

FEC FORM 3L

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

1. NAME OF COMMITTEE (in full) Deborah Ross for Congress		TYPE OR PRINT	Example: If typing, type over the lines. 12FE4M5
ADDRESS (number and street) PO Box 28258		CITY STATE ZIP CODE Raleigh NC 27611	
☐ Check if different than previously reported. (ACC)			
2. FEC IDENTIFICATION NUMBER C C00729277		3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)	
4. STATE DISTRICT NC 02 For Candidates Only			
5. TYPE OF REPORT (Choose One) (a) Quarterly Reports: ☒ April 15 Quarterly Report (Q1) ☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report ☐ October 15 Quarterly Report (Q3) ☐ January 31 Year-End Report (YE) and/or Semi-annual Report ☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C) Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of (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 Y Y in the State of ☐ This report also covers the semi-annual period See Line 6(b)	
6. Covered Period(s) This report covers M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y and/or January 1 - June 30 01 / 01 / 2025 through 03 / 31 / 2025 and/or July 1 - December 31		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period	
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 Thoman, Shayne, , ,

Signature of Treasurer Thoman, Shayne, , , Date

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04 / 15 / 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