

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 BLAKE MOORE FOR CONGRESS			
ADDRESS (number and street) 370 E SOUTH TEMPLE STE 580			
CITY SALT LAKE CITY	STATE UT	ZIP CODE 84111-1349	
2. NAME OF CANDIDATE MOORE, BLAKE, , ,		3. OFFICE SOUGHT (State and District) House UT 01	
		4. FEC IDENTIFICATION NUMBER C00738872	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME REHNERT, GEOFFREY, , ,		Name of Employer INFORMATION REQUESTED	
MAILING ADDRESS 101 HUNTINGTON AVE		Transaction ID : 6A954B152DDCF4C3	
CITY BOSTON	STATE MA	ZIP CODE 02199-7603	Occupation INFORMATION REQUESTED
B. FULL NAME PHARMACEUTICAL CARE MANAGEMENT ASSN POLITICAL ACTION COMMITTEE PCMA PAC		Name of Employer	
MAILING ADDRESS 325 7TH ST NW STE 900		Transaction ID : 69CB029C49DD64FC	
CITY WASHINGTON	STATE DC	ZIP CODE 20004-2840	Occupation
C. FULL NAME ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE		Name of Employer	
MAILING ADDRESS 2300 WILSON BLVD. SUITE 300		Transaction ID : 69F6BC64E729A41C	
CITY ARLINGTON	STATE VA	ZIP CODE 22201	Occupation
D. FULL NAME MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY PAC (MMPAC)		Name of Employer	
MAILING ADDRESS 1295 STATE ST		Transaction ID : 654950D0F7FA34427	
CITY SPRINGFIELD	STATE MA	ZIP CODE 01111-0001	Occupation
E. FULL NAME		Name of Employer	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	Occupation
SIGNATURE (optional) MARTIN, STEVEN, , ,		DATE 10/23/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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)