

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL Cooper for North Carolina				
ADDRESS (number and street) 301 Hillsborough St Ste 950				
CITY Raleigh	STATE NC	ZIP CODE 27603		
2. NAME OF CANDIDATE Cooper, Roy, , ,		3. OFFICE SOUGHT (State and District) Senate NC		4. FEC IDENTIFICATION NUMBER C00913566
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				

A. FULL NAME Ashkin, Evan, Arthur, ,			Name of Employer UNC Chapel Hill		Date (month, day, year) 02/28/2026	Amount 3500.00
MAILING ADDRESS 4401 Chickadee Rd			Transaction ID : 7511147			
CITY Durham	STATE NC	ZIP CODE 27705-4906	Occupation Physician			
B. FULL NAME Black, Ed, , ,			Name of Employer CCIA		Date (month, day, year) 02/28/2026	Amount 1000.00
MAILING ADDRESS 11030 1st St E			Transaction ID : 7511156			
CITY Treasure Island	STATE FL	ZIP CODE 33706-4616	Occupation Chairman			
C. FULL NAME Calautti, Lucy, , ,			Name of Employer American Italian Food Coalition		Date (month, day, year) 02/28/2026	Amount 1000.00
MAILING ADDRESS 2525 Mulberry Ter			Transaction ID : 7511154			
CITY Sarasota	STATE FL	ZIP CODE 34239-4428	Occupation Co-Chair			
D. FULL NAME Devries, David, , ,			Name of Employer Central Dermatology Center PA		Date (month, day, year) 02/28/2026	Amount 1500.00
MAILING ADDRESS 1307 Highgrove Dr			Transaction ID : 7511152			
CITY Chapel Hill	STATE NC	ZIP CODE 27516-4042	Occupation Dermatologist			
E. FULL NAME Kadis, Audrey, , ,			Name of Employer Not Employed		Date (month, day, year) 02/28/2026	Amount 1500.00
MAILING ADDRESS 32 Sedgewood Rd			Transaction ID : 7511151			
CITY Chapel Hill	STATE NC	ZIP CODE 27514-9235	Occupation Not Employed			
SIGNATURE (optional) Falmlen, Scott, , ,				DATE 03/02/2026	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)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Zerden, Matthew, Louis, , 113 Silver Glade Chapel Hill NC 27514-1803		Name of Employer His Choice Health Transaction ID : 7511150 Occupation Physician	
		Date (month, day, year) 02/28/2026	
		Amount 1500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
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		Date (month, day, year)	
		Amount	
		Occupation	