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
FRIENDS OF TIM MOORE

ADDRESS (number and street) PO BOX 97275

CITY	STATE	ZIP CODE
RALEIGH	NC	27624-7275

2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER
MOORE, TIM, , ,	House NC 14	C00856005

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
POWELL, JOHN, , , 1115 ROYAL STREET NEW ORLEANS / LA / 70116-2705	RETIRED Transaction ID : 6DB76C3860A0B4A2(Occupation: RETIRED	10/21/2024	1000.00
B. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
SEWELL, BILLY, , , 521 NEW BRIDGE ST JACKSONVILLE / NC / 28540-5430	PLATINUM CORRAL Transaction ID : 68F342508DED04C93 Occupation: PRESIDENT	10/21/2024	2000.00
C. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC 12176 CHANCERY STATION CIR RESTON / VA / 20190-5803	Transaction ID : 6DE84DB87C71C468(Occupation:	10/21/2024	1000.00
D. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE 701 PENNSYLVANIA AVE NW STE 750 WASHINGTON / DC / 20004-2661	Transaction ID : 6E574EB67296643C6 Occupation:	10/21/2024	1000.00
E. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
SHANAHAN, KIERAN, , , 128 E HARGETT ST STE 300 RALEIGH / NC / 27601-1460	SHANAHAN LAW GROUP Transaction ID : 6778D60AF3A0F4411 Occupation: ATTORNEY	10/21/2024	1000.00

SIGNATURE (optional)
MCMICHAEL, COLLIN, , ,

DATE
10/23/2024

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 6
(Revised 03/2016)

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RALEIGH NC 27624-7275

continuation page

2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER
MOORE, TIM, , ,	House NC 14	C00856005

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 HARDEN, MICHAEL, , , 117 WESTFIELD ROAD SHELBY NC 28150-4857	Name of Employer MD HARDEN ENTERPRISES, LLC **Transaction ID : 68145681AAFB242D2979** Occupation SELF-EMPLOYED	Date (month, day, year) 10/22/2024	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount