

# 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><b>BO HINES FOR CONGRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>ADDRESS</b> (number and street) 1441 E BROAD STREET<br>#214                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>CITY</b><br>FUQUAY VARINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>NC | <b>ZIP CODE</b><br>27526                                    |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>2. NAME OF CANDIDATE</b><br>HINES, ROBERT, NICHOLAS, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NC 01 |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00766162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           FIELDS, JULIE, , ,         </td> <td style="padding: 5px;">           Name of Employer<br/>           RETIRED         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           04/30/2022         </td> <td style="padding: 5px;">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           2210 ROSWELL AVE, #403         </td> <td colspan="3" style="padding: 5px;"> <b>Transaction ID : R2G96RXY36KFKCA</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           CHARLOTTE         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           NC         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           28207         </td> <td colspan="3" style="padding: 5px;"> <b>Occupation</b><br/>           RETIRED         </td> </tr> </table> |                    |                                                             |                                         | <b>A. FULL NAME</b><br>FIELDS, JULIE, , ,                                                                                                                      |                   |  | Name of Employer<br>RETIRED | Date (month, day, year)<br>04/30/2022 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>2210 ROSWELL AVE, #403 |  |  | <b>Transaction ID : R2G96RXY36KFKCA</b> |  |  | <b>CITY</b><br>CHARLOTTE | <b>STATE</b><br>NC | <b>ZIP CODE</b><br>28207 | <b>Occupation</b><br>RETIRED |  |  |
| <b>A. FULL NAME</b><br>FIELDS, JULIE, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | Name of Employer<br>RETIRED             | Date (month, day, year)<br>04/30/2022                                                                                                                          | Amount<br>1000.00 |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>MAILING ADDRESS</b><br>2210 ROSWELL AVE, #403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             | <b>Transaction ID : R2G96RXY36KFKCA</b> |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>CITY</b><br>CHARLOTTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>NC | <b>ZIP CODE</b><br>28207                                    | <b>Occupation</b><br>RETIRED            |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>B. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b><br><b>STATE</b><br><b>ZIP CODE</b><br><b>Occupation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>C. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b><br><b>STATE</b><br><b>ZIP CODE</b><br><b>Occupation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>D. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b><br><b>STATE</b><br><b>ZIP CODE</b><br><b>Occupation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>E. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b><br><b>STATE</b><br><b>ZIP CODE</b><br><b>Occupation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                         |                                                                                                                                                                |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |
| <b>SIGNATURE (optional)</b><br>BOLES, JASON, D, ,<br><div style="text-align: right;">[Electronically Filed]</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | <b>DATE</b><br>05/01/2022               | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                   |  |                             |                                       |                   |                                                  |  |  |                                         |  |  |                          |                    |                          |                              |  |  |

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## FEC FORM 6

(Revised 03/2016)