

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

<b>1. NAME OF COMMITTEE IN FULL</b> Virginia Foxx for Congress			
<b>ADDRESS</b> (number and street) PO Box 2676			
<b>CITY</b> Boone	<b>STATE</b> NC	<b>ZIP CODE</b> 28607	
<b>2. NAME OF CANDIDATE</b> Foxx, Virginia, Ann, ,		<b>3. OFFICE SOUGHT</b> (State and District) House NC 05	
		<b>4. FEC IDENTIFICATION NUMBER</b> C00386748	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> DREYFUS, ALFRED, P., MR.,			
<b>MAILING ADDRESS</b> 5104 OCEANFRONT AVENUE		<b>Name of Employer</b> RETIRED	
<b>CITY</b> VIRGINIA BEACH	<b>STATE</b> VA	<b>ZIP CODE</b> 23451-2339	<b>Date (month, day, year)</b> 02/27/2024
		<b>Transaction ID : TX87908</b>	
		<b>Occupation</b> RETIRED, ECPI UNIVERSITY	
<b>Amount</b> 3300.00			
<b>B. FULL NAME</b> DREYFUS, ALFRED, P., MR.,			
<b>MAILING ADDRESS</b> 5104 OCEANFRONT AVENUE		<b>Name of Employer</b> RETIRED	
<b>CITY</b> VIRGINIA BEACH	<b>STATE</b> VA	<b>ZIP CODE</b> 23451-2339	<b>Date (month, day, year)</b> 02/27/2024
		<b>Transaction ID : TX87909</b>	
		<b>Occupation</b> RETIRED, ECPI UNIVERSITY	
<b>Amount</b> 1700.00			
<b>C. FULL NAME</b> PETERS, LENIN, J., DR.,			
<b>MAILING ADDRESS</b> 645 NORTH MAIN STREET		<b>Name of Employer</b> BETHANY MEDICAL	
<b>CITY</b> HIGH POINT	<b>STATE</b> NC	<b>ZIP CODE</b> 27260-5017	<b>Date (month, day, year)</b> 02/27/2024
		<b>Transaction ID : TX87903</b>	
		<b>Occupation</b> PHYSICIAN	
<b>Amount</b> 3300.00			
<b>D. FULL NAME</b> SHAW, SCOTT, M., MR.,			
<b>MAILING ADDRESS</b> 126 TOWER HILL ROAD WEST		<b>Name of Employer</b> LINCOLN TECH	
<b>CITY</b> TUXEDO PARK	<b>STATE</b> NY	<b>ZIP CODE</b> 10987-4200	<b>Date (month, day, year)</b> 02/27/2024
		<b>Transaction ID : TX87913</b>	
		<b>Occupation</b> CEO	
<b>Amount</b> 1000.00			
<b>E. FULL NAME</b>			
<b>MAILING ADDRESS</b>		<b>Name of Employer</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>Date (month, day, year)</b>
		<b>Occupation</b>	
<b>SIGNATURE (optional)</b> Morgan, William, , ,			<b>DATE</b> 02/28/2024
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov			

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

FEC FORM 6

(Revised 03/2016)