

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL BO HINES FOR CONGRESS																																																																																					
ADDRESS (number and street) 1441 E BROAD STREET #214																																																																																					
CITY FUQUAY VARINA	STATE NC	ZIP CODE 27526																																																																																			
2. NAME OF CANDIDATE HINES, ROBERT, NICHOLAS, ,		3. OFFICE SOUGHT (State and District) House NC 01																																																																																			
4. FEC IDENTIFICATION NUMBER C00766162																																																																																					
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> A. FULL NAME HOUSE FREEDOM FUND </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) 05/06/2022 </td> <td style="padding: 5px;"> Amount 6050.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 300 INDEPENDENCE AVENUE SE </td> <td colspan="2" style="padding: 5px;"> Transaction ID : R95EV7WWSCHU4W </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> CITY WASHINGTON </td> <td style="padding: 5px;"> STATE DC </td> <td style="padding: 5px;"> ZIP CODE 20003 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME HINES, ROBERT, NICHOLAS, , </td> <td colspan="2" style="padding: 5px;"> Name of Employer SELF-EMPLOYED </td> <td style="padding: 5px;"> Date (month, day, year) 05/06/2022 </td> <td style="padding: 5px;"> Amount 100000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 320 SANFORD DRIVE PO BOX 414 </td> <td colspan="2" style="padding: 5px;"> Transaction ID : RSHFHZV629J97PNV </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> CITY MORGANTON </td> <td style="padding: 5px;"> STATE NC </td> <td style="padding: 5px;"> ZIP CODE 26855 </td> <td colspan="2" style="padding: 5px;"> Occupation CANDIDATE </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> C. FULL NAME </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2" style="padding: 5px;"> Occupation </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"> D. FULL NAME </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> E. FULL NAME </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> SIGNATURE (optional) BOLES, JASON, D, , </td> <td colspan="2" style="padding: 5px;"> DATE 08/23/2022 </td> <td rowspan="3" style="padding: 5px;"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;"> [Electronically Filed] </td> <td colspan="2" style="padding: 5px;"></td> </tr> </table>				A. FULL NAME HOUSE FREEDOM FUND			Name of Employer	Date (month, day, year) 05/06/2022	Amount 6050.00	MAILING ADDRESS 300 INDEPENDENCE AVENUE SE			Transaction ID : R95EV7WWSCHU4W			CITY WASHINGTON	STATE DC	ZIP CODE 20003	Occupation		B. FULL NAME HINES, ROBERT, NICHOLAS, ,			Name of Employer SELF-EMPLOYED		Date (month, day, year) 05/06/2022	Amount 100000.00	MAILING ADDRESS 320 SANFORD DRIVE PO BOX 414			Transaction ID : RSHFHZV629J97PNV			CITY MORGANTON	STATE NC	ZIP CODE 26855	Occupation CANDIDATE		C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS			Occupation			D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS			Occupation		E. FULL NAME			Name of Employer			MAILING ADDRESS			Occupation		SIGNATURE (optional) BOLES, JASON, D, ,			DATE 08/23/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	[Electronically Filed]				
A. FULL NAME HOUSE FREEDOM FUND			Name of Employer	Date (month, day, year) 05/06/2022	Amount 6050.00																																																																																
MAILING ADDRESS 300 INDEPENDENCE AVENUE SE			Transaction ID : R95EV7WWSCHU4W																																																																																		
CITY WASHINGTON	STATE DC	ZIP CODE 20003	Occupation																																																																																		
B. FULL NAME HINES, ROBERT, NICHOLAS, ,			Name of Employer SELF-EMPLOYED			Date (month, day, year) 05/06/2022	Amount 100000.00																																																																														
MAILING ADDRESS 320 SANFORD DRIVE PO BOX 414			Transaction ID : RSHFHZV629J97PNV																																																																																		
CITY MORGANTON	STATE NC	ZIP CODE 26855	Occupation CANDIDATE																																																																																		
C. FULL NAME			Name of Employer			Date (month, day, year)	Amount																																																																														
MAILING ADDRESS			Occupation																																																																																		
D. FULL NAME			Name of Employer			Date (month, day, year)	Amount																																																																														
MAILING ADDRESS			Occupation																																																																																		
E. FULL NAME			Name of Employer																																																																																		
MAILING ADDRESS			Occupation																																																																																		
SIGNATURE (optional) BOLES, JASON, D, ,			DATE 08/23/2022			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 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)