

**ALASKA PUBLIC OFFICES COMMISSION**

**2016 Public Official Financial Disclosure**

Covering Jan. 1– Dec. 31, 2015

Clerk Received Date

APOC Received Date

**POFD for Municipal Officers and Candidates**

**You may file this paper POFD if you are a municipal officer or municipal candidate and serving or seeking office in a municipality with a population less than 15,000.**

**All other filers must file electronically via myAlaska: <https://my.alaska.gov/>**

**Contact APOC**

Anchorage: 2221 E. Northern Lights Blvd., Room 128, Anchorage, AK 99508 / 907-276-4176 / Fax 907-276-7018. Juneau: 240 Main St., Room 500 / P.O. Box 110222, Juneau, AK 99811 / 907-465-4864 / Fax 907-465-4832. Toll-free in-state: 800-478-4176 Online: <http://doa.alaska.gov/apoc/> E-mail: [doa.apoc@alaska.gov](mailto:doa.apoc@alaska.gov)

This document is public– Do not include information such as social security or account numbers.

If you have nothing to report in a section, check NONE. Attach additional pages where needed.

**Filing as Municipal:**  Office Holder  Candidate

**Candidate POFD:** Due when filing declaration of candidacy or nominating petition.

**Initial POFD:** Due 30 days from appointment.

**Annual POFD:** Due by March 15 each year after appointment.

**Final POFD:** Due 90 days after leaving office (Include information not reported on previous POFDs).

**Municipality:** \_\_\_\_\_

**Position:**  Borough/City Mayor  Assembly member  Councilmember  School Board Member

Elected Utility Board Member  Borough/City Manager  Planning or Zoning Commission

**NAME:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**NUMBER OF DEPENDENT CHILDREN:** \_\_\_\_\_

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**SALARIED EMPLOYMENT**

**NONE:**

Income is anything of value and covers all forms of compensation or benefits from an employer including wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation. Report each employer who paid you, your spouse, or children more than \$1,000. Include amount, dates and terms of employment, and time worked.  
**Amounts of income may be stated in these ranges:** (1) \$250 -\$1,000 gifts only; (2) \$1,000-\$2,000; (3) \$2,000 -\$5,000; (4) \$5,000 -\$10,000; (5) \$10,000 -\$20,000; (6) \$20,000-\$50,000; (7) \$50,000-\$100,000; (8) \$100,000 -\$200,000; (9) \$200,000-\$500,000; (10)\$500,000 -\$1,000,000; (11) \$1,000,000 plus.

Earned By:  Filer  Spouse  Child

Full-time  Part-time  Seasonal  Commission  Project  Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Earned By:  Filer  Spouse  Child

Full-time  Part-time  Seasonal  Commission  Project  Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Earned By:  Filer  Spouse  Child

Full-time  Part-time  Seasonal  Commission  Project  Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

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**SELF-EMPLOYMENT**

**NONE:**

List each source of self-employment income over \$1,000. See AS 39.50.200(10), source of income, 2 AAC 50.799(a), definition of self-employment, 2 AAC 50.695, reporting deferred income; and 2 AAC 50.700 for details. Disclose each client, customer or business that paid you and/or your family members more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies and professional corporations. Disclose income from corporations in which the filer and/or family members, hold a controlling interest (2 AAC 50.700(b)). **Exemptions:** To obtain an exemption you must file a written request and receive an exemption from the commission (2 AAC 50.775, 2 AAC 50.821).

Earned By:  Filer  Spouse  Child

Full-time  Part-time  Seasonal  Commission  Project  Hourly

Income Amount: \$ \_\_\_\_\_

Dates worked: \_\_\_\_\_ Amount of time worked: \_\_\_\_\_

Business name: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Description of services: \_\_\_\_\_

Earned By:  Filer  Spouse  Child

Full-time  Part-time  Seasonal  Commission  Project  Hourly

Income Amount: \$ \_\_\_\_\_

Dates worked: \_\_\_\_\_ Amount of time worked: \_\_\_\_\_

Business name: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Description of services: \_\_\_\_\_

**RENTAL INCOME**

**NONE:**

If any person paid you and/or your family members more than \$1,000 in rent during the preceding calendar year, report the name of the person and amount paid. If the property is managed by a person other than the filer or a family member, list the manager's name. Disclose the location of the property under Real Property Interests.

OWNER:	TENANT NAMES	AMOUNT
<input type="checkbox"/> Filer		
<input type="checkbox"/> Spouse		
<input type="checkbox"/> Child		
<input type="checkbox"/> Co-owners		

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**DIVIDENDS and INTERESTS**

NONE:

If more than \$1,000, disclose dividends, interest and other distributions of earnings from a business or investment. Include dividends or interest from bank accounts, capital gains, money market accounts, certificates of deposit, and Native corporation dividends. PFDs are only applicable if more than \$1,000.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

**OTHER INCOME**

NONE:

List source and amount of income over \$1,000 not listed elsewhere on this form, including sale of goods or property, taxable capital gains, pensions, retirement cash-outs, government entitlements, alimony or child support payments, honoraria and any other payments not otherwise accounted for.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

**GIFTS WORTH MORE THAN \$250**

NONE:

Include travel expenses, discounts not available to the public, loans forgiven or paid by a third party. Do not report gifts from spouse, domestic partner, parent, dependent child, sibling, grandparent, aunt, uncle, niece or nephew.

RECIPIENT	DESCRIPTION	SOURCE	VALUE
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			

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**BUSINESS INTERESTS**

**NONE:**

Report businesses in which the filer or family member: 1) Served as stockholder, owner, officer, director, partner, proprietor, employee, or held an interest. 2) Had ownership interests of more than \$1,000 in a publicly traded corporation, a business, shares in non-publicly traded corporations, sole proprietorships, or limited liability companies. Include options to buy, non-profit organizations, corporations, businesses, associations, and trade groups.

Filer  Spouse  Child Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Filer  Spouse  Child Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Filer  Spouse  Child Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

**REAL PROPERTY INTERESTS**

**NONE:**

A primary residence or recreational property held for personal use may be described only by zip code (2 AAC 50.720). (Enter 'Not Reported' for address if this applies to you.) Report the nature of the interest held in the property; including fee simple ownership, tenancy in common, general or limited partnership, and holder of an option to purchase. If property is jointly owned, check applicable boxes.

Owner(s):  Filer  Spouse  Child  Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Owner(s):  Filer  Spouse  Child  Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Owner(s):  Filer  Spouse  Child /  Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

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**TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL INTEREST** **NONE:**

Report each trust, retirement account or beneficial interest that exceeded \$1,000 during the reporting period, including a retirement plan, employee pension plans, profit-sharing, family, or education trusts, deferred compensation plans, annuity plans or any other similar arrangements intended to provide future income for the filer and/or family member. Identify individual investments accounts if you and/or family members manage or personally control the investments.

Owned By:  Filer  Spouse  Child    Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

Owned By:  Filer  Spouse  Child    Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

Owned By:  Filer  Spouse  Child    Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

**LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000** **NONE:**

Report each creditor, lender or guarantor to whom more than \$1,000 was owed during the reporting period. List financial obligations, including property owned or sold during the reporting period; loans that have been guaranteed; delinquent taxes; alimony; child support payments; medical bills; boat and vehicle loans; business and personal loans; escrows; student loans; signature loans and promissory notes. Loans include secured, unsecured and contingent loans. Do not list credit card obligations or revolving charge accounts.

Debtor:  Filer  Spouse  Child

Type:  Lender  Creditor  Guarantor and Name: \_\_\_\_\_

Debtor:  Filer  Spouse  Child

Type:  Lender  Creditor  Guarantor and Name: \_\_\_\_\_

Debtor:  Filer  Spouse  Child

Type:  Lender  Creditor  Guarantor and Name: \_\_\_\_\_

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**GOVERNMENT CONTRACTS & OFFERS TO CONTRACT**

NONE:

List contracts, bids and offers to contract with the state or any state or municipal agency or entity. Report contract interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or through a corporation in which filer or family member/s held a controlling interest.

Contractor:  Filer  Spouse  Child                      Type of Interest: \_\_\_\_\_

Bid  Offer  Held    Contract ID: \_\_\_\_\_

Contracting Agency: \_\_\_\_\_

Description: \_\_\_\_\_

**NATURAL RESOURCE LEASES**

NONE:

List mineral, timber, oil and gas leases – held, bid or offered. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or corporation in which you and/or a family member held a controlling interest.

Leaseholder:  Filer  Spouse  Child                      Type of Interest: \_\_\_\_\_

Bid  Offer  Held    Lease ID: \_\_\_\_\_

Description: \_\_\_\_\_

**CERTIFICATION**

I certify under penalty of perjury that the foregoing is true and the information in this disclosure statement is, to the best of my knowledge, true, correct and complete. A person who knowingly makes a false sworn certification is guilty of perjury.

**SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE SIGNED

Public Officials and Candidates required to file POFDs are solely responsible for filing complete, accurate and truthful forms by the deadlines.

**File this POFD with the municipal clerk where you hold or seek office.**

**THIS IS A PUBLIC DOCUMENT**