

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
SCOTTY MOORE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	2562.16	58626.66
(b) Total Contribution Refunds (from Line 20(d))	5100.00	5100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 2537.84	53526.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	52162.93	77340.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	18.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52162.93	77321.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SCOTTY MOORE FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	1800.00	54500.00
(ii) Unitemized	762.16	3126.66
(iii) TOTAL of contributions from individuals	2562.16	57626.66
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2562.16	58626.66
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	18.35
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).....	2562.16	58645.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52162.93	77340.08
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	5100.00	5100.00
(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)).....	5100.00	5100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	57262.93	82440.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54700.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2562.16
25. SUBTOTAL (add Line 23 and Line 24).....	57262.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57262.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 17	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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)
SCOTTY MOORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BALL, JOHN, , ,

Mailing Address 13306 LACEBARK PINE RD

City ORLANDO	State FL	Zip Code 32832-6577
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2023

Transaction ID : SA11A.2963

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BALL, JOHN, , ,

Mailing Address 13306 LACEBARK PINE RD

City ORLANDO	State FL	Zip Code 32832-6577
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2023

Transaction ID : SA11A.2975

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BALL, JOHN, , ,

Mailing Address 13306 LACEBARK PINE RD

City ORLANDO	State FL	Zip Code 32832-6577
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11A.2981

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 6 OF 17	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEBAILEY, CHARLOTTE, H., ,

Mailing Address 1202 JOHNS COVE LN

City OAKLAND	State FL	Zip Code 34787-8917
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer JEBAILEY & CO.	Occupation OWNER
------------------------------------	---------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2023

Transaction ID : SA11A.2973

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REGAN, KENNETH, P., MR.,

Mailing Address P.O. BOX 3145

City FARGO	State ND	Zip Code 58108-3145
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 12 / 2023

Transaction ID : SA11A.2957

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

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 Y

Amount of Each Receipt this Period

Memo Item

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

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

1500.00
1800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2023		
Mailing Address 1340 POYDRAS STREET STE 1770			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 4.25		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2394		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2023		
Mailing Address 1340 POYDRAS STREET STE 1770			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 2.65		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2395		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ANEDOT, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2023		
Mailing Address 1340 POYDRAS STREET STE 1770			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period 1.87		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2396		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8.77
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2023
Mailing Address 1340 POYDRAS STREET STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 8.25
Candidate Name		Transaction ID : SB17.I2397
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2023
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 100.00
Candidate Name		Transaction ID : SB17.I2388
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. OUTKRI DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2023
Mailing Address P.O. BOX 31375		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72260
Purpose of Disbursement DIGITAL CONSULTING		Amount of Each Disbursement this Period 10707.76
Candidate Name		Transaction ID : SB17.I2369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10816.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OUTKRI DIGITAL		Date of Disbursement
Mailing Address P.O. BOX 31375		M M / D D / Y Y Y Y 05 / 01 / 2023
City LITTLE ROCK	State AR	Zip Code 72260
Purpose of Disbursement DIGITAL CONSULTING	FEC Identification Number C	
Candidate Name	Amount of Each Disbursement this Period 6054.46	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I2381	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. OUTKRI DIGITAL		Date of Disbursement
Mailing Address P.O. BOX 31375		M M / D D / Y Y Y Y 06 / 06 / 2023
City LITTLE ROCK	State AR	Zip Code 72260
Purpose of Disbursement DIGITAL CONSULTING	FEC Identification Number C	
Candidate Name	Amount of Each Disbursement this Period 5414.46	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I2389	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 04 / 06 / 2023
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE SERVICES	FEC Identification Number C	
Candidate Name	Amount of Each Disbursement this Period 2077.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I2368	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	13545.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 04 / 12 / 2023
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE SERVICES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	2038.50
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I2371
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 05 / 16 / 2023
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE SERVICES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	2039.10
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I2387
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 06 / 27 / 2023
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE SERVICES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	1435.59
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I2399
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5513.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 4.25		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2372		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 4.25		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2373		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 8.25		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2374		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	16.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2023
Mailing Address P.O. BOX 26466		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 2.25
Candidate Name		Transaction ID : SB17.I2375
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2023
Mailing Address P.O. BOX 26466		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 7.45
Candidate Name		Transaction ID : SB17.I2376
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2023
Mailing Address P.O. BOX 26466		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 16.61
Candidate Name		Transaction ID : SB17.I2377
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	26.31
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2023
Mailing Address P.O. BOX 26466		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 2.25
Candidate Name		Transaction ID : SB17.I2378
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2023
Mailing Address P.O. BOX 26466		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 1.87
Candidate Name		Transaction ID : SB17.I2379
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2023
Mailing Address P.O. BOX 26466		FEC Identification Number C
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 4.25
Candidate Name		Transaction ID : SB17.I2382
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	8.37
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 8.25		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2383		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 8.25		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2384		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 42.50		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2385		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	59.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 1.87		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2386		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2023		
Mailing Address P.O. BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 1.87		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type	Transaction ID : SB17.I2398		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. REED & COMPANY LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2023		
Mailing Address 714 WEST SEVIER ST			FEC Identification Number C		
City BENTON	State AR	Zip Code 72015	Amount of Each Disbursement this Period 12320.20		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.I2370		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	12323.94
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REED & COMPANY LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2023		
Mailing Address 714 WEST SEVIER ST			FEC Identification Number C		
City BENTON	State AR	Zip Code 72015	Amount of Each Disbursement this Period 4690.45		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.I2380		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. REED & COMPANY LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2023		
Mailing Address 714 WEST SEVIER ST			FEC Identification Number C		
City BENTON	State AR	Zip Code 72015	Amount of Each Disbursement this Period 5154.22		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.I2390		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	9844.67
TOTAL This Period (last page this line number only).....▶	52162.93

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 17	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTTY MOORE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MCGREGOR, ELLEN, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2023	
Mailing Address 2916 PEACH TREE DRIVE			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58504	Amount of Each Disbursement this Period 1700.00	
Purpose of Disbursement REFUND		Candidate Name	Transaction ID : SB20A.I2393	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERAL	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) B. STROH, MARY BETH, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2023	
Mailing Address 8 7TH STREET N, APT 308			FEC Identification Number C	
City FARGO	State ND	Zip Code 58102	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement REFUND		Candidate Name	Transaction ID : SB20A.I2392	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERAL	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) C. STROH, TERRY, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2023	
Mailing Address 8 7TH STREET N, APT 308			FEC Identification Number C	
City FARGO	State ND	Zip Code 58102	Amount of Each Disbursement this Period 3300.00	
Purpose of Disbursement REFUND		Candidate Name	Transaction ID : SB20A.I2391	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERAL	Memo Item <input type="checkbox"/>
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	5100.00
TOTAL This Period (last page this line number only).....▶	5100.00