

# 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 RD

PMB 1117

Check if different than previously reported. (ACC)

ANCHORAGE

AK

99507

2. FEC IDENTIFICATION NUMBER ▼

C C00520544

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AK

01

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

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 MICHELE VASQUEZ

Signature of Treasurer

MICHELE VASQUEZ

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Moore for Alaska**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	3741.50	3741.50
(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)).....	3741.50	3741.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	10376.95	10376.95
(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)).....	10376.95	10376.95
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	2372.55	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	12100.00	

**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 12/2003)

Write or Type Committee Name

**Moore for Alaska**

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	1800.00
(ii) Unitemized.....	1941.50	1941.50
(iii) TOTAL of contributions from individuals ▶	3741.50	3741.50
(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))..	3741.50	3741.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	12000.00	12000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	12000.00	12000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	8.00	8.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15749.50	15749.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10376.95	10376.95
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 .....	3000.00	3000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13376.95	13376.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15749.50
25. SUBTOTAL (add Line 23 and Line 24).....	15749.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13376.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2372.55

**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 32
	<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)  
**Chancy Croft**

Mailing Address 738 H St

City Anchorage State AK Zip Code 99501-3401

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

Name of Employer Croft Law Office- Self Employed Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2013

**Transaction ID : VN8V1B457W3**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Talbot**

Mailing Address 9750 Chenega Dr

City Anchorage State AK Zip Code 99507-1281

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

Name of Employer None Occupation Retired

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2013

**Transaction ID : VN8V1B458N8**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Kullberg**

Mailing Address PO Box 210108

City Anchorage State AK Zip Code 99521-0108

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2013

**Transaction ID : VN8V1APMQV9**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 32
	<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)  
**R Garner**

Mailing Address 7201 E Chester Heights Cir

City Anchorage State AK Zip Code 99504-3563

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

Name of Employer AFOC Occupation Medical

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2013

**Transaction ID : VN8V1APY9W6**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Neeno**

Mailing Address PO Box 90737

City Anchorage State AK Zip Code 99509-0737

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

Name of Employer Self Employed Occupation BUSINESS CONSULTANT

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8V1B459Y2**

Amount of Each Receipt this Period  
 500.00

**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).....

800.00

1800.00

**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 32
	<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)  
**Matt Moore**

Mailing Address 7035 Tulugak Cir

City Anchorage State AK Zip Code 99507-1264

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

Name of Employer Medical Practice Solutions Occupation BUSINESS CONSULTANT

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2013

**Transaction ID : VN8V1B45B92**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 7035 Tulugak Cir

City Anchorage State AK Zip Code 99507-1264

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

Name of Employer Medical Practice Solutions Occupation BUSINESS CONSULTANT

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : VN8V1B45B50**

Amount of Each Receipt this Period  
 6000.00

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

Mailing Address 7035 Tulugak Cir

City Anchorage State AK Zip Code 99507-1264

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

Name of Employer Medical Practice Solutions Occupation BUSINESS CONSULTANT

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : VN8V1B45AW9**

Amount of Each Receipt this Period  
 5000.00

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

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

12000.00

12000.00

**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 8 OF 32	
	<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 07 / 08 / 2013
Mailing Address 2602 Fairbanks St		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7VS9MA197</b>
City Anchorage State AK Zip Code 99503-2824	Purpose of Disbursement Database Access Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Check # 100

Full Name (Last, First, Middle Initial) <b>B. DELUXE CHECKING</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013
Mailing Address 3680 Victoria St N		Amount of Each Disbursement this Period 275.99 <b>Transaction ID : VN7VS9MA1B3</b>
City Shoreview State MN Zip Code 55126-2906	Purpose of Disbursement Supply Purchase Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Paid with Campaign Debit Card

Full Name (Last, First, Middle Initial) <b>c. Lori Carson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 2221 Muldoon Rd Spc 68		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7VS9KMEN5</b>
City Anchorage State AK Zip Code 99504-3630	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Paid Check# 2501

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3275.99
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMEN5

Salary payment

Form/Schedule:

Transaction ID:

**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 32	
	<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. PROFESSIONAL LEGAL COPY</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2013
Mailing Address 921 W 6th Ave Ste 100		Amount of Each Disbursement this Period 417.00 <b>Transaction ID : VN7VS9MA1J9</b>
City Anchorage State AK Zip Code 99501-2029	Purpose of Disbursement RACK CARDS Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Campaign Debit Card Purchase

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2013
Mailing Address		Amount of Each Disbursement this Period 204.00 <b>Transaction ID : VN7VS9KMDJ1</b>
City Anchorage State AK Zip Code 99508	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Campaign Debit Card Purchase

Full Name (Last, First, Middle Initial) <b>C. MATT Moore</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address 7035 Tulugak Circle		Amount of Each Disbursement this Period 174.95 <b>Transaction ID : VN7VS9KMET5</b>
City Anchorage State AK Zip Code 99507	Purpose of Disbursement Refund for AT&T Expense for Phone Bank Candidate Name MATT Moore Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AK District:	Check # 2511

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	795.95
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMDJ1

Stamps

Form/Schedule: SB17

Transaction ID: VN7VS9KMET5

Initial Phones for Phone Banking

**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 32	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Moore for Alaska**

Full Name (Last, First, Middle Initial) <b>A. VANTAGEPOINT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 1120 Huffman Rd # 24-490		Amount of Each Disbursement this Period 142.51 <b>Transaction ID : VN7VS9KMDA8</b>
City Anchorage State AK Zip Code 99515-3516	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VANTAGEPOINT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 1120 Huffman Rd # 24-490		Amount of Each Disbursement this Period 8.73 <b>Transaction ID : VN7VS9KMDB6</b>
City Anchorage State AK Zip Code 99515-3516	Purpose of Disbursement 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage Reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VANTAGEPOINT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 1120 Huffman Rd # 24-490		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VN7VS9KMDC4</b>
City Anchorage State AK Zip Code 99515-3516	Purpose of Disbursement Refund Travel Expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	351.24
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMDA8

Reimbursable Expenses Check # 2506

Form/Schedule: SB17

Transaction ID: VN7VS9KMDB6

Postage paid ck # 2506

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMDC4

Paid Check # 2506

Form/Schedule:

Transaction ID:

**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 32			
	<input checked="" type="checkbox"/> 17 <input 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)  
**Moore for Alaska**

Full Name (Last, First, Middle Initial) <b>A. NGP-VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2600.00
City Washington	State DC	Zip Code 20005-5006
Purpose of Disbursement Database	Category/Type 001	
Candidate Name	Transaction ID : VN7VS9KMDF7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Paid with Campaign Debit Card
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chris Schutte</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 4301 Ambler Cir		Amount of Each Disbursement this Period 385.00
City Anchorage	State AK	Zip Code 99504-4698
Purpose of Disbursement Graphic Design	Category/Type 001	
Candidate Name	Transaction ID : VN7VS9KMD82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lori Carson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address 2221 Muldoon Rd Spc 68		Amount of Each Disbursement this Period 1500.00
City Anchorage	State AK	Zip Code 99504-3630
Purpose of Disbursement Salary September 2013	Category/Type 001	
Candidate Name	Transaction ID : VN7VS9KMEP3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4485.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMD7

Paid 9/5/2013

Form/Schedule: SB17

Transaction ID: VN7VS9KMD82

Logo Update, Letter Design, Yard Sign, Rack Card Update



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMEP3

Check # 2504

Form/Schedule:

Transaction ID:

**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 18 OF 32	
	<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. Lori Carson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address 2221 Muldoon Rd Spc 68		Amount of Each Disbursement this Period 50.90
City Anchorage	State AK	
Zip Code 99504-3630	Purpose of Disbursement Refund Supplies Expenditure	<b>Transaction ID : VN7VS9KMEQ1</b>
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Check # 2504
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATT Moore</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address 7035 Tulugak Circle		Amount of Each Disbursement this Period 54.36
City Anchorage	State AK	
Zip Code 99507	Purpose of Disbursement REFUND EXPENSE	<b>Transaction ID : VN7VS9KMER9</b>
Candidate Name MATT Moore	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CHECK # 2513
State: AK District:		

Full Name (Last, First, Middle Initial) <b>c. Michele Vasquez</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address PO Box 1150		Amount of Each Disbursement this Period 500.00
City Kenai	State AK	
Zip Code 99611-1150	Purpose of Disbursement Treasurer	<b>Transaction ID : VN7VS9KMDG5</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PIF Check # 2514
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	605.26
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMEQ1

Phone Bank Food, Table Covers

Form/Schedule: SB17

Transaction ID: VN7VS9KMER9

SAM'S CLUB PURCHASE FOOD REFUND FOR FAIRBANKS MEET AND GREET

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9KMDG5

Invoice #1 Paid In Full

Form/Schedule:

Transaction ID:

**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 21 OF 32	
	<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. FACEBOOK ADVERTISING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 156 University Ave		Amount of Each Disbursement this Period 250.18
City Palo Alto	State CA Zip Code 94301-1688	
Purpose of Disbursement Advertising	Category/Type 004	<b>Transaction ID : VN7VS9MA1G3</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Campaign Debit Card Payment
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PROFESSIONAL LEGAL COPY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 921 W 6th Ave Ste 100		Amount of Each Disbursement this Period 52.50
City Anchorage	State AK Zip Code 99501-2029	
Purpose of Disbursement Printing	Category/Type 004	<b>Transaction ID : VN7VS9MA1H1</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CAMPAIGN DEBIT CARD PAYMENT
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).....	302.68
<b>TOTAL</b> This Period (last page this line number only).....	9816.12

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7VS9MA1G3

FACEBOOK AD PAYMENT

Form/Schedule:

Transaction ID:

**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 23 OF 32	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Moore for Alaska**

Full Name (Last, First, Middle Initial) <b>A. VANTAGEPOINT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 1120 Huffman Rd # 24-490		Amount of Each Disbursement this Period 3000.00
City Anchorage	State AK Zip Code 99515-3516	
Purpose of Disbursement Management	Category/Type 001	<b>Transaction ID : VN7VS9KMD90</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Statement #1
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).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21

Transaction ID : VN7VS9KMD90

Management August 2013. Check #2505

Form/Schedule:

Transaction ID:



# 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 : VN8V1B45AQ0L

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

**Matt Moore**

[PERSONAL FUNDS]

Election: 2013

Primary  
 General  
 Other (specify) ▼

Mailing Address  
7035 Tulugak Cir

City State ZIP Code  
Anchorage AK 99507-1264

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100.00 0.00 100.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (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)..... ▶ 100.00

**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VN8V1B45AQ0L

Filing Fee -AK Division of Elections Candidate Loan

Form/Schedule:

Transaction ID:

# 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 : VN8V1B45B92L

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

**Matt Moore**

[PERSONAL FUNDS]

Election: 2013

Primary  
 General  
 Other (specify) ▼

Mailing Address  
7035 Tulugak Cir

City State ZIP Code  
Anchorage AK 99507-1264

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000.00 0.00 1000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 07 / D 05 / Y 2013 M M / D D / Y none % (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)..... ▶ 1000.00

**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VN8V1B45B92L

CANDIDATE LOAN TO CAMPAIGN

Form/Schedule:

Transaction ID:

**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 : **VN8V1B45B50L**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Matt Moore**

**[PERSONAL FUNDS]**

Election: 2013

Primary  
 General  
 Other (specify) ▼

Mailing Address  
7035 Tulugak Cir

City State ZIP Code  
Anchorage AK 99507-1264

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
6000.00 0.00 6000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
08 / 19 / 2013 none % (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)..... ▶ 6000.00

**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.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VN8V1B45B50L

CANDIDATE LOAN TO CAMPAIGN

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) **Moore for Alaska** Transaction ID : VN8V1B45AW9L

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2013  
**Matt Moore**  Primary  
 Mailing Address 7035 Tulugak Cir General  
 Other (specify) ▼

City State ZIP Code  
 Anchorage AK 99507-1264

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

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 09 / 09 / 2013 M M / D D / Y Y Y Y none % (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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	12100.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : VN8V1B45AW9L

Candidate Loan to Campaign

Form/Schedule:

Transaction ID: