Matt MOORE

2440 East Tudor Road, Suite 1117
Anchorage, AK 99507

907.980.7707

matt@mooreforalaska.com
www.mooreforalaska.com

RECEIVED
FEDERAL ELECTION COMMISSION
2012 JUL 20 AM 11:45
OFFICE OF GENERAL COUNSEL

13044334725

7/12/2012

FEC
999 E. Street N.W.
Washington, DC 20463

To Whom It May Concern:

I am replying to complaint, **MUR# 6602**.

I will address each issue of the complaint and have included paperwork as evidence to support my answers. Please see attached FEC forms #1 and #2. These render issues #1-#7 of the complaint moot. Issue # 8 is supported by filed FEC reports.

First Complaint Item: Alleged my candidacy paperwork was not filed with the state of Alaska until 5/11/2012.

Please see attached "STATE OF ALASKA DECLARATION OF CANDIDACY U.S. CONGRESS." The copy I have enclosed is stamped as received May 9, 2012 and certified by the Notary Public employed by the Alaska Division of Elections.

Second Complaint Item: Matt Moore had not filed with the IRS as of May 11th, etc.

Please see attached IRS form SS-4. Line 11, Date Business started or acquired is 4/20/2012 and corresponds to the date of Application for Employer Identification Number.

Third Complaint Item: Matt Moore has not registered with the FEC. Matt Moore did not file his FEC for last quarter.

Please see attached FEC Form 1, "Statement of Organization" completed on 4/26/2012, mailed on 4/27/2012. This was stamped as received by the FEC Mail Center 5/4/2012 @ 11:32 am.

Please see attached FEC Form 2, "Statement of Candidacy" completed on 4/19/2012 and received by the FEC Mail Center 4/26/2012 at 11:23 am.

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Fourth Complaint Item: Matt Moore has not filed with the House of Representatives and has no candidate ID Number. Please note that my candidate ID # was issued 5/5/2012.

Fifth Complaint Item: Matt Moore was receiving donations prior to his filing date by at least 60 days. When he was at the Mat Su Dem Event in February 2012, he was asking and receiving donations.

Please note I did not attend any Mat-Su Democratic event in February 2012. I did attend the Egan Dinner hosted by the Mat-Su Democrats on March 16, 2012 at Turkey Red's restaurant in Palmer, Alaska. I did not solicit nor accept donations. I introduced myself, and then announced it was my "intention" to run against Don Young for Congress.

Sixth Complaint Item: Matt Moore placed a full page color ad, page 2, in the Alaska Democratic State Convention event booklet. The convention was held May 11th-May 13th, 2012. The complaint speculates that the ad was printed at least 2 weeks prior to May 11, 2012. The complaint further elaborates that the ad wes "a very expansive and expensive ad that was place prior to his filing date."

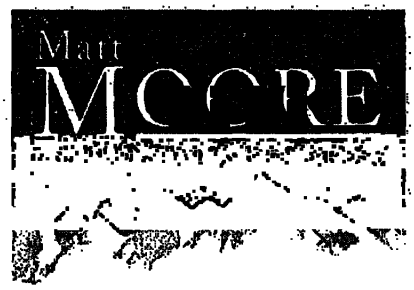
My campaign inquired and placed an ad in the event booklet. It was a full page color ad that was 8.5" x11". I placed the ad only a few days before the convention. Please see attachment of the cc receipt. Please refer to the attachment of the print ad order.

Seventh Complaint Item: Campaign signage, contribution envelopes, buttons, etc. were designed and produced prior to his filing date. Correct, my campaign manager did contact a graphic artist prior to May 9th, 2012

Eighth Complaint Item: Matt Moore deliberately withheld reporting contributions to his campaign.

This is a false accusation. At no time did I deliberately nor willfully withhold contribution information. Please refer to my FEC filing for donations and expenditures.

Please contact me directly if there are any other questions you may have regarding complaint **MUR#6602.**



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Anchorage, AK 99507

907.980.7707

matt@mooreforalaska.com
www.mooreforalaska.com

Sincerely,

Matt Moore
Candidate, US House of Representatives

1304433 4727

Paid for by Moore for Alaska • 2440 East Tudor Road, Suite 1117 • Anchorage, AK 99507

RECEIVED
FEDERAL ELECTION COMMISSION

RECEIVED
MAY 09 2012

STATE OF ALASKA DECLARATION OF CANDIDACY
U.S. CONGRESS

Please check: ✓ My $100 filing fee accompanies this Declaration of Candidacy

Please check: ✓ I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St. NW, Washington, DC 20463.

2012 MAY 20 AM 11:15

Region II

GENERAL INFORMATION (Please print or type)

I, MATT MOORE, am a qualified voter as required by law and declare myself to be a resident of Alaska and a candidate for the office of (check one):

____ UNITED STATES SENATOR - or - ✓ UNITED STATES REPRESENTATIVE

I am registered under and am a candidate of the Democratic political party. I request that my name be placed on the 2012 Primary Election ballot.

RESIDENCY INFORMATION

My current Alaska residence address is: 7035 TULUGAK CIRCLE (Use street, mile post, or other physical location description) ANCHORAGE (City) AK 99507 (Zip)

I have lived at this address since 06/01/1999 (MM/DD/YY) I have been a resident of Alaska since 06/01/1987 (MM/DD/YY)

My mailing address: 7035 TULUGAK CIRCLE (Mailing Address) ANCHORAGE (City) AK (State) 99507 (Zip)

Mailing address and phone number for correspondence and the Division of Elections' web site listing:

2440 E. TUDOR Rd. #117 (Official Candidate Mailing Address) ANCHORAGE (City) AK (State) 99507 (Zip) 907 980-7707 (Phone)

I request that my name appear on the ballot in the following manner:

MOORE (Last Name) MATT (First Name) ____ (MI) ____ (*Nickname and/or Suffix)

*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

CERTIFICATION

I, the undersigned, certify that the information in this *Declaration of Candidacy*, required by AS 15.25.030, is true and complete, and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if elected. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the election.

Subscribed and sworn to before me this 9 day of May 2012

Rachel Clary (Signature of Notary Public)

My commission expires: w/office

Official Seal
State of Alaska
Notary Public
Rachel Clary

(Candidate's Signature)

(Home Phone) (907) 360-8905 (Work Phone)

To assist staff in verifying candidate/voter identification, please provide one of the following: SSN, ADL, Voter # or DOB 639623 ADL

Privacy Disclaimer

Unless otherwise made confidential or protected from disclosure by law, information provided on this form may be subject to disclosure under the Alaska Public Records Act (AS 40.25.100—40.25.295). Failure to provide requested personal information may result in the Division's inability to process relevant portions of this form. Requested information will be used only for purposes directly associated with the processing of this form. For information on how to challenge the accuracy or completeness of personal information maintained by the Division, please send the Division a written request that the personal information be changed. The request must comply with AS 40.25.310 and be sent to the Division of Elections at the following address: Division of Elections, Director's Office, PO Box 110017, Juneau, AK 99811-0017.

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Form **SS-4**
(Rev. January 2010)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Moore for Alaska

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
2440 East Tudor Road, #1117

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Anchorage, Alaska 99507

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
Municipality of Anchorage, Alaska

7a Name of responsible party
Matthew Edward Moore

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☑ No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ section 527 organization
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 Reason for applying (check only one box)

- ☑ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.
04/20/2012

12 Closing month of accounting year: December

13 Highest number of employees expected in the next 12 months (enter -0- if none).
If no employees expected, skip line 14.

Agricultural	Household	Other
		5 campaign manage.

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

16 Check one box that best describes the principal activity of your business.
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☑ Other (specify) political campaign

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☑ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( )

Address and ZIP code — Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ▶ — Applicant's telephone number (include area code) ( )

Signature ▶ Date ▶ — Applicant's fax number (include area code) ( )

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form **SS-4** (Rev. 1-2010)

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FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED

2012 APR 26 AM 11:23

FEC MAIL CENTER

1. (a) Name of Candidate (in full): MATTHEW EDWARD MOORE

(b) Address (number and street) ☐ Check if address changed: 7035 TULUGAK CIRCLE

(c) City, State, and ZIP Code: ANCHORAGE, AK 99507

2. Candidate's FEC Identification Number:

3. Is This Statement: ☒ New (N) OR ☐ Amended (A)

4. Party Affiliation: DEMOCRAT

5. Office Sought: HOUSE REPRESENTATIVE

6. State & District of Candidate: ALASKA

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full): MOORE FOR ALASKA

(b) Address (number and street): 2440 E. TUDOR RD. #1117

(c) City, State, and ZIP Code: ANCHORAGE, AK 99507

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full):

(b) Address (number and street):

(c) City, State, and ZIP Code:

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate: [signature] Date: 4-19-2012

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

FEC FORM 2 (REV. 02/2009)

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Federal Election Commission
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☑ USPS Priority Mail	Postmarked 4/19/12
Delivery Confirmation™ or Signature Confirmation™ Label	☑
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	4/26/12 DATE PREPARED

(3/2005)

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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2012 MAY -4 AM 11:32
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Moore for Alaska

ADDRESS (number and street) 2440 E Tudor Road #1117

☐ (Check if address is changed)

Anchorage | AK | 99507

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) management@mooreforalaska.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) www.mooreforalaska.com

2. DATE 04 14 2012

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carolyn Covington

Signature of Treasurer Carolyn Covington Date 04 26 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Matthew E Moore

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: AK

District: [ ]

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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Write or Type Committee Name

Moore for Alaska

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: Julie R Donn

Mailing Address: 16260 E Jan Circle

Palmer AK 99645

CITY STATE ZIP CODE

Title or Position: Bookkeeper

Telephone number: 907 - 746 - 5930

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Carolyn H Covington

Mailing Address: 3350 N Clark Wolverine Road

Palmer AK 99645

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 907 - 745 - 3365

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12030802361

Full Name of Designated Agent: Julie R Donn

Mailing Address: 16260 E Jan Circle

Palmer | AK | 99645 -

CITY | STATE | ZIP CODE

Title or Position: Assistant Treasurer

Telephone number: 907 - 746 - 5930

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: Wells Fargo Bank, NA

Mailing Address: PO Box 196127

Anchorage | AK | 99519 -

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.:

Mailing Address:

CITY | STATE | ZIP CODE

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1304433347 36

12030802363

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Next Business Day Delivery	☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	5/4/12 DATE PREPARED

(3/2005)