

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BO HINES FOR CONGRESS

ADDRESS (number and street)

126 C STREET NW

THIRD FLOOR

WASHINGTON

DC

20001

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00766162

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NC

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2024

through

M M / D D / Y Y Y Y
06 / 30 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BOLES, JASON, D, ,

Signature of Treasurer

BOLES, JASON, D, ,

Date

M M / D D / Y Y Y Y
07 / 14 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties 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

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2024

To:

MM / DD / YYYY
06 / 30 / 2024

	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))	4169.83	520521.79
(b) Total Contribution Refunds (from Line 20(d))	37222.47	43822.47
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 33052.64	476699.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12789.41	1509292.58
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	16987.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12789.41	1492305.18
8. Cash on Hand at Close of Reporting Period (from Line 27)	5835.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2313969.02	

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

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2024 To: MM / DD / YYYY 06 / 30 / 2024

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2277.62	347630.12
(ii) Unitemized	1892.21	172891.67
(iii) TOTAL of contributions from individuals	4169.83	520521.79
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4169.83	520521.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	1135.11
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	872500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	872500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	16987.40
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	4169.83	1411144.30

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

12789.41

1509292.58

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0.00

0.00

(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

37222.47

43822.47

(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)).....

37222.47

43822.47

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

50011.88

1553115.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

51677.24

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

4169.83

25. SUBTOTAL (add Line 23 and Line 24).....

55847.07

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

50011.88

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

5835.19

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 55

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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)

BEMENT, SHIRLEY, , ,

A.

Mailing Address 1488 ARGYLE LANE

City

BISHOP

State

CA

Zip Code

93514

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

313.46

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2024

Transaction ID : RAYST43H56FM76FWJ2PA

Amount of Each Receipt this Period

- 21.07



Memo Item

TOTAL EARMARKED THROUGH CONDUIT WINRED
PAC. CONDUIT LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

BEMENT, SHIRLEY, , ,

Mailing Address 1488 ARGYLE LANE

City

BISHOP

State

CA

Zip Code

93514

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

292.39

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2024

Transaction ID : R5U7YVHBFU4A7TVWFEBF

Amount of Each Receipt this Period

- 21.07



Memo Item

TOTAL EARMARKED THROUGH CONDUIT WINRED
PAC. CONDUIT LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

WINRED PAC

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

420379.17

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2024

Transaction ID : RA679ZHK53EKJ8C7DVHM

Amount of Each Receipt this Period

- 21.07



Memo Item

TOTAL EARMARKED THROUGH CONDUIT.
CONDUIT LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

- 42.14

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED PAC

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420358.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	4

Transaction ID : RWZPEW3XY4MB7VQ6QAC

Amount of Each Receipt this Period

- 21.07

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT.
CONDUIT LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

CLUB FOR GROWTH PAC

Mailing Address 2001 L STREET NW
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C** C00432260

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

43428.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

Transaction ID : RK49R2UJ6P7WY5VU96DJ

Amount of Each Receipt this Period

455.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT.
CONDUIT LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

FOX, CONNIE, , ,

Mailing Address 1202 LONDON STREET

City

PASADENA

State

TX

Zip Code

77506

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

- 355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	4

Transaction ID : R38KHHKJD2VFNT6APKMI

Amount of Each Receipt this Period

- 20.24

☐ Memo ItemREFUND BY CONDUIT. TOTAL EARMARKED
THROUGH CONDUIT WINRED PAC. CONDUIT LIMIT**SUBTOTAL** of Receipts This Page (optional)..... ▶

- 20.24

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED PAC

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420400.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	4

Transaction ID : RGUU6HGTQ2VJ4F3CCKC

Amount of Each Receipt this Period

- 20.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT.
CONDUIT LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

INGRAM, LORETTA, , ,

Mailing Address 18 IVY CT

City

BASSETT

State

VA

Zip Code

24055-3751

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	4

Transaction ID : RXF857KXE7C7H92KWAHC

Amount of Each Receipt this Period

100.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MCRAE, ROBERT, F, ,

Mailing Address PO BOX 6969

City

MIRAMAR BEACH

State

FL

Zip Code

32550-1018

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	4

Transaction ID : RKSUDQD7X7A5Q4MD5JCI

Amount of Each Receipt this Period

140.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

240.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

MILLER, PAUL, T, ,

A.

Mailing Address 1202 SOUTHWAYS STREET

City

DELRAY BEACH

State

FL

Zip Code

33483

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAUL MILLER AUTO GROUP

Occupation

OWNER

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	4

Transaction ID : R27CUU3X4MB7VF3BSU5E

Amount of Each Receipt this Period

1500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

POINDEXTER, JERALDINE, J, MRS,

Mailing Address 5022 RADFORD ST

City

SAN DIEGO

State

CA

Zip Code

92120-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	4

Transaction ID : RU5RBJFHA9F7RXPEAVKJ

Amount of Each Receipt this Period

150.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

RISIUS, BARBARA, F, DR,

Mailing Address 2202 ACACIA PARK DR APT 2518

City

LYNDHURST

State

OH

Zip Code

44124-3868

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

Transaction ID : RQG4MRGA6RZBDH4YFKL

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1900.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCHAEFER, ROGER, , ,

A.

Mailing Address 2233 TREEMONT CT S

City

SALEM

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2024D D / Y Y Y Y Y
09 / 2024Y Y Y Y Y
2024

Transaction ID : R2YNBVCMNQQQAZESFC

Amount of Each Receipt this Period

100.00



Memo Item

B.

Full Name (Last, First, Middle Initial)

SMITH, BAKER, A, ,

Mailing Address 3360 E TERRELL BRANCH COURT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer

BPO USA LLP

Occupation

MANAGEMENT CONSULTANT

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2024D D / Y Y Y Y Y
29 / 2024Y Y Y Y Y
2024

Transaction ID : RT3TKP52QXNXSN2KXX72

Amount of Each Receipt this Period

100.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

WINRED PAC

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

420382.31

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2024D D / Y Y Y Y Y
30 / 2024Y Y Y Y Y
2024

Transaction ID : RR6QCZURYEVJM4AEFGH

Amount of Each Receipt this Period

24.21



Memo Item

TOTAL EARMARKED THROUGH CONDUIT.
CONDUIT LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

200.00

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

2277.62

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 55

☐ 11a	☐ 11b	☒ 11c	☐ 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

CLUB FOR GROWTH PAC

A.Mailing Address 2001 L STREET NW
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C**

C00432260

Name of Employer

Occupation

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

42973.66

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2024

Transaction ID : RY7X9VGUCVGKZZHEUYA\

Amount of Each Receipt this Period

126.10



Memo Item

TOTAL EARMARKED THROUGH CONDUIT.
CONDUIT LIMIT NOT AFFECTED.**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

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

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CLUB FOR GROWTH PACMailing Address 2001 L STREET NW
SUITE 600City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name
CLUB FOR GROWTH PACCategory/
TypeOffice Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	4

FEC Identification Number

C C00432260

Amount of Each Disbursement this Period

3.90

Transaction ID : DCRDJQCP7SW2JYJRGQQ5

☐ Memo Item EARMARKED

Full Name (Last, First, Middle Initial)

B. CLUB FOR GROWTH PACMailing Address 2001 L STREET NW
SUITE 600City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name
CLUB FOR GROWTH PACCategory/
TypeOffice Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	4

FEC Identification Number

C C00432260

Amount of Each Disbursement this Period

10.05

Transaction ID : D9H2HPBQ2XWSJVY9EFCP

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLUB FOR GROWTH PACMailing Address 2001 L STREET NW
SUITE 600City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
CREDIT CARD PROCESSING FEE

003

Candidate Name
CLUB FOR GROWTH PACCategory/
TypeOffice Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	2	4

FEC Identification Number

C C00432260

Amount of Each Disbursement this Period

0.30

Transaction ID : DXMRBW2T82U6RGQDB2M'

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

Date of Disbursement

M M	D D	Y Y Y Y
04	18	2024

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

C

Purpose of Disbursement
CAGING ESCROW SHIPPING EXPENSE

003

Amount of Each Disbursement this Period

6678.37

Transaction ID : D6HQVRCDT66HEP8R6PV

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

Date of Disbursement

M M	D D	Y Y Y Y
04	30	2024

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

C

Purpose of Disbursement
CAGING ESCROW SHIPPING EXPENSE

003

Amount of Each Disbursement this Period

153.49

Transaction ID : D435D4S3XJ2KSXK9UF3W

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. ELITE CARD PROCESSING LLCMailing Address 13701 MAUGANSVILLE ROAD
SUITE 5

Date of Disbursement

M M	D D	Y Y Y Y
04	03	2024

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PROCESSING

003

Amount of Each Disbursement this Period

46.20

Transaction ID : DBNX4HK68KEND4BVXXZK

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

6878.06

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRONTRUNNER

Mailing Address PO BOX 1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	4

City
ROSWELLState
GAZip Code
30077

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

145.00

Transaction ID : DJM9P3JPDYPXNDTB2J7P

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FRONTRUNNER

Mailing Address PO BOX 1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	4

City
ROSWELLState
GAZip Code
30077

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

145.00

Transaction ID : D3KGN9HWYCQYHFMVSSW

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. FRONTRUNNER

Mailing Address PO BOX 1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	4

City
ROSWELLState
GAZip Code
30077

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

450.30

Transaction ID : DFWXK8NV69Z4WDRHHV79

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

740.30

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRONTRUNNER

Mailing Address PO BOX 1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	4

City
ROSWELLState
GAZip Code
30077

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN FINANCE SOFTWARE SUBSCRIPTION

001

Amount of Each Disbursement this Period

145.00

Transaction ID : DAD5736QBMG5MVAMESXC

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	4

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

C

Purpose of Disbursement
BANK SERVICE FEE

003

Amount of Each Disbursement this Period

47.56

Transaction ID : D2N2EKJXWGW6WJAHBN3I

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	4

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

C

Purpose of Disbursement
BANK SERVICE FEE

003

Amount of Each Disbursement this Period

38.18

Transaction ID : D2ZU6HK47VDB2QQZEFE3

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

230.74

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RTA STRATEGY LLC

Mailing Address PO BOX 1483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

City
ROSWELLState
GAZip Code
30077

FEC Identification Number

C

Purpose of Disbursement
COMPLIANCE CONSULTING TREASURY DISCLOSURE REPORTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3930.00

Transaction ID : DYKBATAWE2HHQ5V6QY59

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. RTA STRATEGY LLC

Mailing Address PO BOX 1483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	4

City
ROSWELLState
GAZip Code
30077

FEC Identification Number

C

Purpose of Disbursement
COMPLIANCE CONSULTING TREASURY DISCLOSURE REPORTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.27

Transaction ID : DGEMWMTMGYF7HCMVTQRX

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. SERVISFIRST BANKMailing Address 300 GALLERIA PARKWAY SE
SUITE 100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	4

City
ATLANTAState
GAZip Code
30339

FEC Identification Number

C

Purpose of Disbursement
BANK SERVICE FEE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.20

Transaction ID : DWEBNGA4K5Y4WSMUWW

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

3980.47

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TABULARIUS GROUPMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE CONSULTING AND TREASURY

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

930.00

Transaction ID : DC6GKFFXFX6QRFEXG3U3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

930.00

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

12773.82

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COOK, EDWARD, , ,

Mailing Address 172 POLPIS ROAD

City
MOORESVILLEState
NCZip Code
28117Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : D4ZEES375AE7448PHZJA

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DENNIS, GARY, , ,

Mailing Address 2413 AVALON BOULEVARD

City
ALPHARETTAState
GAZip Code
30009Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : DGEDTE7VTJJUAPEAATPY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DENNIS, STEPHANIE, , ,

Mailing Address 9110 FOUR MILE CREEK RD

City
GAINESVILLEState
GAZip Code
30506Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : DN3JCX73EZ8ZMFHVMSB5

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7475.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FECK, BRIAN, , ,

Mailing Address 15708 WENSEA LN

City
CHARLOTTEState
NCZip Code
28278Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : DP39AQFFHC6475F9CH8G

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAREAH, JOHN, , ,

Mailing Address 1125 S. CANTLON LN

City
RENOState
NVZip Code
89521Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : D7TP5B9G68RWCKZT3GU6

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAINDL, JOHN, , ,

Mailing Address 5525 KERNSVILLE RD.

City
OREFIELDState
PAZip Code
18069Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : DA69JKV9TWZR5PGMJJTH

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2900.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full) BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JAINDL, JOHN, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2024	
Mailing Address 5525 KERNSVILLE RD.				
City OREFIELD	State PA	Zip Code 18069	FEC Identification Number C	
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type 010	Amount of Each Disbursement this Period 1000.00	
Candidate Name			Transaction ID : DH4MHUKW6HK728U5Q8NP	
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2024 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item	
State:	District:			

Full Name (Last, First, Middle Initial) B. KLINGENSTEIN, THOMAS, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2024	
Mailing Address COHEN KLINGENSTEIN 1410 BROADWAY				
City NEW YORK	State NY	Zip Code 10018	FEC Identification Number C	
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type 010	Amount of Each Disbursement this Period 3300.00	
Candidate Name			Transaction ID : DRNKR59ESRUV3MDNQBS	
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2024 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item	
State:	District:			

Full Name (Last, First, Middle Initial) C. NIGHTINGALE, EARL, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2024	
Mailing Address 16 CHINA COCKLE WAY				
City HILTON HEAD ISLAND	State SC	Zip Code 29926	FEC Identification Number C	
Purpose of Disbursement REFUND OF CONTRIBUTION		Category/ Type 010	Amount of Each Disbursement this Period 200.00	
Candidate Name			Transaction ID : DW7PND7WWRD864DWR4G	
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2024 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NIGHTINGALE, EARL, , ,

Mailing Address 16 CHINA COCKLE WAY

City
HILTON HEAD ISLANDState
SCZip Code
29926Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : D82U9R85TUV8ANPWYJPB

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NIGHTINGALE, EARL, , ,

Mailing Address 16 CHINA COCKLE WAY

City
HILTON HEAD ISLANDState
SCZip Code
29926Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : DRE283XDM7FUGJJMZ44G

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLIVER, WILLIAM, , ,

Mailing Address 2301 SHERWOOD AVE

City
CHARLOTTEState
NCZip Code
28207Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

270.71

Transaction ID : DPMURYFCC2TT3WY93HF4

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

770.71

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PARKER, STEPHEN, , ,

Mailing Address 173 DEER MEADOW LN

City
PAWLEYS ISLANDState
SCZip Code
29585Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : D25NRHEWR4AS3WMWG6Z1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIKE, ROBERT, , ,

Mailing Address 7307 WAKEFIELD ROAD

City
BIRMINGHAMState
ALZip Code
35242Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : DK64ZNCESBCYF5WG95AW

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROVENZANO, GREG, , ,

Mailing Address 16701 JETTON RD

City
CORNELIUSState
NCZip Code
28031Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

270.71

Transaction ID : D4AZXAPFNAF7FRWU55B4

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6870.71

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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)

A. VESS, J, MICHAEL, ,Mailing Address 1700 WATERFRONT PKWY
BLDG 500City
WICHITAState
KSZip Code
67206Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2200.00

Transaction ID : D9UMKCD6NTENV49W5Y7S

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VESS, RHONDA, R, ,Mailing Address 1700 WATERFRONT PKWY
BLDG 500City
WICHITAState
KSZip Code
67206Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2200.00

Transaction ID : D4YH4QQFUS24U35SCKFK

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VLADIMIROVICH, KIRILL, , ,

Mailing Address 1107 QUEENS ROAD

City
CHARLOTTEState
NCZip Code
28207Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : DR4DZKT2EMFNJQ9Q7FCJ

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7700.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WILHOITE, BROOKE, , ,

Mailing Address 15508 DOCK VIEW LN

City
CHARLOTTEState
NCZip Code
28278Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : DSQ94FFDQWW7FJBPFQWX

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILHOITE, JEFF, , ,

Mailing Address 15508 DOCK VIEW LANE

City
CHARLOTTEState
NCZip Code
28278Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : DTGAV8FFNTWNQ65FJ6QM

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6600.00

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

36816.42

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

1.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 19 / 2021M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 20 / 2021M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2021M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5463

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2021M M / D D / Y Y Y Y
12 / 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

175000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5758

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 / 2021M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6820

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2021M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L87AMT7GM2W6PFVYBQKR

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 20 2022M M / D D / Y Y Y Y
12 31 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L6JVBK59SJDPN8ESPA7M

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 22 / 2022M M / D D / Y Y Y Y
12 31 / 2024M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 32 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L9PGQDMCDB4F6U2SD643

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 06 / 2022M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 33 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LAN8WQ4ACWXJFX4E74W4

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 05 / 2022M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 34 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LWXUM6NCR2FM7758FACW

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 01 / 2022M M / D D / Y Y Y Y
12 / 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 35 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LJPB3U8G7KD7E4E98FDZ

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 23 / 2023M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LPDUEZR7HSYKG9NZ7Y8P

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 12 / 2023M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LDHNZWM6M8HHU4J6JYJR

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

6500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 31 / 2023M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

6500.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LVBFBYHTRH8TY2G8D48S

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 30 / 2023M M / D D / Y Y Y Y
12 31 / 2024M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

70000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 39 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LZSSNQSMWNZF9PK5H87P

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 10 / 2024M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LWKFVFPDAHZCWP3TWNC8

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 04 / 2024M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 OF 55
	FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full) BO HINES FOR CONGRESS	Transaction ID : LE573J3PMQ6A4B2HEAUK
--	---------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) HINES, ROBERT, NICHOLAS, ,			☐ Memo Item	Election: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼
Mailing Address 320 SANFORD DRIVE PO BOX 414				
City MORGANTON	State NC	ZIP Code 26855	☒ Personal Funds of the Candidate	

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred MM / DD / YYYY 01 / 24 / 2024	Date Due MM / DD / YYYY 12 / 31 / 2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: ☐ 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
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed 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.	

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 OF 55
	FOR LINE NUMBER: (check only one)
	☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full) BO HINES FOR CONGRESS	Transaction ID : LYAFD6VQHGDATQKD8VR
--	--------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) HINES, ROBERT, NICHOLAS, ,			☐ Memo Item	Election: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼
Mailing Address 320 SANFORD DRIVE PO BOX 414				
City MORGANTON	State NC	ZIP Code 26855	☒ Personal Funds of the Candidate	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred MM / DD / YYYY 01 / 29 / 2024	Date Due MM / DD / YYYY 12 / 31 / 2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: ☐ 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
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 43 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LJK9265S77QVHPE4SZDJ

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HINES, ROBERT, NICHOLAS, ,

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 31 / 2024M M / D D / Y Y Y Y
12 31 / 2024M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 44 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L8S3SN9EUWJVJQW5KZ4W

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 12 / 2024M M / D D / Y Y Y Y
12 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

200000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 45 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LSUZF7UT8Y4V4M8WGG5B

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 16 / 2024M M / D D / Y Y Y Y
12 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 46 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LMBKDE785RTYJX64HPC6

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 26 / 2024M M / D D / Y Y Y Y
12 / 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

70000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 47 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L37W72U528PKSC6EHXBP

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 28 / 2024M M / D D / Y Y Y Y
12 / 31 / 2024M M / D D / Y Y Y Y
12 / 31 / 2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 48 OF 55

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L928S9EGD6CDTG4FFUUP

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 29 / 2024M M / D D / Y Y Y Y
12 / 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

6000.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 49 OF 55

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LRSYHAXVXP334GZD2M34

BO HINES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

HINES, ROBERT, NICHOLAS, ,

Mailing Address

320 SANFORD DRIVE
PO BOX 414

City

MORGANTON

State

NC

ZIP Code

26855

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 28 / 2024M M / D D / Y Y Y Y
12 / 31 / 2024Y Y Y Y
2024

0.00 % (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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15000.00

TOTALS This Period (last page in this line only).....▶

1797526.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 OF 55

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HAMMOND & ASSOCIATES

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address PO BOX 368

City

FALLS CHURCH

State

VA

Zip Code

22040

Outstanding Balance Beginning This Period

7600.00

Transaction ID : BMG33TNMPN95ZN2Z4HAB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PRINTING TRADE CO.

Nature of Debt (Purpose):

SIGNS

Mailing Address 2790 SIMPSON CIR NW

City

NORCROSS

State

GA

Zip Code

30071

Outstanding Balance Beginning This Period

12310.42

Transaction ID : B3NB3NVSBBJFVYF6KVXV

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12310.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAJORITY STRATEGIES LLC

Nature of Debt (Purpose):

MASS MAIL PROGRAM

Mailing Address PO BOX 679219

City

DALLAS

State

TX

Zip Code

75267

Outstanding Balance Beginning This Period

112908.59

Transaction ID : B92VYP8GCDMBTTQH7C7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

112908.59

1) **SUBTOTALS** This Period This Page (optional) ▶

132819.01

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 appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 51 OF 55

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TAG LLC

Nature of Debt (Purpose):

FUNDRAISING CONSULTING - BALANCE
DISPUTED

Mailing Address PO BOX 1243

City

ALEXANDRIA

State

VA

Zip Code

22313

Outstanding Balance Beginning This Period

243029.58

Transaction ID : B5BWQFADK6RC49M6B6G

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

243029.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DEEP ROOT ANALYTICS

Nature of Debt (Purpose):

DATA ANALYSIS - BALANCE DISPUTED

Mailing Address 3100 CLARENDON BLVD
SUITE 900

City

ARLINGTON

State

VA

Zip Code

22201

Outstanding Balance Beginning This Period

7500.00

Transaction ID : B9Y2TK5NNTNRB4BB57U3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RTA STRATEGY LLC

Nature of Debt (Purpose):

COMPLIANCE CONSULTING TREASURY
DISCLOSURE REPORTING

Mailing Address PO BOX 1483

City

ROSWELL

State

GA

Zip Code

30077

Outstanding Balance Beginning This Period

25059.23

Transaction ID : BVVZN2Y3DMFSXUFQHTD

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

22059.23

1) **SUBTOTALS** This Period This Page (optional)

272588.81

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 appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 52 OF 55

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ELECTIONS LLC

Nature of Debt (Purpose):

LEGAL

Mailing Address 1050 CONNECTICUT AVENUE NW
SUITE 500

City
WASHINGTON

State
DC

Zip Code
20036

Outstanding Balance Beginning This Period

14750.00

Transaction ID : BFPFY3TV5G3Y78X7QUCG

Amount Incurred This Period

11584.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

26334.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICAN MADE MEDIA COMPANY

Nature of Debt (Purpose):

MEDIA PRODUCTION AND DIGITAL
CONSULTING

Mailing Address 9784 W YEARLING ROAD
SUITE B-1540

City
PEORIA

State
AZ

Zip Code
85383

Outstanding Balance Beginning This Period

22878.91

Transaction ID : BMDEJTSVNYPWDF8YSUK:

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22878.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MASONBORO STRATEGIES LLC

Nature of Debt (Purpose):

COMMUNICATIONS CONSULTING

Mailing Address 7316 MASONBORO SOUND RD

City
WILMINGTON

State
NC

Zip Code
28409

Outstanding Balance Beginning This Period

9200.00

Transaction ID : B8V8ZYG56F6GAPEVYAE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9200.00

1) **SUBTOTALS** This Period This Page (optional)

58413.44

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 appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 53 OF 55

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE CLARK GROUP

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 248 AZTECA DRIVE

City

MATTHEWS

State

NC

Zip Code

28104

Outstanding Balance Beginning This Period

3500.00

Transaction ID : BYR9T49Q8CY9JUG4FJBY

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECT MAIL PROCESSORS

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 1150 CONRAD COURT

City

HAGERSTOWN

State

MD

Zip Code

21740

Outstanding Balance Beginning This Period

4865.88

Transaction ID : BGZ333NHHK4495K6YJS9D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4865.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FULFILLMENT SOLUTIONS INC.

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 44970 FALCON PLACE
SUITE 400

City

STERLING

State

VA

Zip Code

20166

Outstanding Balance Beginning This Period

3533.77

Transaction ID : BCZW8TVSTAQCHNDVNGU

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3533.77

1) **SUBTOTALS** This Period This Page (optional)

11899.65

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 appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 OF 55

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECT LLC

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

2413.59

Transaction ID : BWYNEH53E2GYFB8NHY8M

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2413.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MDI IMAGING & MAIL

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 21955 CASCADES PKWY

City
STERLINGState
VAZip Code
20166

Outstanding Balance Beginning This Period

2413.59

Transaction ID : BPVZHTDMM68GT5RZAXX7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2413.59

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ONPOINT DATA STRATEGY

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

2542.65

Transaction ID : BXN7N922K54553HSKR2U

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2542.65

1) **SUBTOTALS** This Period This Page (optional) ▶

7369.83

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 appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 55 OF 55

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BO HINES FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POSTAGE FOR DIRECT MAIL FUNDRAISER LLC

Nature of Debt (Purpose):

MAIL FUNDRAISING PROGRAM

Mailing Address 20130 LAKEVIEW CENTER PLACE
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

1123.96

Transaction ID : BSV6T7VWUYUC9778NEQT

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1123.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL PUBLIC AFFAIRS

Nature of Debt (Purpose):

GENERAL STRATEGY AND MEDIA
CONSULTING

Mailing Address PO BOX 27101

City
RALEIGHState
NCZip Code
27611

Outstanding Balance Beginning This Period

0.00

Transaction ID : BQNVDF6S4NJQ2KHTD5W

Amount Incurred This Period

32228.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

32228.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

33352.28

2) **TOTALS** This Period (last page this line number only) ▶

516443.02

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

1797526.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2313969.02