

**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

Virginia Foxx for Congress

ADDRESS (number and street)

PO Box 2676

Check if different  
than previously  
reported. (ACC)

Boone

NC

28607

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00386748

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

NC

05

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

01

D D / Y Y Y Y

01

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2025

*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 Morgan, William, , ,

Signature of Treasurer

Morgan, William, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

07

Y Y Y Y

2025

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

Virginia Foxx for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
03 / 31 / 2025

	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)) ....	231611.35	250534.35
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	231611.35	250534.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	135955.81	230405.04
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	135955.81	230405.04
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	3129602.24	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Virginia Foxx for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
03 / 31 / 2025**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).....

200200.00

209335.00

(ii) Unitemized .....

5328.50

5616.50

(iii) TOTAL of contributions  
from individuals ▶

205528.50

214951.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

26082.85

35582.85

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

231611.35

250534.35

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

127678.12

127678.12

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

359289.47

378212.47

# **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.....

135955.81

230405.04

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

5000.00

5000.00

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 .....

0.00

0.00

(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)).....

0.00

0.00

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. **TOTAL DISBURSEMENTS**

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

140955.81

235405.04

**III. CASH SUMMARY**

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

2911268.58

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

359289.47

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

3270558.05

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

140955.81

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

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

3129602.24

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

PAGE 5 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

ANDREWS, JOHN, V., MR.,

A.

Mailing Address 7035 MARCHING DUCK DRIVE, E109

City

CHARLOTTE

State

NC

Zip Code

28210-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED, TELEDYNE ALLVAC/VASCO

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2025

Transaction ID : SA11A.96171

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AUTH, AMY, C., MS.,

B.

Mailing Address 1182 HAYNES STREET

City

RALEIGH

State

NC

Zip Code

27604-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NC DEPARTMENT OF STATE TREASURER

Occupation

DEUTY TREASURER FOR EXTERNAL AFFAI

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2025

Transaction ID : SA11A.97289

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BABCOCK, JAMES, E., MR.,

C.

Mailing Address 3309 GASTON ROAD

City

GREENSBORO

State

NC

Zip Code

27407-7224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STAY ALERT SAFETY SERVICES INC.

Occupation

CEO

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2025

Transaction ID : SA11A.96178

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

1750.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 81

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

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

BACH, WAYNE, M., MR.,

A.

Mailing Address 4330 4TH STREET CIR NW

City  
HICKORY

State  
NC

Zip Code  
28601-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED-YOUNG, MORPHIS,BACH & TAYLOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2025

Transaction ID : SA11A.96214

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARKER, PATRICIA, M., MRS.,

B.

Mailing Address 401 N. WOODROW STREET

City  
FUQUAY VARINA

State  
NC

Zip Code  
27526-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOB BARKER CO

Occupation  
CORP SECRETARY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.97285

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARKER, ROBERT, J., MR., SR

C.

Mailing Address 401 N WOODROW STREET

City  
FUQUAY VARINA

State  
NC

Zip Code  
27526-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOB BARKER COMPANY, INC.

Occupation  
CHIEF EXECUTIVE OFFICER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.97276

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

7500.00

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

PAGE 7 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

BOTTOMLEY, MARTHA, R., MRS.,

A. Mailing Address 5071 GLADE VALLEY ROAD

City  
ENNICEState  
NCZip Code  
28623-9139FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOTTOMLEY EVERGREENS & FARMSOccupation  
OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 14 2025

Transaction ID : SA11A.96272

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BREWER, RICHARD, C., MR., JR

B. Mailing Address 13752 MANDARIN ROAD

City  
JACKSONVILLEState  
FLZip Code  
32223-5546FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97317

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BROWN, KATHY, S., MRS.,

C. Mailing Address P.O. BOX 5759

City  
STATESVILLEState  
NCZip Code  
28687-5759FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.97278

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

5500.00

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

PAGE 8 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

BROWN, KIMBERLY, P., MRS.,

A.

Mailing Address 442 LAUREL GLENN CHURCH ROAD

City  
SPARTAState  
NCZip Code  
28675-9530FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFEOccupation  
HOUSEWIFE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 07 2025

Transaction ID : SA11A.96232

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BROWN, RICKY, K., MR.,

Mailing Address 442 LAUREL GLENN CHURCH ROAD

City  
SPARTAState  
NCZip Code  
28675-9530FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, BB&T

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 07 2025

Transaction ID : SA11A.96231

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BROWN, WAYNE, BRYANT, MR.,

Mailing Address 636 SAWGRASS DRIVE

City  
MARTINEZState  
GAZip Code  
30907-9138FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAYNEWORKS THREADSOccupation  
OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 13 2025

Transaction ID : SA11A.96259

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

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

7000.00



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

PAGE 9 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

BRYANT, RICHARD, K., MR.,

A. Mailing Address 3328 LANDOR ROAD, STE. 200

City  
RALEIGHState  
NCZip Code  
27609-7013FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL INVESTMENT COMPANIESOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 14 2025

Transaction ID : SA11A.96275

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARLISLE, DENISE, , MS.,

B. Mailing Address 2113 PINE RIDGE ROAD

City  
MOUNT AIRYState  
NCZip Code  
27030-7763FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2025

Transaction ID : SA11A.97346

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHILDRESS, JUDY, K., MRS.,

C. Mailing Address P.O. BOX 1189

City  
WELCOMEState  
NCZip Code  
27374-1189FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFEOccupation  
HOUSEWIFE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97318

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

2250.00

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

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

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

PAGE 10 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

CHOE, YONG, S., MR.,

A.

Mailing Address 45 SUTTON SQ SW UNIT 806

City

WASHINGTON

State

DC

Zip Code

20024-3486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
YC CONSULTING, LLC

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.97335

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLINE, BRENDA, K., MRS.,

B.

Mailing Address 870 18TH AVENUE COURT NW

City

HICKORY

State

NC

Zip Code

28601-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.96203

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLINE, BRENDA, K., MRS.,

C.

Mailing Address 870 18TH AVENUE COURT NW

City

HICKORY

State

NC

Zip Code

28601-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.96212

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

7500.00

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

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

PAGE 11 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

CLINE, DALE, K., MR.,

A.

Mailing Address 870 18TH AVENUE COURT NW

City  
HICKORYState  
NCZip Code  
28601-1271FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DALE K CLINE & CO., PLLCOccupation  
ACCOUNTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 03 2025

Transaction ID : SA11A.96202

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CLINE, DALE, K., MR.,

Mailing Address 870 18TH AVENUE COURT NW

City  
HICKORYState  
NCZip Code  
28601-1271FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DALE K CLINE & CO., PLLCOccupation  
ACCOUNTANT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 03 2025

Transaction ID : SA11A.96211

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

COX, CHRISTOPHER, C., MR.,

Mailing Address 2205 WINDSOR ROAD

City  
ALEXANDRIAState  
VAZip Code  
22307-1019FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAVIGATORSOccupation  
SENIOR PRINCIPAL

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.97357

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

7500.00

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

PAGE 12 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

CRAIG, MARK, R., MR.,

A.

Mailing Address 6434 CARMON ROAD

City

GIBSONVILLE

State

NC

Zip Code

27249-8862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R.H. BARRINGER DIST. CO., INC

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

Transaction ID : SA11A.96237

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CRAIG, TERESA, S., MS.,

Mailing Address 6434 CARMON ROAD

City

GIBSONVILLE

State

NC

Zip Code

27249-8862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

Transaction ID : SA11A.96269

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CURRIN, SAMUEL, THOMAS, DR.,

Mailing Address 1700 PINEVIEW STREET

City

RALEIGH

State

NC

Zip Code

27608-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.97319

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

5500.00

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

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

PAGE 13 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

DALTON, VANCE, C., MR., JR.

A.

Mailing Address 1075 CATAWBA GREENS DRIVE

City  
NEWTONState  
NCZip Code  
28658-6001FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINA FARM CREDITOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 10 2025

Transaction ID : SA11A.96238

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DORSETT, MARY JO, , MRS.,

Mailing Address 2720 TODD DRIVE

City  
YADKINVILLEState  
NCZip Code  
27055-5735FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 18 2025

Transaction ID : SA11A.97288

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DORSETT, THOMAS, H., MR., JR

Mailing Address 2720 TODD DRIVE

City  
YADKINVILLEState  
NCZip Code  
27055-5735FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, DORSETT'S TECHNOLOGIES, INC

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 18 2025

Transaction ID : SA11A.97286

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

7250.00

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

PAGE 14 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

EDWARDS, FRANK, H., MR.,

A. Mailing Address 7408 SPYGLASS WAY

City  
RALEIGHState  
NCZip Code  
27615-5471FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREATIVE CONSULTING OF NCOccupation  
PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2025

Transaction ID : SA11A.97272

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWARDS, RAY, W., MR.,

B. Mailing Address 4137 COACHMAN'S COURT

City  
HIGH POINTState  
NCZip Code  
27262-5019FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, A CLEANER WORLD

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 27 2025

Transaction ID : SA11A.97339

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FAISON, JAY, W., MR.,

C. Mailing Address 2120 STONEBRIDGE LANE

City  
CHARLOTTEState  
NCZip Code  
28211-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEARPATHOccupation  
FOUNDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.97347

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

6750.00

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

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

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

PAGE 15 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

FAISON, JAY, W., MR.,

A. Mailing Address 2120 STONEBRIDGE LANE

City  
CHARLOTTEState  
NCZip Code  
28211-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEARPATHOccupation  
FOUNDER

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2025

Transaction ID : SA11A.97348

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FALSONE, AMANDA, L., MS.,

B. Mailing Address 3608 WILLIAMSBOROUGH COURT

City  
RALEIGHState  
NCZip Code  
27609-6356FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		20		2025

Transaction ID : SA11A.97297

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FREEMAN, ISAAC, N., MR.,

C. Mailing Address 1337 BROOKS AVENUE

City  
RALEIGHState  
NCZip Code  
27607-3703FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KTS STRATEGIESOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		20		2025

Transaction ID : SA11A.97298

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

4500.00

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

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

PAGE 16 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

FULFORD, ROBERT, B., MR.,

A.

Mailing Address 4425 ARENDELL STREET #405

City

MOREHEAD CITY

State

NC

Zip Code

28557-2774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED TOBACCO COMPANY

Occupation

EVP - BUSINESS DEVELOPMENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	5

Transaction ID : SA11A.97293

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GAITHER, ELIZABETH, PROCTOR, MRS.,

B.

Mailing Address 5446 HARRIS FARM ROAD

City

HICKORY

State

NC

Zip Code

28602-9430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED BEVERAGES

Occupation

ACCOUNTS MANAGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.97321

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GRONEWOLLER, DAVID, E., MR.,

C.

Mailing Address 5630 FOX GLEN TRAIL

City

LEWISVILLE

State

NC

Zip Code

27023-9636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GC PARTNERS INC.

Occupation

PRESIDENT &amp; CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.97299

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

7300.00

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



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

PAGE 17 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

HADLEY, ZEBULON, Z., MR., IV

A. Mailing Address 5115 NEW BERN AVENUE, #110

City  
RALEIGHState  
NCZip Code  
27610-1429FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL COATINGS INC.Occupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97294

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HANES, F., BORDEN, MR. , JR

B. Mailing Address 2870 BARTRAM ROAD

City  
WINSTON SALEMState  
NCZip Code  
27106-5105FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOWEN & HANESOccupation  
CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 07 2025

Transaction ID : SA11A.96230

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARRELL, MARK, , MR.,

C. Mailing Address P.O. BOX G

City  
COLE CAMPState  
MOZip Code  
65325-0169FEC ID number of contributing  
federal political committee.

C

Name of Employer  
247 RANCH LLCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97315

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

5000.00

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

PAGE 18 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

HARRELL, MARK, , MR.,

A.

Mailing Address P.O. BOX G

City

COLE CAMP

State

MO

Zip Code

65325-0169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

247 RANCH LLC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2025

Transaction ID : SA11A.97316

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HOLCOMB, HUGH, LINDSAY, MR., JR.

Mailing Address 1244 ARBOR ROAD, BOX 218

City

WINSTON SALEM

State

NC

Zip Code

27104-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED, PINE STATE KNITWEAR

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2025

Transaction ID : SA11A.96242

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

HONIG, KENNETH, E., MR.,

Mailing Address 123 EAST BAY FRONT

City

NEWPORT BEACH

State

CA

Zip Code

92662-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2025

Transaction ID : SA11A.96192

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

7750.00

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

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

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

PAGE 19 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

HONIG, KENNETH, E., MR.,

A. Mailing Address 123 EAST BAY FRONT

City  
NEWPORT BEACHState  
CAZip Code  
92662-1315FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 17 2025

Transaction ID : SA11A.96193

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTIONB. Full Name (Last, First, Middle Initial)  
HONIG, KENNETH, JORDAN, MR.,

Mailing Address 123 EAST BAY FRONT

City  
NEWPORT BEACHState  
CAZip Code  
92662-1315FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENTOccupation  
STUDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 17 2025

Transaction ID : SA11A.96190

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTIONC. Full Name (Last, First, Middle Initial)  
HONIG, KENNETH, JORDAN, MR.,

Mailing Address 123 EAST BAY FRONT

City  
NEWPORT BEACHState  
CAZip Code  
92662-1315FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENTOccupation  
STUDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 17 2025

Transaction ID : SA11A.96191

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

10500.00

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

PAGE 20 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

HUGHES, LINDA, N., MRS.,

A.

Mailing Address 190 BAXTER HUGHES ROAD

City  
NEWLANDState  
NCZip Code  
28657-9688FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 30 2025

Transaction ID : SA11A.96175

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JACOBS, SENECA, V., MR. ,

Mailing Address 6111 SUNPOINTE DRIVE, APT. 202

City  
RALEIGHState  
NCZip Code  
27606-5006FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKLEAR, LOCKLEAR JACOBS LLCOccupation  
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97334

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JONES, PATRICIA, K., MRS. ,

Mailing Address 12916 BAY PLANTATION DRIVE

City  
JACKSONVILLEState  
FLZip Code  
32223-0784FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.97311

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

5000.00

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

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 81

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

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

JONES, PATRICIA, K., MRS. ,

A.

Mailing Address 12916 BAY PLANTATION DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32223-0784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.97312

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONES, RICHARD, H., MR., SR

B.

Mailing Address 12916 BAY PLANTATION DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32223-0784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED, PEGA SYSTEMS

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.97313

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONES, RICHARD, H., MR., SR

C.

Mailing Address 12916 BAY PLANTATION DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32223-0784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED, PEGA SYSTEMS

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.97314

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

10500.00

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

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

PAGE 22 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

KEEN, CHARLES, MATTHEW, MR.,

A. Mailing Address 2532 WHITE OAK ROAD

City  
RALEIGHState  
NCZip Code  
27609-7614FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGLETREE, DEAKINS, NASH, SMOAK & STEOccupation  
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.96221

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KENNEY, STEPHEN, F., MR.,

B. Mailing Address 701 EXPOSITION PLACE, STE. 101

City  
RALEIGHState  
NCZip Code  
27615-3356FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENNEY COMPANIESOccupation  
CEO & PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.96222

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KING, SEBASTIAN, D., MR.,

C. Mailing Address 4428 LOCHURST DRIVE

City  
PFAFFTOWNState  
NCZip Code  
27040-9495FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KING AND CO.Occupation  
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 02 2025

Transaction ID : SA11A.96164

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
CONTRIBUTION

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

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

6800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 81

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

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

KOSCHESKI, CAROLL, D., DR.,

A. Mailing Address 456 44TH AVENUE DRIVE NW

City  
HICKORY

State  
NC

Zip Code  
28601-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GASTROENTEROLOGY ASSOCIATES

Occupation  
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 04 2025

Transaction ID : SA11A.96206

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KOTIS, WILLIAM, MARSHALL, MR., III

B. Mailing Address 3201 STILLWELL ROAD

City  
SUMMERFIELD

State  
NC

Zip Code  
27358-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEO AND OWNER

Occupation  
KOTIS HOLDINGS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 02 2025

Transaction ID : SA11A.96165

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KULIK, DAVID, G., MR.,

C. Mailing Address 14402 MARINA SAN PABLO PLACE, APT.

City  
JACKSONVILLE

State  
FL

Zip Code  
32224-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 28 2025

Transaction ID : SA11A.97345

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

8800.00

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

PAGE 24 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

LIPSCHULTZ, MARC, S., MR.,

A. Mailing Address 1060 5TH AVENUE #3B

City  
NEW YORKState  
NYZip Code  
10128-0104FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE OWL CAPITAL INC.Occupation  
CO-CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.97349

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LIPSCHULTZ, MARC, S., MR.,

B. Mailing Address 1060 5TH AVENUE #3B

City  
NEW YORKState  
NYZip Code  
10128-0104FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE OWL CAPITAL INC.Occupation  
CO-CEO

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.97350

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUDDY, MARIA, COLL, MRS.,

C. Mailing Address 7308 SPYGLASS WAY

City  
RALEIGHState  
NCZip Code  
27615-5470FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97323

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

10500.00



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

PAGE 25 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

LUDDY, MARIA, COLL, MRS.,

A. Mailing Address 7308 SPYGLASS WAY

City  
RALEIGHState  
NCZip Code  
27615-5470FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97324

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUDDY, ROBERT, L., MR. ,

B. Mailing Address 7308 SPYGLASS WAY

City  
RALEIGHState  
NCZip Code  
27615-5470FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPTIVE AIREOccupation  
PRESIDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97325

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUDDY, ROBERT, L., MR. ,

C. Mailing Address 7308 SPYGLASS WAY

City  
RALEIGHState  
NCZip Code  
27615-5470FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPTIVE AIREOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97326

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

10500.00

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

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 81

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

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

MCKNIGHT, MICHAEL, D., MR.,

A.

Mailing Address 101 GREAT POINT PLACE

City  
CARY

State  
NC

Zip Code  
27513-2969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGLETREE, DEAKINS, NASH, SMOAK & STE

Occupation  
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.97274

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MIRALIA, THOMAS, W., MR.,

B.

Mailing Address 4428 MONTIBELLO DRIVE

City  
CHARLOTTE

State  
NC

Zip Code  
28226-7421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRIBUTION TECHNOLOGY

Occupation  
PRESIDENT AND CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.96180

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MONSON, CATHERINE, E., MS.,

C.

Mailing Address 5305 CORINTHIAN BAY DRIVE

City  
PLANO

State  
TX

Zip Code  
75093-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FASTSIGNS INTERNATIONAL

Occupation  
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.97283

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2000.00

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

PAGE 27 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

MORETZ, ASHLEY, C., MR.,

A. Mailing Address 76 GREENLEA CIRCLE

City  
TAYLORSVILLEState  
NCZip Code  
28681-3485FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETHLEHEM MFG CO. INC.Occupation  
WELDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97332

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MORETZ, GEORGE, A., MR.,

B. Mailing Address 929 14TH AVE NW

City  
HICKORYState  
NCZip Code  
28601-2323FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, CAROLINA MILLS INC.

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 12 2025

Transaction ID : SA11A.96257

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

O'NEILL, KEVIN, MICHAEL, MR.,

C. Mailing Address 264 SIR THOMAS LUNSFORD DRIVE

City  
WILLIAMSBURGState  
VAZip Code  
23185-3387FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARNOLD AND PORTEROccupation  
PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11A.97358

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

5000.00

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

PAGE 28 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 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)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

PERRY, MONICA, B., MRS.,

A.

Mailing Address PO BOX 148

City

BLOWING ROCK

State

NC

Zip Code

28605-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.96205

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PERRY, VICTOR, A., MR., III

B.

Mailing Address PO BOX 148

City

BLOWING ROCK

State

NC

Zip Code

28605-0148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RENTPATH LLC

Occupation

PRESIDENT/CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.96204

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PICKITT, MARY , K., MS.,

C.

Mailing Address 7126 MARCHING DUCK DRIVE

City

CHARLOTTE

State

NC

Zip Code

28210-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	5

Transaction ID : SA11A.96224

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

7300.00

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

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

PAGE 29 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

PIERCE, DONALD, GLENN, MR.,

A. Mailing Address 5300 TEN-TEN ROAD

City  
APEXState  
NCZip Code  
27539-FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, PIERCE BENEFIT GROUP

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 04 2025

Transaction ID : SA11A.96207

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

POWERS, DAVID, M., MR.,

B. Mailing Address 2321 AIRLINE DRIVE

City  
RALEIGHState  
NCZip Code  
27607-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWERS STRATEGIES LLCOccupation  
PRINCIPAL

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 19 2025

Transaction ID : SA11A.97290

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PROCTOR, HAROLD, DEAN, THE HON.,

C. Mailing Address 125 6TH STREET, NW

City  
HICKORYState  
NCZip Code  
28601-6009FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, UNITED BEVERAGES OF NC

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2025

Transaction ID : SA11A.96256

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

3000.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 81

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

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

REEFE, NORA, LEA, MRS.,

A. Mailing Address 2155 THOMAS COURT

City

VERO BEACH

State

FL

Zip Code

32963-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2025

Transaction ID : SA11A.96261

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICH, DAVID, B., MR., III

B. Mailing Address 210 EAST 68TH STREET, APT. 11G

City

NEW YORK

State

NY

Zip Code

10065-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BNY MELLON

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97329

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROGERS, RAYMOND, BRACKY, MR.,

C. Mailing Address P.O. BOX 729

City

MOUNT AIRY

State

NC

Zip Code

27030-0729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROGER REALTY AND AUCTION CO. INC.

Occupation

CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2025

Transaction ID : SA11A.96264

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2250.00

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

PAGE 31 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

ROSEMAN, CLARENCE, E., MR., JR

A.

Mailing Address P.O. BOX 2128

City  
HICKORYState  
NCZip Code  
28603-2128

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

Transaction ID : SA11A.96247

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

500.00

Name of Employer  
C.R. LAINE FURNITURE COMPANYOccupation  
CHIEF EXECUTIVE OFFICER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SABIN, ANDREW, E., MR.,

B.

Mailing Address 300 PANTIGO PLACE STE. 102

City  
EAST HAMPTONState  
NYZip Code  
11937-2630

Date of Receipt

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

Transaction ID : SA11A.97330

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

3500.00

Name of Employer  
SABIN METAL CORPORATIONOccupation  
OWNER

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SABIN, ANDREW, E., MR.,

C.

Mailing Address 300 PANTIGO PLACE STE. 102

City  
EAST HAMPTONState  
NYZip Code  
11937-2630

Date of Receipt

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

Transaction ID : SA11A.97331

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

3500.00

Name of Employer  
SABIN METAL CORPORATIONOccupation  
OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

☐ Memo Item  
CONTRIBUTION

7500.00

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

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

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

PAGE 32 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

SAMPSON, JARETTE, LEE, MR.,

A. Mailing Address PO BOX 1537

City  
PEMBROKEState  
NCZip Code  
28372-1537FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARK III EMPLOYEE BENEFITSOccupation  
ACCOUNT EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97308

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SEFCIK, CATHARINE, S., MS.,

B. Mailing Address 701 WESTMONT DRIVE

City  
ASHEBOROState  
NCZip Code  
27205-4263FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 10 2025

Transaction ID : SA11A.96255

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SIBILA, RONALD, R., MR.,

C. Mailing Address 2151 CARLYLE STREET NE

City  
MASSILLONState  
OHZip Code  
44646-2588FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED, PEOPLES SERVICES INC.

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.97284

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

5000.00



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

PAGE 33 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

SNYDER, ELIZABETH, LAKE, MS.,

A.

Mailing Address 529 PARK LANE

City

ALBEMARLE

State

NC

Zip Code

28001-4251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2025D D / Y Y Y Y Y  
28 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.96198

Amount of Each Receipt this Period

500.00



Memo Item

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THOMAS, AZALEA, L., MS.,

Mailing Address PO BOX 1241

City

PEMBROKE

State

NC

Zip Code

28372-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPEECH SOLUTIONS

Occupation

SLP ASSISTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2025D D / Y Y Y Y Y  
20 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.97307

Amount of Each Receipt this Period

3500.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

TOMAN, JOSHUA, M., MR.,

Mailing Address 421 BRIGHTWOOD DRIVE

City

FAYETTEVILLE

State

NC

Zip Code

28303-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2025D D / Y Y Y Y Y  
19 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.97291

Amount of Each Receipt this Period

1000.00



Memo Item

CONTRIBUTION

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

5000.00

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

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

PAGE 34 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

TUCKER, JOHNATHAN , S., MR.,

A. Mailing Address 225 GOLF VISTA TRAIL

City  
HOLLY SPRINGSState  
NCZip Code  
27540-4805FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED CONTRACT SERVICESOccupation  
GENERAL CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97304

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEISS, DIANE, N., MS.,

B. Mailing Address 1500 SOUTH OCEAN BOULEVARD, #1601

City  
BOCA RATONState  
FLZip Code  
33432-8271FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 21 2025

Transaction ID : SA11A.96195

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEISS, DIANE, N., MS.,

C. Mailing Address 1500 SOUTH OCEAN BOULEVARD, #1601

City  
BOCA RATONState  
FLZip Code  
33432-8271FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 21 2025

Transaction ID : SA11A.96196

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

7500.00

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

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

PAGE 35 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

WILKINSON, KEVIN, ROBERT, MR.,

A. Mailing Address 4900 SKIDMORE STREET

City  
RALEIGHState  
NCZip Code  
27609-4516FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SOUTHERN GROUPOccupation  
MANAGING PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 19 2025

Transaction ID : SA11A.97292

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WINFREE, ROBERT, F., MR., III

B. Mailing Address PO BOX 3386

City  
PEMBROKEState  
NCZip Code  
28372-3386FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANCE INTEGRATED SOLUTIONSOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97305

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WINFREE, ROBERT, F., MR., III

C. Mailing Address PO BOX 3386

City  
PEMBROKEState  
NCZip Code  
28372-3386FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANCE INTEGRATED SOLUTIONSOccupation  
PRESIDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97306

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

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

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

8000.00

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

PAGE 36 OF 81

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

ZURAWEL, MARTHA, M., MRS.,

A. Mailing Address 1201 HEDGELAWN WAY

City  
RALEIGHState  
NCZip Code  
27615-6906FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11A.97333

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONB. Full Name (Last, First, Middle Initial)  
LUMBEE TRIBE OF NC  
Mailing Address 6983 NC HIGHWAY WEST 7111City  
PEMBROKEState  
NCZip Code  
28372-FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.97302

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONC. Full Name (Last, First, Middle Initial)  
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)..... ▶

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

2000.00

200200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 81

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 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)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF OPHTHALMOLOGY (OPHTHPAC)

A.

Mailing Address 20 F STREET, NW, SUITE 400

City

WASHINGTON

State

DC

Zip Code

20001-6705

FEC ID number of contributing  
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11C.97356

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AMERICAN HOMES 4 RENT PAC

Mailing Address 280 PILOT RD, SUITE 200

City

LAS VEGAS

State

NV

Zip Code

89119-3532

FEC ID number of contributing  
federal political committee.

C C00830083

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 10 2025

Transaction ID : SA11C.96233

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH PAC

Mailing Address ONE BUSCH PLACE 202-7

City

ST. LOUIS

State

MO

Zip Code

63118-1849

FEC ID number of contributing  
federal political committee.

C C00034488

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 17 2025

Transaction ID : SA11C.97279

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

3500.00

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

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

PAGE 38 OF 81

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

DOORDASH, INC. PAC (DASHPAC)

A.

Mailing Address 28 LIBERTY SHIP WAY, STE. 2815

City  
SAUSALITOState  
CAZip Code  
94965-3321FEC ID number of contributing  
federal political committee.

C C00820167

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2025

Transaction ID : SA11C.97320

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FIRST IN FREEDOM PAC

Mailing Address 824 S MILLEDGE AVENUE, STE. 101

City  
ATHENSState  
GAZip Code  
30605-1369FEC ID number of contributing  
federal political committee.

C C00540146

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11C.97355

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INSTITUTE PAC

Mailing Address 1401 H STREET, NW, #1200

City  
WASHINGTONState  
DCZip Code  
20005-2110FEC ID number of contributing  
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2025

Transaction ID : SA11C.97352

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

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

4500.00

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

PAGE 39 OF 81

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)  
ITG HOLDINGS U.S.A. INC. PAC

Mailing Address 714 GREEN VALLEY ROAD

City  
GREENSBOROState  
NCZip Code  
27408-7018FEC ID number of contributing  
federal political committee.

C C00587543

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2025

Transaction ID : SA11C.97301

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
MANTECH INTERNATIONAL PAC (MANTECH PAC)Mailing Address 2251 CORPORATE PARK DRIVE, STE 500  
6TH FLOORCity  
HERNDONState  
VAZip Code  
20171-4839FEC ID number of contributing  
federal political committee.

C C00208983

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2025

Transaction ID : SA11C.97310

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
MCDONALD'S PAC

Mailing Address 1099 NEW YORK AVENUE, NW, SUITE 50

City  
WASHINGTONState  
DCZip Code  
20001-4453FEC ID number of contributing  
federal political committee.

C C00063164

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2025

Transaction ID : SA11C.97327

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

8500.00

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

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

PAGE 40 OF 81

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

NFIB SAFE TRUST PAC

A.

Mailing Address 1201 F. STREET NW, SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004-1221

FEC ID number of contributing  
federal political committee.

C

C00101105

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2025

Transaction ID : SA11C.97328

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PITNEY BOWES INC. PAC

Mailing Address 3001 SUMMER STREET

City

STAMFORD

State

CT

Zip Code

06905-4317

FEC ID number of contributing  
federal political committee.

C

C00339499

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2025

Transaction ID : SA11C.97280

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

REALTORS PAC

Mailing Address 500 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001-2005

FEC ID number of contributing  
federal political committee.

C

C00030718

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2025

Transaction ID : SA11C.96183

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

3500.00

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



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

PAGE 41 OF 81

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 411 NEW JERSEY AVENUE SE

City

WASHINGTON

State

DC

Zip Code

20003-4007

FEC ID number of contributing  
federal political committee.

C C00165159

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

82.85

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2025D D / Y Y Y Y Y  
07 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11C.96188

Amount of Each Receipt this Period

82.85

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

REYNOLDS AMERICAN, INC. PAC

Mailing Address 1201 F ST NW, SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20004-1232

FEC ID number of contributing  
federal political committee.

C C00042002

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 03 / 2025D D / Y Y Y Y Y  
03 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11C.96172

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMPAC

Mailing Address P.O. BOX 97275

City

RALEIGH

State

NC

Zip Code

27624-7275

FEC ID number of contributing  
federal political committee.

C C00571323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2025D D / Y Y Y Y Y  
10 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11C.96250

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

6082.85

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

26082.85

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

PAGE 42 OF 81

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

RONALD BLUE TRUST

A.

Mailing Address 225 INTERNATIONAL CIRCLE  
SUITE 203City  
HUNT VALLEYState  
MDZip Code  
21030

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

Transaction ID : SA15.23205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

127661.57

Amount of Each Receipt this Period

127661.57

☐ Memo Item

2024 REALIZED CAPITAL GAINS ON INVESTMEN

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period

☐ Memo Item

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

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

127661.57

127661.57

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

PAGE 43 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. BANKS, ELIZABETH, , ,**

Mailing Address 2600 GLENWOOD AVENUE, APT. 501

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2025

City  
RALEIGHState  
NCZip Code  
27608

FEC Identification Number

C

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I23111

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. BANKS, ELIZABETH, , ,**

Mailing Address 2600 GLENWOOD AVENUE, APT. 501

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2025

City  
RALEIGHState  
NCZip Code  
27608

FEC Identification Number

C

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I23149

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. BANKS, ELIZABETH, , ,**

Mailing Address 2600 GLENWOOD AVENUE, APT. 501

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2025

City  
RALEIGHState  
NCZip Code  
27608

FEC Identification Number

C

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I23182

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

9000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. BANKS, ELIZABETH, , ,**

Mailing Address 2600 GLENWOOD AVENUE, APT. 501

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City  
RALEIGHState  
NCZip Code  
27608

FEC Identification Number

Purpose of Disbursement  
Q3 2024 COMMISSION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

23515.50
----------

Transaction ID : SB17.I23189

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. BRADSHAW, HUNTER, , MR.,**

Mailing Address 1225 FIRST STREET, APT. 1401

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2025

City  
ALEXANDRIAState  
VAZip Code  
22314

FEC Identification Number

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2073.23
---------

Transaction ID : SB17.I23117

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. BRADSHAW, HUNTER, , MR.,**

Mailing Address 1225 FIRST STREET, APT. 1401

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2025

City  
ALEXANDRIAState  
VAZip Code  
22314

FEC Identification Number

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2073.24
---------

Transaction ID : SB17.I23152

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

27661.97
----------

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. BRADSHAW, HUNTER, , MR.,**

Mailing Address 1225 FIRST STREET, APT. 1401

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2073.24

Transaction ID : SB17.I23188

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODDARD, DONALD, , MR.,**

Mailing Address 142-4 SOUTH SLOPE LOOP

City  
BANNER ELKState  
NCZip Code  
28604Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1389.71

Transaction ID : SB17.I23116

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODDARD, DONALD, , MR.,**

Mailing Address 142-4 SOUTH SLOPE LOOP

City  
BANNER ELKState  
NCZip Code  
28604Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1389.73

Transaction ID : SB17.I23151

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

4852.68

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. GODDARD, DONALD, , MR.,**

Mailing Address 142-4 SOUTH SLOPE LOOP

City  
BANNER ELKState  
NCZip Code  
28604Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1389.71

Transaction ID : SB17.I23187

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KAVANAGH, JOSEPHINE, , ,**Mailing Address 219 LAKESIDE DR  
APT 204City  
GREENBELTState  
MDZip Code  
20770Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.I23109

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KAVANAGH, JOSEPHINE, , ,**Mailing Address 219 LAKESIDE DR  
APT 204City  
GREENBELTState  
MDZip Code  
20770Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I23139

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

2839.71

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. KAVANAGH, JOSEPHINE, , ,**Mailing Address 219 LAKESIDE DR  
APT 204City  
GREENBELTState  
MDZip Code  
20770Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I23177

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIDDLETON, CARSON, , ,**

Mailing Address 547 24TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I23199

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MIDDLETON, CARSON, , ,**

Mailing Address 547 24TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I23201

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

3400.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. MIDDLETON, CARSON, , ,**

Mailing Address 547 24TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I23202

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MINTO, BETSY, , MS.,**

Mailing Address 7504 WINGFOOT DRIVE

City  
RALEIGHState  
NCZip Code  
27615Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

664.66

Transaction ID : SB17.I23076

☐ Memo Item EXPENSE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

**C. WALKER, RANDY, , MR.,**

Mailing Address P.O. BOX 1297

City  
WILKESBOROState  
NCZip Code  
28697Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2908.10

Transaction ID : SB17.I22064

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

4772.76

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. AARON GROEN**

Mailing Address 150 OLD FORGE CT

City  
SPARKSState  
MDZip Code  
21152Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I23110

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AARON GROEN**

Mailing Address 150 OLD FORGE CT

City  
SPARKSState  
MDZip Code  
21152Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I23148

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AARON GROEN**

Mailing Address 150 OLD FORGE CT

City  
SPARKSState  
MDZip Code  
21152Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I23181

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

3600.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. ALPHA GRAPHICS**

Mailing Address P.O. BOX 11643

City  
WINSTON SALEMState  
NCZip Code  
27116Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	25	/	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8661.56

Transaction ID : SB17.I22071

☐ Memo Item INVOICE #108489**B. ALPHA GRAPHICS**

Mailing Address P.O. BOX 11643

City  
WINSTON SALEMState  
NCZip Code  
27116Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	28	/	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

566.23

Transaction ID : SB17.I22072

☐ Memo Item INVOICE #108490**C. AMERICAN AIRLINES**

Mailing Address 1101 17TH ST NW

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01	/	17	/	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1405.05

Transaction ID : SB17.I23096

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

10632.84

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1101 17TH ST NW

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

469.49

Transaction ID : SB17.I23098

☐ Memo Item**B. ANEDOT**

Mailing Address 5555 HILTON AVE STE 106

City  
BATON ROUGEState  
LAZip Code  
70808Purpose of Disbursement  
Q1 ANEDOT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1076.14

Transaction ID : SB17.I23197

☐ Memo Item**C. BALLARD SPAHR LLP**Mailing Address 1909 K STREET, NW  
12TH FLOORCity  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3273.05

Transaction ID : SB17.I23085

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

4818.68

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. BALLARD SPAHR LLP**Mailing Address 1909 K STREET, NW  
12TH FLOORCity  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	19	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

3292.06

Transaction ID : SB17.I23134

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEST BUY**Mailing Address 1960 US HIGHWAY 70  
STE 236City  
HICKORYState  
NCZip Code  
28602Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	05	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1689.37

Transaction ID : SB17.I23157

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BEST BUY**Mailing Address 1960 US HIGHWAY 70  
STE 236City  
HICKORYState  
NCZip Code  
28602Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	06	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

370.99

Transaction ID : SB17.I23159

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

5352.42

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. BEST BUY**Mailing Address 1960 US HIGHWAY 70  
STE 236City  
HICKORYState  
NCZip Code  
28602Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.85

Transaction ID : SB17.I23162

☐ Memo Item**B. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

45.50

Transaction ID : SB17.I23120

☐ Memo Item**C. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1124.70

Transaction ID : SB17.I23193

☐ Memo Item 1/7/25 CITI CREDIT CARD  
PAYMENT**SUBTOTAL** of Disbursements This Page (optional).....▶

1292.05

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE, NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

162.00

Transaction ID : SB17.I23183

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE, NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1005.00

Transaction ID : SB17.I23195

☐ Memo Item 1/7/25 CITI CREDIT CARD  
PAYMENT

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

776.10

Transaction ID : SB17.I23108

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

1943.10

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37.79

Transaction ID : SB17.I23127

☐ Memo Item**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

823.30

Transaction ID : SB17.I23136

☐ Memo Item**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

497.34

Transaction ID : SB17.I23180

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

1358.43

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CAROLINA WEST WIRELESS**

Mailing Address 1307 CURTIS RIDGE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2025

City  
WILKESBOROState  
NCZip Code  
28697Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

145.14

Transaction ID : SB17.I23090

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAROLINA WEST WIRELESS**

Mailing Address 1307 CURTIS RIDGE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2025

City  
WILKESBOROState  
NCZip Code  
28697Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

145.14

Transaction ID : SB17.I23133

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAROLINA WEST WIRELESS**

Mailing Address 1307 CURTIS RIDGE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2025

City  
WILKESBOROState  
NCZip Code  
28697Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

145.14

Transaction ID : SB17.I23170

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

435.42

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CHARDEN, LLC**

Mailing Address PO BOX 1970

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15420.00

Transaction ID : SB17.I22066

☐ Memo Item 2025 RENT

Full Name (Last, First, Middle Initial)

**B. CITIBANK CITI CARD**

Mailing Address P.O. BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

304.03

Transaction ID : SB17.I23086

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIBANK CITI CARD**

Mailing Address P.O. BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

746.59

Transaction ID : SB17.I23106

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

15724.03

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CITIBANK CITI CARD**

Mailing Address P.O. BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2542.54

Transaction ID : SB17.I23124

☒ Memo Item**B. CITIBANK CITI CARD**

Mailing Address P.O. BOX 9001037

City  
LOUISVILLEState  
KYZip Code  
40290Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

758.73

Transaction ID : SB17.I23163

☒ Memo Item**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

920.00

Transaction ID : SB17.I23091

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

920.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

920.00

Transaction ID : SB17.I23128

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

920.00

Transaction ID : SB17.I23167

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COMCAST**

Mailing Address 1701 JOHN F KENNEDY BLVD

City  
PHILADELPHIAState  
PAZip Code  
19103Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

123.90

Transaction ID : SB17.I23113

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

1963.90

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. COMCAST**

Mailing Address 1701 JOHN F KENNEDY BLVD

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2025

City  
PHILADELPHIAState  
PAZip Code  
19103Purpose of Disbursement  
MEDIA

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

123.90

Transaction ID : SB17.I23155

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. COMCAST**

Mailing Address 1701 JOHN F KENNEDY BLVD

Date of Disbursement

M M	D D	Y Y Y Y
03	31	2025

City  
PHILADELPHIAState  
PAZip Code  
19103Purpose of Disbursement  
MEDIA

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

123.90

Transaction ID : SB17.I23185

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. CONGRESSIONAL INSTITUTE**

Mailing Address 1700 DIAGONAL ROAD, SUITE 300

Date of Disbursement

M M	D D	Y Y Y Y
03	18	2025

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CONFERENCE FEES

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3856.66

Transaction ID : SB17.I23075

☐ Memo Item INVOICE #2731

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

4104.46

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD WALTHAM

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

439.85

Transaction ID : SB17.I23079

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD WALTHAM

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2025

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

439.85

Transaction ID : SB17.I23118

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD WALTHAM

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2025

City  
WALTHAMState  
MAZip Code  
02451Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

439.85

Transaction ID : SB17.I23153

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

1319.55

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address DATA OPERATIONS CENTER

City  
WILKES-BARREState  
PAZip Code  
18769Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

899.57

Transaction ID : SB17.I23092

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNAL REVENUE SERVICE**

Mailing Address DATA OPERATIONS CENTER

City  
WILKES-BARREState  
PAZip Code  
18769Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

93.38

Transaction ID : SB17.I23114

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNAL REVENUE SERVICE**

Mailing Address DATA OPERATIONS CENTER

City  
WILKES-BARREState  
PAZip Code  
18769Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1027.36

Transaction ID : SB17.I23150

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

2020.31

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address DATA OPERATIONS CENTER

City  
WILKES-BARREState  
PAZip Code  
18769Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1022.91

Transaction ID : SB17.I23186

☐ Memo Item**B. JEAN DONALDSON**

Mailing Address 142-4 SOUTH SLOPE LOOP

City  
BANNER ELKState  
NCZip Code  
28604Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1175.00

Transaction ID : SB17.I23082

☐ Memo Item**C. JEAN DONALDSON**

Mailing Address 142-4 SOUTH SLOPE LOOP

City  
BANNER ELKState  
NCZip Code  
28604Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.I23102

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

2897.91

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. JEAN DONALDSON**

Mailing Address 142-4 SOUTH SLOPE LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2025

City  
BANNER ELKState  
NCZip Code  
28604

FEC Identification Number

C

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

765.00

Transaction ID : SB17.I23126

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. KARMA MODERN INDIAN**

Mailing Address 611 I STREET NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2025

City  
WASHINGTONState  
DCZip Code  
20001

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.I23165

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. KARMA MODERN INDIAN**

Mailing Address 611 I STREET NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2025

City  
WASHINGTONState  
DCZip Code  
20001

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1598.85

Transaction ID : SB17.I23184

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

3463.85

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. MAGGIE'S LIST**

Mailing Address 6675 WEEPING WILLOW WAY

City  
TALLAHASSEEState  
FLZip Code  
32311Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I22067

☐ Memo Item MEMBERSHIP**B. MATCHBOX**

Mailing Address 1100 S HAYES STREET

City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

464.83

Transaction ID : SB17.I23173

☐ Memo Item**C. MICROSOFT OFFICE 365**

Mailing Address ONE MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1921.50

Transaction ID : SB17.I23171

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

3386.33

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. MOUNTAIN TIMES PUBLICATIONS**

Mailing Address 474 INDUSTRIAL PARK DR

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1002.00

Transaction ID : SB17.I22065

☐ Memo Item HEART OF THE HIGH COUNTRY**B. NEW RIVER RESEARCH INSTITUTE**Mailing Address 2150 COUNTRY CLUB RD  
SUITE 221City  
WINSTON SALEMState  
NCZip Code  
27104Purpose of Disbursement  
RESEARCH PUBLICATIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

144.12

Transaction ID : SB17.I23095

☐ Memo Item**C. NEW RIVER RESEARCH INSTITUTE**Mailing Address 2150 COUNTRY CLUB RD  
SUITE 221City  
WINSTON SALEMState  
NCZip Code  
27104Purpose of Disbursement  
RESEARCH PUBLICATIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

197.79

Transaction ID : SB17.I23137

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

1343.91

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. NEW RIVER RESEARCH INSTITUTE**Mailing Address 2150 COUNTRY CLUB RD  
SUITE 221City  
WINSTON SALEMState  
NCZip Code  
27104Purpose of Disbursement  
RESEARCH PUBLICATIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

133.18

Transaction ID : SB17.I23172

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. QUICKBOOKS**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.05

Transaction ID : SB17.I23093

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. QUICKBOOKS**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1123.25

Transaction ID : SB17.I23115

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

1305.48

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. RONALD BLUE TRUST**Mailing Address 225 INTERNATIONAL CIRCLE  
SUITE 203City  
HUNT VALLEYState  
MDZip Code  
21030Purpose of Disbursement  
Q1 2025 FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5234.00

Transaction ID : SB17.I23206

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHNEIDER'S LIQUOR**

Mailing Address 300 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

271.35

Transaction ID : SB17.I23131

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SILVER AIRWAYS**

Mailing Address 1100 LEE WAGENER BLVD

City  
FORT LAUDERDALEState  
FLZip Code  
33315Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

349.30

Transaction ID : SB17.I23107

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

5854.65

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. SKYLINE**

Mailing Address P.O. BOX 759

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

City  
WEST JEFFERSONState  
NCZip Code  
28694Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

230.00

Transaction ID : SB17.I23089

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SKYLINE**

Mailing Address P.O. BOX 759

Date of Disbursement

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

City  
WEST JEFFERSONState  
NCZip Code  
28694Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

225.01

Transaction ID : SB17.I23125

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SKYLINE**

Mailing Address P.O. BOX 759

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	2	5

City  
WEST JEFFERSONState  
NCZip Code  
28694Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

230.73

Transaction ID : SB17.I23166

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

685.74

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address P.O. BOX 36647-1CR

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

310.48

Transaction ID : SB17.I23097

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPECTRUM**

Mailing Address 3118-B NORTHLINE AVE

City  
GREENSBOROState  
NCZip Code  
27408Purpose of Disbursement  
MARKETING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

119.98

Transaction ID : SB17.I23100

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPECTRUM**

Mailing Address 3118-B NORTHLINE AVE

City  
GREENSBOROState  
NCZip Code  
27408Purpose of Disbursement  
MARKETING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

243.65

Transaction ID : SB17.I23101

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

674.11

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. SPECTRUM**

Mailing Address 3118-B NORTHLINE AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2025

City  
GREENSBOROState  
NCZip Code  
27408

FEC Identification Number

C

Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

243.65

Transaction ID : SB17.I23138

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. SPECTRUM**

Mailing Address 3118-B NORTHLINE AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2025

City  
GREENSBOROState  
NCZip Code  
27408

FEC Identification Number

C

Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

119.98

Transaction ID : SB17.I23141

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. SPECTRUM**

Mailing Address 3118-B NORTHLINE AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2025

City  
GREENSBOROState  
NCZip Code  
27408

FEC Identification Number

C

Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

247.70

Transaction ID : SB17.I23176

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

611.33

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. SPECTRUM**

Mailing Address 3118-B NORTHLINE AVE

City  
GREENSBOROState  
NCZip Code  
27408Purpose of Disbursement  
MARKETING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

119.98

Transaction ID : SB17.I23178

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES OFFICE SUPPLY**

Mailing Address 1275 BLOWING ROCK RD

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

266.12

Transaction ID : SB17.I23119

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SYSTEL**

Mailing Address 187 WAUTAUGA VILLAGE DR.

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
MARKETING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

138.78

Transaction ID : SB17.I23087

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

524.88

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. SYSTEL**

Mailing Address 187 WAUTAUGA VILLAGE DR.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2025

City  
BOONEState  
NCZip Code  
28607

FEC Identification Number

C

Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

138.78

Transaction ID : SB17.I23123

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. SYSTEL**

Mailing Address 187 WAUTAUGA VILLAGE DR.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2025

City  
BOONEState  
NCZip Code  
28607

FEC Identification Number

C

Purpose of Disbursement  
MARKETING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

345.02

Transaction ID : SB17.I23161

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. TAG LLC**

Mailing Address 121 N WASHINGTON ST STE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City  
ALEXANDRIAState  
VAZip Code  
22314

FEC Identification Number

C

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I23083

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

733.80

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. TAG LLC**

Mailing Address 121 N WASHINGTON ST STE 300

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I23105

☐ Memo Item**B. TAG LLC**

Mailing Address 121 N WASHINGTON ST STE 300

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I23198

☐ Memo Item**C. TAG LLC**

Mailing Address 121 N WASHINGTON ST STE 300

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I23200

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

750.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. THE DUBLINER**

Mailing Address 4 F ST NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

438.41

Transaction ID : SB17.I23169

☐ Memo Item**B. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

78.65

Transaction ID : SB17.I23112

☐ Memo Item**C. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

90.89

Transaction ID : SB17.I23121

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

607.95

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

153.25

Transaction ID : SB17.I23129

☐ Memo Item**B. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

283.78

Transaction ID : SB17.I23146

☐ Memo Item**C. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

334.34

Transaction ID : SB17.I23156

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

771.37

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

179.83

Transaction ID : SB17.I23164

☐ Memo Item**B. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
FOOD/BEVERAGE - UBER EATS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

54.52

Transaction ID : SB17.I23191

☐ Memo Item 9/9/24 CITI CREDIT CARD  
PAYMENT**C. UBER TECHNOLOGIES INC.**

Mailing Address 182 HOWARD STREET # 8

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRANSPORTATION SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

108.81

Transaction ID : SB17.I23194

☐ Memo Item 1/7/25 CITI CREDIT CARD  
PAYMENT**SUBTOTAL** of Disbursements This Page (optional).....▶

343.16

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL SERVICE (USPS)**

Mailing Address 1544 BLOWING ROCK RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2025

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

256.00

Transaction ID : SB17.I23094

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED STATES POSTAL SERVICE (USPS)**

Mailing Address 1544 BLOWING ROCK RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2025

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

586.55

Transaction ID : SB17.I23122

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED STATES POSTAL SERVICE (USPS)**

Mailing Address 1544 BLOWING ROCK RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2025

City  
BOONEState  
NCZip Code  
28607Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

219.00

Transaction ID : SB17.I23154

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

1061.55

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 81

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address 2 VERIZON PLACE

City  
ALPHARETTAState  
GAZip Code  
30004Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

309.70

Transaction ID : SB17.I23190

☐ Memo Item 3/7/25 CITI CREDIT CARD PAYMENT**B. VERIZON WIRELESS**

Mailing Address 2 VERIZON PLACE

City  
ALPHARETTAState  
GAZip Code  
30004Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

309.70

Transaction ID : SB17.I23192

☐ Memo Item 2/7/25 CITI CREDIT CARD PAYMENT**C. VERIZON WIRELESS**

Mailing Address 2 VERIZON PLACE

City  
ALPHARETTAState  
GAZip Code  
30004Purpose of Disbursement  
PHONE SVC

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

304.03

Transaction ID : SB17.I23196

☐ Memo Item 1/7/25 CITI CREDIT CARD PAYMENT**SUBTOTAL** of Disbursements This Page (optional).....▶

923.43

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 81

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. WE THE PIZZA**

Mailing Address 305 PENNSYLVANIA AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2025

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

259.33

Transaction ID : SB17.I23130

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. ASHE COUNTY NC REPUBLICAN WOMEN**

Mailing Address P.O. BOX 441

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2025

City  
WEST JEFFERSONState  
NCZip Code  
28640

FEC Identification Number

C

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I22070

☐ Memo Item CONTRIBUTION

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

509.33

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

134461.09



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

PAGE 81 OF 81

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)

**A. VICTORY AND FREEDOM PAC (VAF PAC)**Mailing Address 1909 K STREET, NW  
12TH FLOORCity  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
2025 CONTRIBUTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	5

FEC Identification Number

C C00525212

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB18.I23174

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

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

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

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).....▶

5000.00

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

5000.00