

**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

FRIENDS OF TIM MOORE

ADDRESS (number and street)

PO BOX 97275

Check if different
than previously
reported. (ACC)

RALEIGH

NC

27624-7275

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00856005

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NC

14

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
11 / 26 / 2024

through

M M / D D / Y Y Y Y
12 / 31 / 2024*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

MCMICHAEL, COLLIN, , ,

Signature of Treasurer

MCMICHAEL, COLLIN, , ,

Date

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

FRIENDS OF TIM MOORE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024

	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))	1044.00	1059.00
(b) Total Contribution Refunds (from Line 20(d))	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 956.00	- 941.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56703.11	61538.22
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	50.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	56703.11	61488.22
8. Cash on Hand at Close of Reporting Period (from Line 27)	923566.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF TIM MOORE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024**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).....

1000.00

1000.00

(ii) Unitemized

44.00

59.00

(iii) TOTAL of contributions
from individuals ▶

1044.00

1059.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

1044.00

1059.00

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

50.00

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

0.00

0.00

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

1044.00

1109.00

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.....	56703.11	61538.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
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	2000.00	2000.00
(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)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	58703.11	63538.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	981225.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1044.00
25. SUBTOTAL (add Line 23 and Line 24).....	982269.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58703.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	923566.56

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

SCHEDULE B INCLUDES ALL REQUIRED MEMO ENTRIES FOR REIMBURSEMENTS. ALL ADDITIONAL REIMBURSEMENTS DO NOT MEET THE \$200.00 PER VENDOR AGGREGATE THRESHOLD.

Form/Schedule:

Transaction ID:

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

PAGE 6 OF 15

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

JOCHL, GUNTHER, , ,

A. Mailing Address 334 HIGHLAND CIR

City
SUGAR MOUNTAINState
NCZip Code
28604-9627FEC ID number of contributing
federal political committee.

C

Name of Employer
SUGAR MOUNTAIN RESORTOccupation
SKI AREA OPERATOR

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
12 13 2024

Transaction ID : AB1BD8FA6F31A441B89C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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)..... ▶

1000.00

1000.00

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. US TREASURY INTERNAL REVENUE SERVICE

Mailing Address PO BOX 1303

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	4

City
CHARLOTTEState
NCZip Code
28201-1303

FEC Identification Number

C

Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3061.34

Transaction ID : B4541A0323AF44E39A38

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. IRVIN, GRACE, , ,

Mailing Address PO BOX 97275

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	4

City
RALEIGHState
NCZip Code
27624

FEC Identification Number

C

Purpose of Disbursement
SALARY

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3701.83

Transaction ID : B6A5DF08735FB49B692C

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. PITTMAN, WILLIAM, , ,

Mailing Address PO BOX 97275

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	4

City
RALEIGHState
NCZip Code
27624

FEC Identification Number

C

Purpose of Disbursement
SALARY

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4001.83

Transaction ID : B8A2C92D24E404F6499E

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

10765.00

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. WESTMORELAND PRINTERS, INC.

Mailing Address 2020 E DIXON BLVD

City
SHELBYState
NCZip Code
28152Purpose of Disbursement
PRINTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

69.39

Transaction ID : B47258F1D0E984BF0BBD

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. I360 TECHNOLOGIES, INC.

Mailing Address PO BOX 1914

City
LEESBURGState
VAZip Code
20177Purpose of Disbursement
ONLINE/WEBSITE SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B62394FEED31B42AA9D9

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMORE, JEAN, , ,

Mailing Address 2988 LEVEE DR

City
ODENTONState
MDZip Code
21113-2936Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3200.00

Transaction ID : B007E54BEEB1F4D739A0

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

4769.39

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

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. WESTMORELAND PRINTERS, INC.

Mailing Address 2020 E DIXON BLVD

City
SHELBYState
NCZip Code
28152Purpose of Disbursement
PRINTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

26.81

Transaction ID : B5602E46BAFB54E689CF

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL COMMUNICATIONS, INC.

Mailing Address PO BOX 12107

City
RALEIGHState
NCZip Code
27605Purpose of Disbursement
FUNDRAISING CONSULTING, STAFFING, TRAVEL EXPENSES,
MILEAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10749.78

Transaction ID : B9A74A5F424D14D5990B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

118.35

Transaction ID : BA2928B0875CB4B269FA

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

10894.94

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. LOTTE NEW YORK PALACE

Mailing Address 455 MADISON AVE

City
NEW YORKState
NYZip Code
10022-6845Purpose of Disbursement
LODGING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

230.00

Transaction ID : B23432BCE30A841B7B68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLD EBBITT GRILL

Mailing Address 675 15TH ST NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

237.14

Transaction ID : B366DFC5D52FF43B1908

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD

City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
TEXTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

260.00

Transaction ID : B56D6455238304AEA830

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

727.14

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. GODADDY

Mailing Address 2155 E GODADDY WAY

City
TEMPEState
AZZip Code
85284Purpose of Disbursement
WEBSITE SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

58.34

Transaction ID : B5F6083740B8545A4834

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY

Mailing Address 2155 E GODADDY WAY

City
TEMPEState
AZZip Code
85284Purpose of Disbursement
WEBSITE SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

67.33

Transaction ID : BDEE0A3CCABAB4CE8960

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ORION DIGITAL LLC

Mailing Address 20318 GRAND CRUS AVENUE

City
BATON ROUGEState
LAZip Code
70817Purpose of Disbursement
ONLINE/SOCIAL MEDIA SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2620.31

Transaction ID : BD78F2CB9E0714B73BD2

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

2745.98

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. TEXAS JACK'S BARBEQUE

Mailing Address 2761 WASHINGTON BLVD

City
ARLINGTONState
VAZip Code
22201-1946Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

453.20

Transaction ID : BE9533F428EFB4C6DA35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON, LUKE, , ,

Mailing Address PO BOX 97275

City
RALEIGHState
NCZip Code
27624-7275Purpose of Disbursement
FIELD REPRESENTATIVE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : BCFD60AC9346847D6B2E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FALLS, LAUREN, , ,

Mailing Address PO BOX 97275

City
RALEIGHState
NCZip Code
27624-7275Purpose of Disbursement
FIELD REPRESENTATIVE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : B9183173515254B24885

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

1353.20

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

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

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. HENSON, ABIGAIL, , ,

Mailing Address PO BOX 97275

City
RALEIGHState
NCZip Code
27624-7275Purpose of Disbursement
FIELD REPRESENTATIVE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : B769A3085E086494C847

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. H2 CAPITAL CONSULTING, LLC

Mailing Address 402 PRINCETON BLVD

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B511C48D869884A9D8D6

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CASTLEBAR STRATEGIES, LLC

Mailing Address PO BOX 470561

City
CHARLOTTEState
NCZip Code
28247Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

19000.00

Transaction ID : BB5E9E218FFA442B39D5

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

21900.00

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

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. CASTLEBAR STRATEGIES, LLC

Mailing Address PO BOX 470561

City
CHARLOTTEState
NCZip Code
28247Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

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
1	2		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B80D380EAD15543BCB96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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).....▶

2500.00

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

55655.65

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

PAGE 15 OF 15

☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF TIM MOORE

Full Name (Last, First, Middle Initial)

A. TREFZGER, CHARLES, , ,

Mailing Address 29 37TH AVENUE NORTHWEST

City
HICKORYState
NCZip Code
28601-8019Purpose of Disbursement
REFUND: CONTRIBUTION REFUND

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B4BB596869E4047E39B7

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STARNES, BRYAN, , ,

Mailing Address 4486 WIKE RD

City
GRANITE FALLSState
NCZip Code
28630-8617Purpose of Disbursement
REFUND: CONTRIBUTION REFUND

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : BC33E36C51A9F46FD946

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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).....▶

2000.00

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

2000.00