

# 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><br>Foushee for Congress                                                                                                                 |  |                        |                                                             |                                       |                                                  |
| <b>ADDRESS</b> (number and street) PO Box 16446                                                                                                                             |  |                        |                                                             |                                       |                                                  |
| <b>CITY</b><br>Chapel Hill                                                                                                                                                  |  | <b>STATE</b><br>NC     |                                                             | <b>ZIP CODE</b><br>27516              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Foushe, Valerie, , ,                                                                                                                         |  |                        | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NC 04 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00794727 |
| <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><br>AMERICAN DEFENSE AND MILITARY PAC                                                                                                                    |  |                        |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1030 15Th St NW<br># 404<br>CITY<br>Washington                                                                                                    |  |                        |                                                             | Date (month, day, year)<br>02/13/2026 |                                                  |
| STATE<br>DC                                                                                                                                                                 |  | ZIP CODE<br>20005-1503 |                                                             | Amount<br>2000.00                     |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | <b>Transaction ID : 9481819</b>       |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | Occupation                            |                                                  |
| <b>B. FULL NAME</b><br>CA LUV PAC (CALIFORNIA LEADERSHIP UNITED FOR VICTORY PAC)                                                                                            |  |                        |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1 M St SE<br>Ste 275<br>CITY<br>Washington                                                                                                        |  |                        |                                                             | Date (month, day, year)<br>02/13/2026 |                                                  |
| STATE<br>DC                                                                                                                                                                 |  | ZIP CODE<br>20003-5125 |                                                             | Amount<br>5000.00                     |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | <b>Transaction ID : 9481820</b>       |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | Occupation                            |                                                  |
| <b>C. FULL NAME</b><br>PROTECT DEMOCRACY INITIATIVE                                                                                                                         |  |                        |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>122 C St NW<br>Ste 360<br>CITY<br>Washington                                                                                                      |  |                        |                                                             | Date (month, day, year)<br>02/13/2026 |                                                  |
| STATE<br>DC                                                                                                                                                                 |  | ZIP CODE<br>20001-2149 |                                                             | Amount<br>1000.00                     |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | <b>Transaction ID : 9481821</b>       |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | Occupation                            |                                                  |
| <b>D. FULL NAME</b>                                                                                                                                                         |  |                        |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                        |                                                             | Date (month, day, year)               |                                                  |
| CITY                                                                                                                                                                        |  | STATE                  |                                                             | Amount                                |                                                  |
| ZIP CODE                                                                                                                                                                    |  |                        |                                                             |                                       |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | Occupation                            |                                                  |
| <b>E. FULL NAME</b>                                                                                                                                                         |  |                        |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                        |                                                             | Date (month, day, year)               |                                                  |
| CITY                                                                                                                                                                        |  | STATE                  |                                                             | Amount                                |                                                  |
| ZIP CODE                                                                                                                                                                    |  |                        |                                                             |                                       |                                                  |
|                                                                                                                                                                             |  |                        |                                                             | Occupation                            |                                                  |
| <b>SIGNATURE (optional)</b><br>Cousins, Jane, , ,                                                                                                                           |  |                        |                                                             | <b>DATE</b><br>02/15/2026             |                                                  |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |  |                        |                                                             |                                       |                                                  |

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**FEC FORM 6**  
(Revised 03/2016)