

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

Period covered: January 1, 2012, September 19, 2013

For use by candidates and new employees

SEP 18 2013

LEGISLATIVE RESOURCE CENTER

Page 1 of 6

2013 SEP 27 PM 1:58

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: MATTHEW E. MOORE Daytime Telephone: _____

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>ALASKA</u> District: <u>AT-LARGE</u>	Date of Election: <u>2014</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 3 of 6

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Matthew Moore

Page 4 of 6

This page may be copied if more space is required.

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Matthew Moore

Page 5 of 6

BLOCK A		BLOCK B											BLOCK C				BLOCK D											
Asset and/or Income Source		Value of Asset											Type of Income				Amount of Income											
SP, JT, DC		A None	C \$1,001 - \$15,000	E \$50,001 - \$100,000	G \$250,001 - \$500,000	I \$1,000,001 - \$5,000,000	K \$25,000,001 - \$50,000,000	M Spouse/DC Asset over \$1,000,000*	Dividends	Interest	Excepted/Blind Trust	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	Current Year						Preceding Year									
												II \$1 - \$200	IV \$1,001 - \$2,500	VI \$5,001 - \$15,000	VIII \$50,001 - \$100,000	X \$1,000,001 - \$5,000,000	XI Over \$5,000,000	XII Spouse/DC Income over \$1,000,000*	II \$1 - \$200	IV \$1,001 - \$2,500	VI \$5,001 - \$15,000	VIII \$50,001 - \$100,000	X \$1,000,001 - \$5,000,000	XI Over \$5,000,000	XII Spouse/DC Income over \$1,000,000*			
	AKUSA FCU Accts		X										X							X								
	Elva 1-31		X											X														
	Hackworth 1-31		X																									
	Sophia 2-32		X																									
	J.C. AKERS																											
	MPS, LLC																											
SP	ANKM Inc. Accts																											
SP	ANKM Inc. And AK																											
	UCI		X																									
	BND		X																									
	VWO																											
	VEA																											
	VNA		X																									
DC	AKUSA FCU		X																									

Continuation Sheet (if needed)

Page 2 of 5

[illegible]