

# 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  
**MOORE FOR ALASKA**

ADDRESS (number and street) 2440 E TUDOR ROAD #1117  
 Check if different than previously reported. (ACC) ANCHORAGE AK 99507

2. **FEC IDENTIFICATION NUMBER** C C00520544 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
AK 00

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 through M M / D D / Y Y Y Y  
04 / 01 / 2012 through 06 / 30 / 2012

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 Carolyn H Covington  
Signature of Treasurer Carolyn H Covington *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MOORE FOR ALASKA**

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))....	2685.00	2685.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2685.00	2685.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11960.63	11960.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11960.63	11960.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9240.57	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	19542.69	

**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 12/2003)

Write or Type Committee Name

**MOORE FOR ALASKA**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1550.00	1550.00
(ii) Unitemized.....	1135.00	1135.00
(iii) TOTAL of contributions from individuals ▶	2685.00	2685.00
(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))..	2685.00	2685.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	18515.99	18515.99
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	18515.99	18515.99
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.21	0.21
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	21201.20	21201.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11960.63	11960.63
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 .....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11960.63	11960.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21201.20
25. SUBTOTAL (add Line 23 and Line 24).....	21201.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11960.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9240.57

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**MOORE FOR ALASKA**

**A.** Full Name (Last, First, Middle Initial)  
**Robin Brena**

Mailing Address 810 N. 8th St., STE 100

City Anchorage State AK Zip Code 99501

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

Name of Employer Brena, Bell & Clarkson Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SA11Al.4108**

Amount of Each Receipt this Period  
 500.00

AB04675061

**B.** Full Name (Last, First, Middle Initial)  
**Richard Garner**

Mailing Address 3001 Widgeon Ln, 8

City Anchorage State AK Zip Code 99509

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

Name of Employer Anchorage Fracture Occupation Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SA11Al.4106**

Amount of Each Receipt this Period  
 250.00

AB04659905

**C.** Full Name (Last, First, Middle Initial)  
**Don Jacks**

Mailing Address 3602 S Garland Rd.

City Enid State OK Zip Code 73703

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

Name of Employer On Point Resources Occupation Reservoir Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : SA11Al.4133**

Amount of Each Receipt this Period  
 300.00

1076

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

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

1050.00

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOORE FOR ALASKA**

**A.** Full Name (Last, First, Middle Initial)  
**Doug Luiten**

Mailing Address 4001 Laurel St. #208

City Anchorage State AK Zip Code 99508

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

Name of Employer Self Occupation Endodontist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  
 250.00  
 3476

**B.** Full Name (Last, First, Middle Initial)  
**Davis Peterson**

Mailing Address 9641 Arlene Dr

City Anchorage State AK Zip Code 99502-1636

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

Name of Employer AFOC Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
 250.00  
 6796

**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

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

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

500.00

1550.00

**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 7 OF 18
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOORE FOR ALASKA**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Edward Moore**

Mailing Address 7035 Tulugak Circle

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C H2AK00101**

Name of Employer Medical Practice Solutions Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012

**Transaction ID : SA13A.4207**

Amount of Each Receipt this Period  
10000.00

Opening Loan

**B.** Full Name (Last, First, Middle Initial)  
**Matthew Edward Moore**

Mailing Address 7035 Tulugak Circle

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C H2AK00101**

Name of Employer Medical Practice Solutions Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : SA13A.4210**

Amount of Each Receipt this Period  
300.00

AK Dem Convention Fee

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Edward Moore**

Mailing Address 7035 Tulugak Circle

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C H2AK00101**

Name of Employer Medical Practice Solutions Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10515.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012

**Transaction ID : SA13A.4249**

Amount of Each Receipt this Period  
215.99

Advance for postage

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

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

10515.99

**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 8 OF 18
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOORE FOR ALASKA**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Edward Moore**

Mailing Address 7035 Tulugak Circle

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C H2AK00101**

Name of Employer Medical Practice Solutions Occupation Owner

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**13515.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA13A.4208**

Amount of Each Receipt this Period  
**3000.00**

Coordinated Campaign Fee

**B.** Full Name (Last, First, Middle Initial)  
**Matthew Edward Moore**

Mailing Address 7035 Tulugak Circle

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C H2AK00101**

Name of Employer Medical Practice Solutions Occupation Owner

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**18515.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2012**

**Transaction ID : SA13A.4211**

Amount of Each Receipt this Period  
**5000.00**

Loan from Candidate

**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

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

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

**8000.00**

**18515.99**



**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 18
	<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)  
**MOORE FOR ALASKA**

Full Name (Last, First, Middle Initial) <b>A. ALASKA DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 2602 FAIRBANKS ST		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4186</b>
City ANCHORAGE State AK Zip Code 99503	Purpose of Disbursement AK Democratic State Convention Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALASKA DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 2602 FAIRBANKS ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4176</b>
City ANCHORAGE State AK Zip Code 99503	Purpose of Disbursement Coordinated Campaign Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Computer Lizards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1500 Norene Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4221</b>
City Anchorage State AK Zip Code 99508	Purpose of Disbursement Website Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3800.00
<b>TOTAL</b> 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 18	
	<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)  
**MOORE FOR ALASKA**

Full Name (Last, First, Middle Initial) <b>A. Donn's Debits and Credits</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 16260 Jan Circle		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4162</b>
City Palmer State AK Zip Code 99645	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Donn's Debits and Credits</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 16260 Jan Circle		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4157</b>
City Palmer State AK Zip Code 99645	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. David Metheny</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 2914 Dartmouth Drive		Amount of Each Disbursement this Period 1511.57 <b>Transaction ID : SB17.4142</b>
City Anchorage State AK Zip Code 99508	Purpose of Disbursement Payroll PPE 04/30/2012 Candidate Name Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2111.57
<b>TOTAL</b> 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 18			
	<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)  
**MOORE FOR ALASKA**

Full Name (Last, First, Middle Initial) <b>A. David Metheny</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012	
Mailing Address 2914 Dartmouth Drive			Amount of Each Disbursement this Period 1511.58	
City Anchorage	State AK	Zip Code 99508	Transaction ID : SB17.4153	
Purpose of Disbursement Payroll PPE 05/15/12		001 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. David Metheny</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012	
Mailing Address 2914 Dartmouth Drive			Amount of Each Disbursement this Period 1511.57	
City Anchorage	State AK	Zip Code 99508	Transaction ID : SB17.4152	
Purpose of Disbursement Payroll PPE 05/31/2012		001 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. David Metheny</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012	
Mailing Address 2914 Dartmouth Drive			Amount of Each Disbursement this Period 1511.58	
City Anchorage	State AK	Zip Code 99508	Transaction ID : SB17.4140	
Purpose of Disbursement Payroll PPE 06/15/2012		001 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4534.73
<b>TOTAL</b> 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 18	
	<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)  
**MOORE FOR ALASKA**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2012
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 721.50
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Payroll Tax Deposit	Category/Type 001	<b>Transaction ID : SB17.4228</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	721.50
<b>TOTAL</b> This Period (last page this line number only).....	11167.80

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **MOORE FOR ALASKA** Transaction ID : **SC/10.4207**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Matthew Edward Moore**  Primary  
 Mailing Address 7035 Tulugak Circle  General  
 Other (specify) ▼

City State ZIP Code  
 Anchorage AK 99507

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 23 / 2012 M M / D D / 11/6/2012 Y Y / Y Y / Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 10000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**MOORE FOR ALASKA**

Transaction ID : **SC/10.4210**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**Matthew Edward Moore**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
7035 Tulugak Circle

City State ZIP Code  
Anchorage AK 99507

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
300.00 0.00 300.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
05 / 11 / 2012 M M / D D / 11/6/2012 Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 300.00

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MOORE FOR ALASKA** Transaction ID : **SC/10.4249**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Matthew Edward Moore**  Primary  
 Mailing Address 7035 Tulugak Circle  General  
 Other (specify) ▼

City State ZIP Code  
 Anchorage AK 99507

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
215.99	0.00	215.99

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 215.99  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **MOORE FOR ALASKA** Transaction ID : **SC/10.4208**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Matthew Edward Moore** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
7035 Tulugak Circle

City Anchorage State AK ZIP Code 99507

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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**TERMS**

Date Incurred: M 06 / D 21 / Y 2012 Date Due: M / D / Y 11/06/2012 Interest Rate: 0.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 3000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **MOORE FOR ALASKA** Transaction ID : **SC/10.4211**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Matthew Edward Moore**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
7035 Tulugak Circle

City State ZIP Code  
Anchorage AK 99507

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred: M 06 / D 25 / Y 2012  
Date Due: M / D / Y 11/6/2012  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	18515.99

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**MOORE FOR ALASKA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Alaska Department of Labor</b>		Nature of Debt (Purpose): State Unemployment Tax
Mailing Address PO Box 115509		
City	State	Zip Code
Juneau	AK	99811

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4246</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="263.20"/>	<input type="text" value="0.00"/>	<input type="text" value="263.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>United States Treasury</b>		Nature of Debt (Purpose): June Payroll Taxes
Mailing Address 1500 Pennsylvania Avenue, NW		
City	State	Zip Code
Washington	DC	20220

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4244</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="721.50"/>	<input type="text" value="0.00"/>	<input type="text" value="721.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>United States Treasury</b>		Nature of Debt (Purpose): 940 FUTA Payroll Tax
Mailing Address 1500 Pennsylvania Avenue, NW		
City	State	Zip Code
Washington	DC	20220

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4248</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="42.00"/>	<input type="text" value="0.00"/>	<input type="text" value="42.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1026.70"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="1026.70"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="18515.99"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="19542.69"/>