

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full)		TYPE OR PRINT		Example: If typing, type over the lines.		12FE4M5	
Foushee for Congress							
ADDRESS (number and street)		PO Box 16446					
☐ Check if different than previously reported. (ACC)		Chapel Hill		NC		27516	
		CITY		STATE		ZIP CODE	
2. FEC IDENTIFICATION NUMBER				3. IS THIS REPORT		4. STATE DISTRICT	
C C00794727				☒ NEW (N) OR ☐ AMENDED (A)		NC 04	
						For Candidates Only	
5. TYPE OF REPORT (Choose One)		(b) Monthly Report Due On:					
(a) Quarterly Reports:		☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)					
☐ April 15 Quarterly Report (Q1)		☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)					
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report		☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report					
☐ October 15 Quarterly Report (Q3)		(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)					
☒ January 31 Year-End Report (YE) and/or Semi-annual Report		☐ Special (12S) ☐ Convention (12C)					
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		Election on M M M / D D D / Y Y Y Y Y Y in the State of					
		This report also covers the semi-annual period ☐ See Line 6(b)					
		(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)					
		Election on M M M / D D D / Y Y Y Y Y Y in the State of					
		This report also covers the semi-annual period ☐ See Line 6(b)					
6. Covered Period(s)		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period				(b) Semi-annual Covered Period	
This report covers		M M M / D D D / Y Y Y Y Y Y 11 26 2024 through 12 31 2024 and/or				☐ January 1 - June 30	
						☒ July 1 - December 31	
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period				(b) Semi-annual Covered Period	
		0.00					

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 Cousins, Jane, , ,

Signature of Treasurer Cousins, Jane, , , Date 01 31 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009