

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL MOODY FOR FLORIDA				
ADDRESS (number and street) 301 W. PLATT ST. #A663				
CITY TAMPA		STATE FL		ZIP CODE 33606
2. NAME OF CANDIDATE MOODY, ASHLEY, , ,			3. OFFICE SOUGHT (State and District) Senate FL	
4. FEC IDENTIFICATION NUMBER C00895763				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME SUTER, THOMAS, A., ,			Name of Employer SELF-EMPLOYED	
MAILING ADDRESS 111 RED CLIFF CIR			Date (month, day, year) 08/07/2026	
CITY ENTERPRISE			Amount 1000.00	
STATE AL			Transaction ID : 614BDE4F9FAC5425	
ZIP CODE 36330-1134			Occupation ATTORNEY	
B. FULL NAME SOLAK, CHARLES, , ,			Name of Employer RETIRED	
MAILING ADDRESS 14320 SW 86TH AVE			Date (month, day, year) 08/07/2026	
CITY PALMETTO BAY			Amount 1000.00	
STATE FL			Transaction ID : 6CD64BA84DEC948A	
ZIP CODE 33158-1453			Occupation RETIRED	
C. FULL NAME MORAN, SANDRA, O., ,			Name of Employer MORAN PRODUCTIONS	
MAILING ADDRESS 340 WEST ST			Date (month, day, year) 08/07/2026	
CITY NAPLES			Amount 1000.00	
STATE FL			Transaction ID : 6F17CF86E229B44B5	
ZIP CODE 34108-2912			Occupation BROADWAY PRODUCER	
D. FULL NAME SIERRA NEVADA COMPANY, LLC POLITICAL ACTION COMMITTEE			Name of Employer	
MAILING ADDRESS 2231 CRYSTAL DR STE 1113			Date (month, day, year) 08/07/2026	
CITY ARLINGTON			Amount 1000.00	
STATE VA			Transaction ID : 6BE3C164407EE4515	
ZIP CODE 22202-3727			Occupation	
E. FULL NAME AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)			Name of Employer	
MAILING ADDRESS 655 BEACH ST			Date (month, day, year) 08/07/2026	
CITY SAN FRANCISCO			Amount 2500.00	
STATE CA			Transaction ID : 61FBE85E093054462	
ZIP CODE 94109-1336			Occupation	
SIGNATURE (optional) QUICK, KIRSTEN, , ,			DATE 08/09/2026	
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov				

--	--	--

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

FEC FORM 6

(Revised 03/2016)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL MOODY FOR FLORIDA		continuation page	
ADDRESS (number and street) 301 W. PLATT ST. #A663			
CITY, STATE, and ZIP CODE TAMPA FL 33606			
2. NAME OF CANDIDATE MOODY, ASHLEY, , ,	3. OFFICE SOUGHT (State and District) Senate FL	4. FEC IDENTIFICATION NUMBER C00895763	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE HUNTINGTON INGALLS INDUSTRIES, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (HIIPAC) 2451 CRYSTAL DR STE 1100 ARLINGTON VA 22202-4804		Name of Employer Transaction ID : 69CDE0AE95FEC495D9D: Occupation	Date (month, day, year) 08/07/2026 Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE HIMS & HERS HEALTH, INC, PAC 2269 CHESTNUT ST # 523 SAN FRANCISCO CA 94123-2600		Name of Employer Transaction ID : 62164402D0DDF4451BE2 Occupation	Date (month, day, year) 08/07/2026 Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AMERICAN COLLEGE OF EMERGENCY PHYSICIANS 4950 W ROYAL LN IRVING TX 75063-2524		Name of Employer Transaction ID : 6360E0E3D49DE4CC0B89 Occupation	Date (month, day, year) 08/07/2026 Amount 1500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE BLANK ROME PAC 1825 I ST NW WASHINGTON DC 20006-5406		Name of Employer Transaction ID : 6AE953483448B4260891 Occupation	Date (month, day, year) 08/07/2026 Amount 1500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN COLLEGE OF CARDIOLOGY PAC (HEARTPAC) 2400 N ST NW WASHINGTON DC 20037-1118		Name of Employer Transaction ID : 669BF168A387F4FEF848 Occupation	Date (month, day, year) 08/07/2026 Amount 1000.00

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL MOODY FOR FLORIDA			
ADDRESS (number and street) 301 W. PLATT ST. #A663			
CITY, STATE, and ZIP CODE TAMPA FL 33606			
2. NAME OF CANDIDATE MOODY, ASHLEY, , ,		3. OFFICE SOUGHT (State and District) Senate FL	
		4. FEC IDENTIFICATION NUMBER C00895763	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE MALOOF, AL, , , 2613 ANDERSON RD. MIAMI FL 33134		Name of Employer FINTECH TRANSACTIONS Transaction ID : 69A22AE997391470B924 Occupation CEO	
		Date (month, day, year) 08/08/2026	
		Amount 5205.08	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	