FOR CONGRESS**

01 03 31 01 2025 2025 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)...... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL of contributions 0.00 0.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 27829.98 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 5989.84 5989.84 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 731.13 731.13 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 6720.97 34550.95 (Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	2817.76	88042.84
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	2817.76	88042.84
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	415.10
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	6720.97
5.	SUBTOTAL (add Line 23 and Line 24)		7136.07
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	2817.76
17	CASH ON HAND AT CLOSE OF REPORTIN	G PERIOD	4318.31

PAGE 5 OF 38 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED RECEIPTS 11d 11a 11b 11c Detailed Summary Page 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS Date of Receipt Mailing Address 1150 CONRAD COURT 2025 11 City State Zip Code Transaction ID: A-5770 MD 21740 **HAGERSTOWN** FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 4865.88 Name of Employer Occupation Memo Item Receipt For: 2024 Election Cycle-to-Date REFUND OF DEBT PAYMENT. VENDOR Primary General RECONCILED AND NO DERT WAS OUTSTANDING 13158.57 Other (specify) Full Name (Last, First, Middle Initial) POSTAGE FOR DIRECT MAIL FUNDRAISER, LLC Date of Receipt Mailing Address 20130 LAKEVIEW CENTER PLACE 2025 SUITE 300 02 20 City State Zip Code Transaction ID: A-4202 **ASHBURN** VA 20147 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1123.96 Name of Employer Occupation Memo Item Receipt For: 2024 Election Cycle-to-Date REFUND OF DEBT PAYMENT. VENDOR | Primary General DECONICII ED AND NO DEBT MAS OFITSTANDING 4725.07 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 5989.84 SUBTOTAL of Receipts This Page (optional).....

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

5989.84

#### SCHEDULE A (FEC Form 3)

	FC	R LINE	NU	MBER:		PAGE	6	OI	F ;	38
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
		11a		11b		11c	7	l1d		
		12		13a		13b		14	X	15
y not be sold or used by any person for the purpose of soliciting contributions										

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** Full Name (Last, First, Middle Initial) THE 2026 VICTORY COMMITTEE Date of Receipt Mailing Address 126 C STREET NW THIRD FLOOR 03 2025 City State Zip Code Transaction ID: A-4205 DC WASHINGTON 20001 FEC ID number of contributing Amount of Each Receipt this Period C00873828 federal political committee. 731.13 Name of Employer Occupation Memo Item Receipt For: 2024 Election Cycle-to-Date SELL OF DATA Primary General 731.13 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) -731.13 SUBTOTAL of Receipts This Page (optional).....

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

731.13

#### SCHEDULE B (FEC Form 3)

**PAGE** 7 FOR LINE NUMBER: Use separate schedule(s) (check only one) X 17 18 19a

38

for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** Full Name (Last, First, Middle Initial) Date of Disbursement A. FEDEX 2025 19 Mailing Address 942 SOUTH SHADY GROVE RD City State Zip Code **FEC Identification Number** TN **MEMPHIS** 38120 Purpose of Disbursement **POSTAGE** 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 211.01 Office Sought: House Senate Primary General Transaction ID: B-94956 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) **B. FRONTRUNNER** Date of Disbursement Mailing Address PO BOX 1 2025 City State Zip Code **FEC Identification Number ROSWELL** 30077 Purpose of Disbursement CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 145.00 Disbursement For: 2024 Office Sought: House Senate Primary General Transaction ID: B-96814 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. FRONTRUNNER Mailing Address PO BOX 1 02 28 2025 City Zip Code State **FEC Identification Number ROSWELL** GA 30077 Purpose of Disbursement CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 145.00 Office Sought: House General Senate Primary Transaction ID: B-95147 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 501.01 TOTAL This Period (last page this line number only).....

#### SCHEDULE B (FEC Form 3)

38 PAGE 8 FOR LINE NUMBER: (check only one) X 17 18 19a 20a 20b 20c 21

Use separate schedule(s) for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** Full Name (Last, First, Middle Initial) Date of Disbursement A. FRONTRUNNER 2025 Mailing Address PO BOX 1 City State Zip Code **FEC Identification Number** GA **ROSWELL** 30077 Purpose of Disbursement CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 145.00 Office Sought: House Senate Primary General Transaction ID: B-96799 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. TABULARIUS COMPLIANCE Date of Disbursement Mailing Address 126 C STREET NW 2025 THIRD FLOOR City State Zip Code **FEC Identification Number** WASHINGTON 20001 Purpose of Disbursement COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 1050.00 Disbursement For: 2024 Office Sought: House Senate Primary General Transaction ID: B-94955 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. TABULARIUS COMPLIANCE Mailing Address 126 C STREET NW 02 19 2025 THIRD FLOOR City State Zip Code **FEC Identification Number** WASHINGTON DC 20001 Purpose of Disbursement COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2024 221.75 Office Sought: House Senate Primary General Transaction ID: B-94957 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1416.75 TOTAL This Period (last page this line number only).....

#### SCHEDULE B (FEC Form 3)

38 **PAGE** 9 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** Full Name (Last, First, Middle Initial) Date of Disbursement TABULARIUS COMPLIANCE 03 2025 03 Mailing Address 126 C STREET NW THIRD FLOOR City State Zip Code **FEC Identification Number** DC WASHINGTON 20001 Purpose of Disbursement COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 900.00 Disbursement For: 2024 Office Sought: House Senate Primary General Transaction ID: B-95148 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 900.00 TOTAL This Period (last page this line number only)..... 2817.76

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a 13b

			Detailed Summary	Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction I	D : C-97305		
BO HINES FOR CONGRESS							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo	item	tion: 2022		
HINES, ROBERT, NICHOLAS, ,					Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414					Other (specify) ▼		
City	State	ZIP Code	)				
MORGANTON	NC	28655			Personal Funds of the	Can	ididate
Original Amount of Loan	Cumulative Pay	ment To D	0.00	Balance C	Outstanding at Close of	This	-
TERMO Date Insured	,	nata Diva	Internal		0		
TERMS Date Incurred		ate Due	Interest (If none,		Secure	ea:	
01 / 19 / Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00	% (apr) Ye	es 2	X No
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		1	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7		_	
2. Full Name (Last, First, Middle Initial)	1		Name of Employer				
Mailing Address		(	Occupation				
	T		Amount Guaranteed	-			
City	ZIP Code		Outstanding:	7	7	_	
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7	-	_	
4. Full Name (Last, First, Middle Initial)	'		Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	7	_	
SUBTOTALS This Period This Page (optional).			······			1.00	
TOTALS This Period (last page in this line only	/)		·····•		7 7		퓍
					7	-	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward t	o appropriate line of	Sumr	nary.

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

PAGE 11 OF
FOR LINE NUMBER:
(check only one)

X	13a
	13b

			Detailed Guillinary	1 age	13b
NAME OF COMMITTEE (In Full)			Tran	nsaction ID : C-97306	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It	tem Election: 2022	
HINES, ROBERT, NICHOLAS, ,				Primary	
Mailing Address				General Other (appoint)	
320 SANFORD DRIVE				Other (specify) ▼	
PO BOX 414 City	State	ZIP Code	<u> </u>		
MORGANTON	NC	28655	,	Personal Funds of the Can	didate
Original Amount of Loan	Cumulative Pay	yment To D	ate I	Balance Outstanding at Close of This	Period
25.00			0.00	25.00	
TERMS Date Incurred		ate Due	Interest I		
01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/3	(If none, 6	0.00 % (apr) Yes	Z No
				/0 (apr) res //	
List All Endorsers or Guarantors (if any) t	o Loan Source		Name of Employer		
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		-	Amount		
City State	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	<b>'</b>		Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		-	Occupation		
			Amount		
City State	ZIP Code	<b>I</b>	Guaranteed Outstanding:		
	<u>'</u>	l .			
SUBTOTALS This Period This Page (optional).			······•	25.00	
TOTALS This Period (last page in this line only	y)				Ħ
				· ·	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	torward to appropriate line of Sumn	nary.

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

FOR LINE NUMBER: (check only one)

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13a

			Detailed Garrinary	y rage	13b
NAME OF COMMITTEE (In Full)			Tra	insaction ID : C-97307	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	Item Election: 2022	
HINES, ROBERT, NICHOLAS,				Y Primary	
				General	
Mailing Address 320 SANFORD DRIVE				Other (specify)	
PO BOX 414	10	1 =			
City	State	ZIP Code	)	Personal Funds	of the Candidat
MORGANTON	NC	28655		T ersonal i unus	or the Candidat
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstanding at Clo	se of This Perio
100000.00			0.00		100000.00
7 7	7	7		, , ,	
TERMS Date Incurred		Date Due	Interest (If none,		Secured:
03 / 31 / Y Y Y Y	M M / D D	12/3	31/2024 Y	0.00 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	Occupation		
			Amount		
City	ZIP Code		Guaranteed		
			Outstanding:	,	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
SUBTOTALS This Period This Page (optional)			······································		100000.00
TOTALS This Period (last page in this line only	y)		······	7 7	
Carry outstanding balance only to LINE 3, Sc	hedule D. for this	s line. If no	Schedule D. carry	forward to appropriate lin	e of Summarv

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

FOR LINE NUMBER: (check only one)

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13a

OF

			Detailed Garrinary	1 age	13b
NAME OF COMMITTEE (In Full)			Tran	nsaction ID : C-97308	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Memo I	tem Election: 2022	
HINES, ROBERT, NICHOLAS				Primary	
	, ,			General	
Mailing Address 320 SANFORD DRIVE				Other (specify)	
PO BOX 414	1	1		-	
City	State	ZIP Code	<b>;</b>	Personal Funds o	f the Candidate
MORGANTON	NC	28655		Personal Funds 0	- the Candidate
Original Amount of Loan	Cumulative Pa	syment To D	ate	Balance Outstanding at Close	e of This Period
175000.00			0.00	1	75000.00
7 7	3	7		, ,	1
TERMS Date Incurred		Date Due	Interest (If none,		ecured:
M M / D D / Y Y Y Y Y Y 300 1 2021	M M / D D	12/3	31/2024 Y	0.00 <b>%</b> (apr)	Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source				
1. Full Name (Last, First, Middle Initial)	,		Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
State	Zii Oode		Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
		7	Amount		
City State	ZIP Code		Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	7	
	'	<u>'</u>			
SUBTOTALS This Period This Page (optional	al)		······	1	75000.00
TOTALS This Period (last page in this line of	only)		<b>&gt;</b>		
Communication below a select 1915 O	Pahadula D. farati	ia lina 14 a -	Cabadula D. aarra	famuoud to agreement to the	of Commence
Carry outstanding balance only to LINE 3,	scheaule D, for thi	is line. It no	ocnequie D. carry	iorward to appropriate line	or Summary.

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

FOR LINE NUMBER: (check only one)

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13a

			Detailed Summary Pa	age	13b
NAME OF COMMITTEE (In Full)			Transa	action ID : C-97309	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First,	Middle Initial)		☐ Memo Iten	n Election: 2022	
HINES, ROBERT, NICHOLAS	, ,			Primary  General	
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify) ▼	
City	State	ZIP Code	9		
MORGANTON	NC	28655		Personal Funds of the C	andidate
Original Amount of Loan	Cumulative Pa	yment To D	ate Ba	lance Outstanding at Close of Th	nis Period
150000.00			0.00	150000	
TERMS Date Incurred	Г	Date Due	Interest Ra		
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/3	/ V V		X No
List All Endorsers or Guarantors (if any	) to Loan Source				
1. Full Name (Last, First, Middle Initial)	,		Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	, ,	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)	•		Name of Employer		
Mailing Address			Occupation		
			Amount		_
City	ZIP Code		Guaranteed Outstanding:	y y x	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		-	Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	7	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Summary	rage	13b	)
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : C-97310		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It			
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify)		_
City	State	ZIP Code	)	V		
MORGANTON	NC	28655		Personal Funds of the	Candida ———	ite
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance Outstanding at Close of	This Peri	od
100000.00	9	,	0.00	10000	00.00	_
TERMS Date Incurred	D	ate Due	Interest (If none, e		ed:	
M 12 / 31 / Y Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 % (apr) Ye	es X	10
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	y y		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address			Occupation			
			Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	1		Amount Guaranteed		П	
City	ZIP Code		Outstanding:	7 7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
			Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7 7		
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Garrinar	y rage	13b
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : C-97311	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		Memo	Item Election: 2022	
HINES, ROBERT, NICHOLAS,				Primary	
	1			General	
Mailing Address 320 SANFORD DRIVE				Other (specify)	
PO BOX 414	la	1 =			
City	State	ZIP Code	9	Personal Funds of t	the Candidate
MORGANTON	NC	28655		reisonal runus on	The Carididate
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstanding at Close	of This Period
150000.00			0.00	15	0000.00
7 7	9	7		9 9	
TERMS Date Incurred		Date Due	Interest (If none,	Rate Sec	ured:
M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/3	31/2024 Y	0.00 % (apr)	Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		<u> </u>	Amount		
City	ZIP Code		Guaranteed Outstanding:	, , , , , , ,	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		-	Occupation		
		-	Amount		
City State	ZIP Code		Guaranteed		
			Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Summary	Page		13b
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : C-97312		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It			
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify)		
City	State	ZIP Code	9	V 5 15 1 ()		
MORGANTON	NC	28655		Personal Funds of t	he Car	ndidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close	of This	Period
100000.00	3		0.00	100	00.000	0
TERMS Date Incurred	D	ate Due	Interest (If none, e		ured:	
M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 % (apr)	Yes 2	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		-	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	y y x		
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount Guaranteed		-	
City	ZIP Code		Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	T		Amount Guaranteed		-	
City	ZIP Code		Outstanding:			
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary	Page		13b
NAME OF COMMITTEE (In Full)			Trai	nsaction ID : C-97314		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo I			
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify)		
City	State	ZIP Code	)			
MORGANTON	NC	28655		Personal Funds of	the Car	ndidate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance Outstanding at Close	of This	Period
50000.00	,		0.00		50000.00	0
TERMS Date Incurred	D	ate Due	Interest (If none,		cured:	
M 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 % (apr)	Yes 2	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	1		Amount		-	
City	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount Guaranteed			
City	ZIP Code		Outstanding:	7 7 7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount		-	
City	ZIP Code		Guaranteed Outstanding:	7 7		
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Garrinary	1 age	13b	
NAME OF COMMITTEE (In Full)			Tran	nsaction ID : C-97313		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	tem Election: 2022		
HINES, ROBERT, NICHOLAS, ,				Primary		
Mailing Address				General Other (specify) ▼		
320 SANFORD DRIVE				Other (Specify)		
PO BOX 414 City	State	ZIP Code	<del></del>			
MORGANTON	NC	28655	•	Personal Funds of the	Candidate	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of	This Period	
100000.00	2		0.00	10000	0.00	
TERMS Date Incurred	D	ate Due	Interest (If none, e		d:	
05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/3	31/2024 Y	0.00	s X No	
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
		,	Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
4. Full Name (Last, First, Middle Initial)	!		Name of Employer			
Mailing Address			Occupation			
			Amount		_	
City State	ZIP Code	<b>I</b>	Guaranteed Outstanding:			
	<u>'</u>	<b>'</b>				
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Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: C-97315 NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary HINES, ROBERT, NICHOLAS, , General Mailing Address Other (specify) 320 SANFORD DRIVE PO BOX 414 State ZIP Code City Personal Funds of the Candidate 28655 NC **MORGANTON** Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 10000.00 0.00 10000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 0.00 12 2022 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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				Detailed Summary i	-age	13b	
NAME OF COMMITTEE (In Full)				Trans	saction ID : C-97317		
BO HINES FOR CONGRESS							
LOAN SOURCE Full Name (Last, F	irst, Mid	dle Initial)		☐ Memo Ite	Election: 2024		
HINES, ROBERT, NICHOL	_AS			_	Primary		
Mailing Address					General Other (specify) ▼		
320 SANFORD DRIVE PO BOX 414							
City		State	ZIP Code	9			
MORGANTON		NC	28655		Personal Funds of the 0	Sandidate	
Original Amount of Loan		Cumulative Pay	ment To D	Date B	alance Outstanding at Close of Ti	his Period	
10000.	00			0.00	10000	0.00	
7 7		,	7		3		
TERMS Date Incurred		D	ate Due	Interest F (If none, e		:	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	M M / D D	/ Y 12/3	31/2024 <sup>°</sup>	0.00 % (apr) Yes	X No	
List All Endorsers or Guarantors (i	f anv) to	Loan Source			· · · ·		
1. Full Name (Last, First, Middle In				Name of Employer			
Mailing Address				Occupation			
City	Stata	7ID Code		Amount Guaranteed		7	
City	City State ZIP Code			Outstanding:			
2. Full Name (Last, First, Middle Init	ial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle Init	ial)			Name of Employer			
Mailing Address				Occupation			
Ivialility Address				Оссираноп			
				Amount Guaranteed		7	
City	State	ZIP Code		Outstanding:		_	
4. Full Name (Last, First, Middle Init	ial)	!		Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7 7		
				- Cutstanding.			
CURTOTAL C This Desired This Desire (s	- <del>1</del> 1\						
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Summary	Page		13b
NAME OF COMMITTEE (In Full)			Tran	nsaction ID : C-97316		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo I			
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (spec	ify) ▼	
City	State	ZIP Code	•	N		
MORGANTON	NC	28655		Personal F	unds of the Ca	ndidate
Original Amount of Loan	Cumulative Pay	ment To D		Balance Outstanding		
15000.00			0.00		15000.0	0
TERMS Date Incurred		ate Due	Interest (If none,		Secured:	
01 / 23 / Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 % (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7		
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount Guaranteed			
City	ZIP Code		Outstanding:	7	- 4	
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	1		Amount			
City	ZIP Code		Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7		
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Summary	Page		13b
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : C-97318		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo II			
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify)		
City	State	ZIP Code	9	V		
MORGANTON	NC	28655		Personal Funds of the	Can	didate
Original Amount of Loan	Cumulative Pay	yment To D		Balance Outstanding at Close of	_	-
6500.00		9	0.00	65	00.00	
TERMS Date Incurred	D	ate Due	Interest (If none,		∍d:	
07 / 31 / Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 % (apr) Ye	es >	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		,	Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	·		Name of Employer			
Mailing Address			Occupation			
			Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	9 9		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		,	Occupation			
			Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7 7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		- 1	Occupation			
			Amount		_	
City State	ZIP Code		Guaranteed Outstanding:		_	
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Guillina	y rage	13b
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : C-97319	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	Item Election: 2024	
HINES, ROBERT, NICHOLAS, ,				Primary	
Mailing Address				General Other (specify) ▼	
320 SANFORD DRIVE				Other (specify)	
PO BOX 414	State	ZIP Code			
City			<del>;</del>	Personal Funds of the	Candidate
MORGANTON	NC	28655		77	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of T	his Period
70000.00			0.00	7000	0.00
, ,	7	7	4	7	
TERMS Date Incurred		Date Due	Interest (If none	t Rate Secured , enter 0)	<b>1</b> :
M M / D D / Y Y Y	M M / D D	/ Y	31/2024		
11 30 2023		12/3	31/2024	% (apr)	No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
			O		
Mailing Address		'	Occupation		
			Amount		
City	ZIP Code		Guaranteed		
			Outstanding:	, , ,	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount Guaranteed		7
City	ZIP Code		Outstanding:	y y y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
Citation Citation			Outstanding:	9	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Ivialing Address		'	Оссирацоп		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Garrina	y rage	13b
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : C-97321	
BO HINES FOR CONGRESS					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	Item Election: 2024	
HINES, ROBERT, NICHOLAS, ,				Primary	
Mailing Address				General Other (specify) ▼	
320 SANFORD DRIVE				Other (specify)	
PO BOX 414	State	ZIP Code			
City		28655	•	Personal Funds of th	e Candidate
MORGANTON	NC	20000			
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outstanding at Close o	f This Period
15000.00			0.00	150	000.00
, , , , , , , , , , , , , , , , , , , ,	7	7		, ,	
TERMS Date Incurred	С	Date Due	Interest	t Rate Secu , enter 0)	red:
M M / D D / Y Y Y	M M / D D	/ Y )	11/2024		
01 04 2024		12/3	31/2024	0.00 % (apr)	res X No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)		Ī	Name of Employer		
			2		
Mailing Address		'	Occupation		
			Amount		
City	ZIP Code		Guaranteed		.
			Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(	Occupation		
3 44 444					
			Amount Guaranteed		_
City	ZIP Code		Outstanding:	7 7	-
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
, , ,					
Mailing Address		(	Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
,		(	Outstanding:	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Walling Address			Socupation		
			Amount		$\overline{}$
City	ZIP Code		Guaranteed Outstanding:		
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Guillinary	, rage	13	3b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : C-97320		
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		Memo	Item Election: 2024		
HINES, ROBERT, NICHOLAS,				> Primary		
	,			General		
Mailing Address 320 SANFORD DRIVE				Other (specify)	,	
PO BOX 414	10	l === 0 ·		_		_
City	State	ZIP Code		Personal Funds	of the Candio	atch
MORGANTON	NC	28655		Personal Funds	or the Candic	
Original Amount of Loan	Cumulative Pa	ayment To D	ate	Balance Outstanding at Cl	ose of This Pe	eriod
100000.00			0.00		100000.00	П
7 7 7	3	7		3 3		=
TERMS Date Incurred		Date Due	Interest (If none,		Secured:	
01 / 10 / Y Y Y Y Y Y Y	M M / D D	12/3	1/2024 Y	0.00 <b>%</b> (apr)	Yes X	No
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(	Occupation			
		<u> </u>	Amount			
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(	Occupation			
			\			
Chata	ZID Code		Amount Guaranteed			
City	ZIP Code		Outstanding:	7	-	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(	Occupation			-
			Amount			
City	ZIP Code		Guaranteed			
		(	Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(	Occupation			
		7	Amount			
City State	ZIP Code	<b>I</b>	Guaranteed Outstanding:	7		
	·	1				
SUBTOTALS This Period This Page (optional	)		······•		100000.00	
TOTALS This Period (last page in this line or	nly)		·····•	7 7 7		j
Communication distribution to the control of the co	ahadula B. Co. U.	ia lius 11	Cahadala D	famuoud to commend to		
Carry outstanding balance only to LINE 3, S	cneaule D, for thi	is line. It no	Schedule D. carry	i iorward to appropriate lii	ie ot Summa	rγ.

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

FOR LINE NUMBER: (check only one)

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			Detailed Guillinary	, rage	13b		
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full) Transaction ID : C-97325						
BO HINES FOR CONGRESS							
LOAN SOURCE Full Name (Last, First, M	Middle Initial)		Memo I	Item Election: 2024			
HINES, ROBERT, NICHOLAS,				<b>Primary</b>			
	,			General			
Mailing Address 320 SANFORD DRIVE				Other (specify)	▼		
PO BOX 414	10	1		-			
City	State	ZIP Code	;	Personal Fund	s of the Candidate		
MORGANTON	NC	28655		Fersonal Fund	s of the Candidate		
Original Amount of Loan	Cumulative Pa	syment To D	ate	Balance Outstanding at C	lose of This Period		
200000.00	1		0.00		200000.00		
	3	7		7			
TERMS Date Incurred		Date Due	Interest (If none,		Secured:		
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/3	31/2024 Y	0.00 % (apr)	Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
City State ZIP Code			Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
Oit.	710.0-4-		Amount Guaranteed				
City	ZIP Code		Outstanding:	7 7	- 1		
3. Full Name (Last, First, Middle Initial)	·	1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City State	ZIP Code		Guaranteed				
only only	2 0000	(	Outstanding:	7			
4. Full Name (Last, First, Middle Initial)	·	1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7			
		1					
SUBTOTALS This Period This Page (optional	l)		······		200000.00		
TOTALS This Period (last page in this line o	nly)		<b>-</b>	7			
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licarry outstanding palance only to LINE 3. S	criedule D, for thi	is line. It no	ocnedule D, Carry	iorward to appropriate li	ille of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

			Detailed Summary F	rage	13b		
NAME OF COMMITTEE (In Full)			Trans	saction ID : C-97322			
BO HINES FOR CONGRESS							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite	m Election: 2024			
HINES, ROBERT, NICHOLAS, ,				Primary General			
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify)			
City	State	ZIP Code	<del>)</del>				
MORGANTON	NC	28655		Personal Funds of the C	andidate		
Original Amount of Loan	Cumulative Pay	yment To D		alance Outstanding at Close of Th			
15000.00			0.00	15000.	00		
TERMS Date Incurred	D	ate Due	Interest R (If none, er				
01 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/3	31/2024 Y	0.00 % (apr) Yes	X No		
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	, , , , , , , , , , , , , , , , , , ,			
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(	Occupation				
011	710.0.1		Amount Guaranteed		1		
City	ZIP Code		Outstanding:	y			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount		7		
City	ZIP Code		Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	!	1	Name of Employer				
Mailing Address			Occupation				
		-  -	Amount		_		
City State	ZIP Code		Guaranteed Outstanding:	9			
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only	/)		·····				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.							

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

FOR LINE NUMBER: (check only one)

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			Detailed Summary	/ Page		13b
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)  Transaction ID : C-97323					
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo I			
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify) ▼		
City	State	ZIP Code	•	V - 15 1 (		
MORGANTON	NC	28655		Personal Funds of	the Car	ndidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close	of This	Period
20000.00	3	7	0.00	, 2	0000.00	)
TERMS Date Incurred	D	ate Due	Interest (If none,		ured:	
01 / 29 / Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 % (apr)	Yes 2	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
					-	
City State ZIP Code			Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	1		Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount		_	
City State	ZIP Code		Guaranteed Outstanding:			
	'					$\overline{}$
SUBTOTALS This Period This Page (optional)			<b>—</b>	2	0000.00	)
TOTALS This Period (last page in this line only	y)		······•	, , , ,		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

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

FOR LINE NUMBER: (check only one)

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OF

					Detailed Garrina	ry rage			13b
NAME OF COMMITTEE (In Full)  Transaction ID : C-97324									
В	BO HINES FOR CONGRESS								
	LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)		Memo	Item E	lection: 2024		
	HINES, ROBERT, NICHO	) AS					Primary		
-		, L, (O, ,					General		
	Mailing Address 320 SANFORD DRIVE						Other (specify) ▼		
-	PO BOX 414		l a	1 === 0 .					
	City		State	ZIP Code	9		X Personal Funds of the	. Can	didata
	MORGANTON		NC	28655			reisonal runus of the	Can	uluale
	Original Amount of Loan		Cumulative Page	yment To D	Date	Balance	Outstanding at Close of	This	Period
	150000	0.00			0.00		1500	00.00	
	7 7		7	, ,			1	-	
	TERMS Date Incurred			Date Due	Interes (If none	t Rate e, enter 0)	Secur 	ed:	
	01 31 7 2024	Y	M M / D D	/ 12/3	31/2024 Y	0.00	% (apr)	es 2	≺ <sub>No</sub>
İ	List All Endorsers or Guarantors	(if any) t	o Loan Source						
ľ	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
				-	Amount				
	City State ZIP Code				Guaranteed Outstanding:				
İ	2. Full Name (Last, First, Middle Initial)				Name of Employer				
ŀ	Mailing Address				Occupation				
					Amount				
-	City	State	ZIP Code		Guaranteed				
	Oity	State	ZIP Code		Outstanding:	-	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
ŀ	City	State	ZIP Code		Guaranteed				
	- ,				Outstanding:	,	7		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation					
			Amount						
	City	State	ZIP Code		Guaranteed Outstanding:	,	7	_	
		-							
SI	JBTOTALS This Period This Page (	optional).			······		1500	00.00	
тс	OTALS This Period (last page in this	line only	y)		······				Ī
_		NE O O		- P **	. 0.1 1.7. 5			•	
ıC	arry outstanding balance only to LI	NE 3, Sc	nedule D, for this	s line. If n	o Schedule D, carr	y torward	a to appropriate line of	Sumr	nary.

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

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LOANO				Detailed Sur	nmary Page	e (	,,	13b
NAME OF COMMITTEE (In F	ull)				Transact	tion ID : C-97326	<u> </u>	
BO HINES FOR CONG								
LOAN SOURCE Full Na	me (Last, First, Mic	Idle Initial)			emo Item	Election: 202	4	
HINES, ROBERT,	HINES, ROBERT, NICHOLAS, ,					Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414						Other (spec	cify) 🔻	
City		State	ZIP Code					
MORGANTON		NC	28655			X Personal	Funds of the	Candidate
Original Amount of Loan		Cumulative Pa	ayment To Da	ate	Balar	nce Outstanding	at Close of	This Period
	150000.00	9	,	0.00	J [.		15000	00.00
TERMS Date Incur	red	Γ	Date Due		terest Rate none, enter		Secure	ed:
02 / D D /	Y Y Y Y Y 2024	M M / D D		1/2024 <sup>°</sup>	0.0		Ye	es X No
List All Endorsers or Gu	uarantors (if any) t	o Loan Source						
1. Full Name (Last, First	, Middle Initial)		١	lame of Emplo	yer			
Mailing Address			(	Occupation				
City	City		ZIP Code  Amount Guaranteed Outstanding:			7 7		
2. Full Name (Last, First,	Middle Initial)		ı	Name of Employer				
Mailing Address			(	Occupation				
				mount				
City	State	ZIP Code		Guaranteed Outstanding:		7		
3. Full Name (Last, First,	Middle Initial)	I	1	lame of Emplo	yer			
Mailing Address			(	Occupation				
			A	ımount				
City	State	ZIP Code		Guaranteed Outstanding:		7		
4. Full Name (Last, First,	Middle Initial)	l	١	lame of Emplo	yer			
Mailing Address				Occupation				
				mount				
City	State	ZIP Code		Guaranteed Outstanding:		7		
SUBTOTALS This Period Th	nis Page (optional)	'			, r		15000	00.00
TOTALS This Period (last pa					<del>-</del>		1000	
Carry outstanding balance	only to LINE 3 Sol	nedule D. for thi	is line If no	Schedule D	carry forw	ard to appropri	ate line of S	Summanı

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

FOR LINE NUMBER: (check only one)

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			Detailed Guillinary	, rage	13b		
NAME OF COMMITTEE (In Full)			Tra	insaction ID : C-97327			
BO HINES FOR CONGRESS							
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		Memo	Item Election: 2024			
HINES, ROBERT, NICHOLAS,			Primary				
Mailing Address	,			General Other (enecify)			
320 SANFORD DRIVE				Other (specify)			
PO BOX 414	Ctata	ZID Code					
City	State	ZIP Code	<del>)</del>	Personal Funds of t	the Candidate		
MORGANTON	NC	28655		Z r sissinar r ands sir r			
Original Amount of Loan	Cumulative Pa	yment To D	ate	Balance Outstanding at Close	of This Period		
70000.00			0.00	7	0000.00		
9 9	9	7		3 9			
TERMS Date Incurred	С	Date Due	Interest (If none,		ured:		
02 26 / Y Y Y Y Y	M M / D D	) / Y 12/3	31/2024	0.00	Yes X No		
			7172021	% (apr)	Yes No		
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		-	Occupation				
		-	Amount				
City	City State ZIP Code			Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	Mailing Address			Occupation			
		7	Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7 7			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		1	Occupation				
		,	Amount				
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	. , ,			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed				
			Outstanding:	9 9			
SUBTOTALS This Period This Page (optional)			······	7 70	000.00		
TOTALS This Period (last page in this line on	ly)						
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Carry Dutatariumy Datable Ully to Line 3. 30	MICUUIC D, IUI IIII	o mic. II IIC	, Jointaule D, Cdill	ioiwaiu to appiopilate illie u	ı Juiillaiv.		

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

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Transaction ID: C-97328 NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary HINES, ROBERT, NICHOLAS, , General Mailing Address Other (specify) 320 SANFORD DRIVE PO BOX 414 State ZIP Code City Personal Funds of the Candidate 28655 NC **MORGANTON** Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 20000.00 0.00 20000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 28 0.00 02 2024 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: C-97330 NAME OF COMMITTEE (In Full) **BO HINES FOR CONGRESS** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary HINES, ROBERT, NICHOLAS, , General Mailing Address Other (specify) 320 SANFORD DRIVE PO BOX 414 State ZIP Code City Personal Funds of the Candidate 28655 NC **MORGANTON** Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 15000.00 0.00 15000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 28 0.00 02 2024 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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			Detailed Summary	Page	13b	
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)  Transaction ID : C-97329					
BO HINES FOR CONGRESS						
LOAN SOURCE Full Name (Last, First, Mic	LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election: 2024					
HINES, ROBERT, NICHOLAS, ,				Primary General		
Mailing Address 320 SANFORD DRIVE PO BOX 414				Other (specify) ▼		
City	State	ZIP Code	9	V		
MORGANTON	NC	28655		Personal Funds of the	Candidate	
Original Amount of Loan	Cumulative Pay	yment To D		Balance Outstanding at Close of		
6000.00	7		0.00	600	00.00	
TERMS Date Incurred	D	ate Due	Interest (If none, e		ed:	
02 / 29 / Y Y Y Y Y Y Y	M M / D D		31/2024 Y	0.00 <b>%</b> (apr) Ye	es X No	
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address	Mailing Address					
					$\neg$	
City State ZIP Code			Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	1		Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
	1		Amount Guaranteed		$\neg$	
City	ZIP Code	<b>I</b>	Outstanding:	7 7 7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7 7		
CURTOTAL C This Deviced This Dame (anti-un-1)						
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TOTALS This Period (last page in this line only	y)		······	179752	:6.00	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of S	Summary.	

#### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

NΑ

NAME OF COMMITTEE (In Full)	
<b>BO HINES FOR CONGRESS</b>	,

В	SO HINES FOR CONG	RESS	5			
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
	AMERICAN MADE MEDIA CO	MEDIA PRODUCTION AND DIGITAL CONSULTING				
	Mailing Address 9784 W YEARLING ROAD SUITE B-1540					
	City PEORIA	State AZ	Zip Code 85383			
Ī	Outstanding Balance Beginning This Period			Transaction ID : D-97261		
	0.00					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	2878.51		0.00	2878.51		
	2010.01		0.00	2010.01		
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	itor	Nature of Debt (Purpose):		
	DEEP ROOT ANALYTICS			DATA NALYSIS - BALANCE DISPUTED		
ŀ	Mailing Address 3100 CLARENDON BOULEV	/ARD		_		
	orod of weinbow boote.		1			
	City ARLINGTON	State VA	Zip Code 22201			
	Outstanding Balance Beginning This Period	I		Transaction ID : D-97258		
	0.00			Transaction ib . b-37230		
	, , , , , , , , , , , , , , , , , , ,		Payment This Period	Outstanding Balance of Observed This Basis of		
	Amount Incurred This Period	Outstanding Balance at Close of This Period				
	7500.00		0.00	7500.00		
ŀ	C. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Nature of Debt (Purpose):		
	ELECTIONS LLC			LEGAL		
-	Mailing Address 1050 CONNECTICUT AVEN	I IF NW				
	SUITE 500					
	City WASHINGTON	State DC	Zip Code 20036			
ł	Outstanding Balance Beginning This Period		20000	Transaction ID : D 07260		
				Transaction ID : D-97260		
	0.00					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	11334.53		0.00	11334.53		
1)	SUBTOTALS This Period This Page (optional	)		21713.04		
2)	TOTALS This Period (last page this line num	ber only) ·····				
	TOTAL OUTSTANDING LOANS from Schedu					
				7 7 7		
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

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(Use separate schedule(s)

for each

numbered line)

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#### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

#### (Use separate schedule(s) for each numbered line)

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	ME OF COMMITTEE (In Full)  BO HINES FOR CONG	RESS				
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
	MAJORITY STRATEGIES, LL	MASS MAIL PROGRAM				
	Mailing Address PO BOX 679219					
ŀ	City	State	Zip Code	-		
	DALLAS	TX	75267			
	Outstanding Balance Beginning This Period	Transaction ID : D-97256				
	0.00					
	7 7 7		Decree at This Decise	Outstanding Delayers at Olses of This Devised		
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	112908.59		0.00	112908.59		
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	ntor or Creditor				
	NATIONAL PUBLIC AFFAIRS	nor or orealtor		Nature of Debt (Purpose):		
	NATIONAL PUBLIC AFFAIRS	CONSULTING				
	Mailing Address PO BOX 27101					
ŀ	City	State	Zip Code	_		
	RALEIGH	NC	27611			
	Outstanding Balance Beginning This Period 0.00	Transaction ID : D-97262				
			Decreed This Decree	Outstanding Balance of Olympia (This Build		
	Amount Incurred This Period		Payment This Period 0.00	Outstanding Balance at Close of This Period		
	32228.32	32228.32				
	C. Full Name (Last, First, Middle Initial) of De	ame (Last, First, Middle Initial) of Debtor or Creditor				
	RTA STRATEGY LLC	COMPLIANCE AND ETHICS CONSULTING - DISCLOSURE REPORTING				
t	City	State	Zip Code	1		
ļ	ROSWELL	GA	30077			
	Outstanding Balance Beginning This Period  0.00	Transaction ID : D-97259				
	Amount Incurred This Period	Outstanding Balance at Close of This Period				
	22059.23		Payment This Period 0.00	22059.23		
1)	SUBTOTALS This Period This Page (optional)	)		167196.14		
2)	TOTALS This Period (last page this line number only)					
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4)	ADD 2) and 3) and carry forward to appropri	ate line of Sun	nmary Page (last page only)			

#### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

38 OF PAGE FOR LINE NUMBER: (check only one)

	9
X	10

NAME OF COMMITTEE (In Full)  BO HINES FOR CON	IGRES:	S			
A. Full Name (Last, First, Middle Initial)			Nature of Debt (Purpose):		
TAG LLC	DIGITAL FUNDRAISING CONSULTING -				
Mailing Address PO BOX 1243	BALANCE DISPUTED				
City	State	Zip Code			
ALEXANDRIA	VA	22313			
Outstanding Balance Beginning This P	eriod		Transaction ID : D-97257		
0.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
243029.58		0.00	243029.58		
B. Full Name (Last, First, Middle Initial) o	Full Name (Last, First, Middle Initial) of Debtor or Creditor				
Mailing Address	Mailing Address				
City	State	Zip Code			
Outstanding Balance Beginning This Po	Outstanding Balance Beginning This Period				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
		7 7 7			
C. Full Name (Last, First, Middle Initial)	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address				
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Po	eriod		1		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
		7 7			
1) SUBTOTALS This Period This Page (op:	tional) ······		243029.58		
2) TOTALS This Period (last page this line	431938.76				
3) TOTAL OUTSTANDING LOANS from So	1797526.00				
4) ADD 2) and 3) and carry forward to app	2229464.76				