

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

|                                                                                                                                                                                |                    |                                                             |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Virginia Foxx for Congress                                                                                                              |                    |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (number and street) PO Box 2676                                                                                                                                 |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Boone                                                                                                                                                           | <b>STATE</b><br>NC | <b>ZIP CODE</b><br>28607                                    |                                                                                                                                                                |
| <b>2. NAME OF CANDIDATE</b><br>Foxx, Virginia, Ann, ,                                                                                                                          |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NC 05 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00386748                                                                                                                               |                    |                                                             |                                                                                                                                                                |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |                    |                                                             |                                                                                                                                                                |
| <b>A. FULL NAME</b><br>CREDIT UNION LEGISLATIVE ACTION COUNCIL (CULAC)                                                                                                         |                    | Name of Employer<br>Transaction ID : TX67673                | Date (month, day, year)<br>11/03/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>99 M STREET SOUTHEAST, SUITE 300                                                                                                                     |                    | Occupation<br>Amount<br>5000.00                             |                                                                                                                                                                |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                      | <b>STATE</b><br>DC |                                                             |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>FREEMAN, JOHN, J., MR.,                                                                                                                                 |                    | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS  | Date (month, day, year)<br>11/03/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>2676 LAKERIDGE COURT                                                                                                                                 |                    | Occupation<br>Transaction ID : TX67679                      | Amount<br>1000.00                                                                                                                                              |
| <b>CITY</b><br>NEBO                                                                                                                                                            | <b>STATE</b><br>NC |                                                             |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>MONAHAN, THOMAS, , MR.,                                                                                                                                 |                    | Name of Employer<br>DEVRY                                   | Date (month, day, year)<br>11/02/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>7401 BROOKVILLE ROAD                                                                                                                                 |                    | Occupation<br>Transaction ID : TX67644                      | Amount<br>2500.00                                                                                                                                              |
| <b>CITY</b><br>CHEVY CHASE                                                                                                                                                     | <b>STATE</b><br>MD |                                                             |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>NOTO, ANTHONY, JOSEPH, MR.,                                                                                                                             |                    | Name of Employer<br>SOCIAL FINANCE                          | Date (month, day, year)<br>11/03/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>214 ATHERTON AVENUE                                                                                                                                  |                    | Occupation<br>Transaction ID : TX67560                      | Amount<br>1000.00                                                                                                                                              |
| <b>CITY</b><br>ATHERTON                                                                                                                                                        | <b>STATE</b><br>CA |                                                             |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>SANCHEZ, OPHELIA, S. , MS.,                                                                                                                             |                    | Name of Employer<br>MIAMI REGIONAL UNIVERSITY               | Date (month, day, year)<br>11/03/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>17865 SW 75TH AVENUE                                                                                                                                 |                    | Occupation<br>Transaction ID : TX67677                      | Amount<br>2000.00                                                                                                                                              |
| <b>CITY</b><br>PALMETTO BAY                                                                                                                                                    | <b>STATE</b><br>FL |                                                             |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Morgan, William, , ,                                                                                                                            |                    | <b>DATE</b><br>11/03/2022                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| [Electronically Filed]                                                                                                                                                         |                    |                                                             |                                                                                                                                                                |

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

FEC FORM 6

(Revised 03/2016)

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| <b>1. NAME OF COMMITTEE IN FULL</b><br>Virginia Foxx for Congress                                                                                                              |  |                                                                |  |
| <b>ADDRESS</b> (number and street) PO Box 2676                                                                                                                                 |  |                                                                |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Boone NC 28607                                                                                                                             |  |                                                                |  |
| <b>2. NAME OF CANDIDATE</b><br>Foxx, Virginia, Ann, ,                                                                                                                          |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NC 05    |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00386748                                                                                                                               |  | <i>continuation page</i>                                       |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                |  |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>STOWERS, HARRY, WES, MR., JR.<br><br>8733 INLET DRIVE<br><br>KNOXVILLE TN 37922-6459                                      |  |                                                                |  |
| Name of Employer<br>STOWERS MACHINERY<br><br><b>Transaction ID : TX67676</b><br>Occupation<br>CHAIRMAN AND CEO                                                                 |  | Date (month, day, year)<br>11/03/2022<br><br>Amount<br>2000.00 |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>WOLTZ, EDWIN, M., MR., SR.<br><br>334 BEECHTREE CIRCLE<br><br>MOUNT AIRY NC 27030-9796                                    |  |                                                                |  |
| Name of Employer<br>WOLTZ LAW<br><br><b>Transaction ID : TX67620</b><br>Occupation<br>ATTORNEY                                                                                 |  | Date (month, day, year)<br>11/02/2022<br><br>Amount<br>1000.00 |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |