

# 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.

|                                                                                                                                                                             |                    |                               |                                                             |                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Moore For Congress                                                                                                                   |                    |                               |                                                             |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 16646                                                                                                                             |                    |                               |                                                             |                           |                                                                                                             |
| <b>CITY</b><br>Milwaukee                                                                                                                                                    |                    | <b>STATE</b><br>WI            |                                                             | <b>ZIP CODE</b><br>53216  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Moore, Gwen, S, ,                                                                                                                            |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House WI 04 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00397505                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                               |                                                             |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>Davis, James, C, ,                                                                                                                                   |                    |                               | Name of Employer<br>Redwood Capital                         |                           | Date (month, day, year)<br>11/01/2024                                                                       |
| <b>MAILING ADDRESS</b><br>PO Box 468                                                                                                                                        |                    |                               | <b>Transaction ID : 24035060</b>                            |                           | Amount<br>3000.00                                                                                           |
| <b>CITY</b><br>Hanover                                                                                                                                                      | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>21076-0468 | Occupation<br>Principal                                     |                           |                                                                                                             |
| <b>B. FULL NAME</b><br>NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)                                                                             |                    |                               | Name of Employer                                            |                           | Date (month, day, year)<br>11/01/2024                                                                       |
| <b>MAILING ADDRESS</b><br>1771 N St NW                                                                                                                                      |                    |                               | <b>Transaction ID : 24035059</b>                            |                           | Amount<br>2500.00                                                                                           |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20036-2800 | Occupation                                                  |                           |                                                                                                             |
| <b>C. FULL NAME</b><br>NATIONAL ASSOCIATION OF ENROLLED AGENTS POLITICAL ACTION COMMITTEE                                                                                   |                    |                               | Name of Employer                                            |                           | Date (month, day, year)<br>11/01/2024                                                                       |
| <b>MAILING ADDRESS</b><br>1730 Rhode Island Ave NW<br>Ste 400                                                                                                               |                    |                               | <b>Transaction ID : 24035058</b>                            |                           | Amount<br>5000.00                                                                                           |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20036-3118 | Occupation                                                  |                           |                                                                                                             |
| <b>D. FULL NAME</b><br>NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AMERICAN COLLEGE OF EMERGENCY PHYSICIANS                                                    |                    |                               | Name of Employer                                            |                           | Date (month, day, year)<br>11/01/2024                                                                       |
| <b>MAILING ADDRESS</b><br>4950 W Royal Ln                                                                                                                                   |                    |                               | <b>Transaction ID : 24035061</b>                            |                           | Amount<br>2500.00                                                                                           |
| <b>CITY</b><br>Irving                                                                                                                                                       | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>75063-2524 | Occupation                                                  |                           |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                           | Amount                                                                                                      |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Bravo, Ellen, , ,                                                                                                                            |                    |                               |                                                             | <b>DATE</b><br>11/03/2024 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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**FEC FORM 6**  
(Revised 03/2016)