

**Incorporation Election of the Home Rule Petersburg Borough and the Concurrent
Dissolution of the Home Rule City of Petersburg**

December 18, 2012

**Candidate information for: MAYOR, ASSEMBLY, SCHOOL BOARD, PLANNING
COMMISSION AND HOSPITAL BOARD**

Candidate Filing Deadline is 5:00 p.m. October 24, 2012

How do you file for office?

Nominations for initial borough offices are made by petition. A person may file for and occupy more than one office, but may not serve simultaneously as Borough Mayor and Borough Assembly member. If you want your name placed on the ballot for Borough Mayor, Assembly, School Board, Planning Commission or Hospital Board you must:

1.	Gather signatures and residence addresses of at least 50 registered voters in the proposed area who support your candidacy. <ul style="list-style-type: none">❖ Fill in your name, address and check the box for the office you are filing for at the top of each signature page.❖ <u>Each signer MUST provide their signature, residence address, city and date they signed.</u> Petition signers should also print their name and provide at least one identifier such as: Last 4 digits of SSN, AK Driver's License No., AK State ID No., AK Voter No., or Date of Birth. <i>(Failure to provide the printed name and identifier of the subscriber on the signature page may result in the division's inability to clearly identify and process the individual's subscription to the petition.)</i>❖ It is important to gather more than the required number of signatures in case there are signatures that cannot be qualified.
2.	Complete the Nominating Petition Form. Fill out all sections on the attached Nominating Petition Form. Sign and date the form and provide at least one identifier.
3.	Complete the Public Officials Financial Disclosure Statement (POFDS). All candidates must file a current Public Officials Financial Disclosure Statement at the time they file for office. Complete the attached POFDS and submit it to the Division of Elections. If you have questions or need more information about this form contact the Alaska Public Offices Commission at: (907) 276-4176 or www.state.ak.us/apoc
4.	Completed filing MUST include the following: <ol style="list-style-type: none">1. Signature Pages2. Completed Nomination Petition Form3. Completed Public Officials Financial Disclosure Statement
5.	Submit all filing materials to the Division of Elections. You may return your completed filing materials by mail, in person or by fax. Returned By Mail: Completed materials returned by mail must be postmarked no later than 5:00 p.m. on October 24, 2012 and received in our office by October 31, 2012. Mail to: Division of Elections, PO Box 110017, Juneau, AK 99811-0017 Returned In Person: Completed materials returned in person must be hand delivered to our office no later than 5:00 p.m. on October 24, 2012. Returned By Fax: Completed materials returned by fax must be received by fax in our office no later than 5:00 p.m. on October 24, 2012. The originals must be postmarked by 5:00 p.m. on October 24, 2012 and received in our office by October 31, 2012.

**Incorporation Election of the Home Rule Petersburg Borough and the Concurrent Dissolution
of the Home Rule City of Petersburg**

Candidacy paperwork MUST be received no later than 5:00 p.m. on October 24, 2012

If you have questions about becoming a candidate, you may contact the Region I Elections Office at (907) 465-3021.

GENERAL INFORMATION

I, _____, request that my name be placed on the December 18, 2012 Home Rule Petersburg Borough Incorporation Election ballot for:

Mayor Assembly School Board Planning Commission Hospital Board

RESIDENCY INFORMATION

My current Alaska residence address is: _____
House # Street Name City

My mailing address: _____, _____, _____, _____
(Mailing Address) (City) (State) (Zip)

I have been a resident of the area within the proposed Home Rule Petersburg Borough since
_____/_____/_____.

FOR CORRESPONDENCE AND THE DIVISION OF ELECTIONS' WEB SITE:

_____, _____, _____, _____, _____
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

I REQUEST THAT MY NAME APPEAR ON THE BALLOT IN THE FOLLOWING MANNER:

_____, _____, _____, _____
(Last Name) (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 I am a qualified voter under the provisions of the Alaska Statutes and the Petersburg Borough Charter and reside within the boundaries of the proposed Home Rule Petersburg Borough. If for any other office other than school board, I further certify that I have been a resident of the area within the proposed Home Rule Petersburg Borough for at least one year preceding the election. I will serve if elected. My Public Official's Financial Disclosure Statement (POFDS) is enclosed.

Candidate Signature: _____ **Date:** _____

Candidate Identifier

Provide ONE: _____, _____, _____
(Last 4 digits of SSN, ADL #, Voter #, AK ID # or DOB) (Home Phone) (Work Phone)

Please attach all subscribers' pages (signature pages) to this form. The Division of Elections MUST receive this form, all signature pages and POFDS by 5:00 p.m., Wednesday, October 24, 2012.

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.

DIVISION OF ELECTIONS - OFFICE USE ONLY

Number of signature pages attached _____ Approximate Number of signatures _____

Place of filing: DO RI RII MAT-SU RIII RIV Received by: MAIL IN PERSON BY FAX

Processed by: _____ (Rev 09/28/2012)

Incorporation Election of the Home Rule Petersburg Borough and the Concurrent Dissolution of the Home Rule City of Petersburg

CANDIDATE NAME: _____, certify that I am a qualified voter under the provisions of the Alaska Statutes and the Petersburg Borough Charter for the office sought and reside within the boundaries of the proposed Home Rule Petersburg Borough. If for any other office other than school board, I further certify that I have been a resident of the area within the proposed Home Rule Petersburg Borough for at least one year preceding the election.

CANDIDATE ADDRESS: _____ **OFFICE:** Mayor Assembly School Board
 Planning Commission Hospital Board

We the undersigned, pursuant to AS 29.05.120, declare that we are qualified voters residing within the boundaries of the proposed Home Rule Petersburg Borough and we request that this candidate's name be placed on the December 18, 2012 ballot.

	PRINTED NAME <i>(PLEASE PRINT CLEARLY)</i> *PLEASE PROVIDE	ALASKA RESIDENCE ADDRESS (YOU MUST PROVIDE) <i>(i.e., house number & street name or mile post & road name.)</i>	CITY (YOU MUST PROVIDE)	NUMERICAL IDENTIFIER: <i>(VOTER NUMBER, DOB, ADL #, State ID # or last 4 digits of SSN.)</i> *PLEASE PROVIDE	SIGNATURE (YOU MUST PROVIDE)	DATE SIGNED (YOU MUST PROVIDE)
1						
2						
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4						
5						
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15						

*NOTE: Please attach all Signature pages to the "Nominating Petition" form. (In order for the Division to clearly identify subscribers, please provide all information listed above. Failure to do so may result in the Divisions inability to identify and process the individual's subscription to the petition.)

ALASKA PUBLIC OFFICES COMMISSION
2012 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2011– Dec. 31, 2011

FINANCIAL DISCLOSURE STATEMENT FOR:
PUBLIC OFFICIALS, LEGISLATORS & CANDIDATES

EXECUTIVE BRANCH: Governor, Lt. Gov., commissioners, directors, special assistants and legislative liaisons; state boards and commissions; procurement and investment officers; city/borough officials; candidates.

JUDICIAL BRANCH: Justices, judges and magistrates.

LEGISLATIVE BRANCH: Legislators, legislative directors, Select Committee on Legislative Ethics.

FOR MORE INFORMATION, LAWS AND REGULATIONS: visit APOC online at: doa.alaska.gov/apoc.

Contact APOC directly:

- 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: 800-478-4176 / Online contact info: <http://doa.alaska.gov/apoc/>

THIS IS A PUBLIC DOCUMENT – DO NOT INCLUDE CONFIDENTIAL INFORMATION
(i.e., SOCIAL SECURITY NUMBERS, ACCOUNT NUMBERS)

THIS REPORT IS A SWORN STATEMENT. YOUR SIGNATURE ON THE LAST PAGE CERTIFIES THAT THIS DISCLOSURE IS TRUE, CORRECT and COMPLETE.

NAME: _____

MAILING ADDRESS: _____
Street Address or P.O. Box, City, Zip Code

CONTACT PHONE(S): _____ **Fax:** _____

E-MAIL: _____

SPOUSE / DOMESTIC PARTNER: _____

DEPENDENT CHILDREN: _____ **NON-DEPENDENT CHILDREN LIVING WITH YOU:** _____
Report number of children, including stepchildren, adoptive children. Legislative filers: List non-dependent children living with you.

NAME NON-DEPENDENT CHILDREN LIVING with YOU: _____

WHY ARE YOU FILING? OFFICE HOLDER or CANDIDATE

OFFICE HELD OR SOUGHT: _____
(Municipal Filers: Include the office and the name of your Municipality)

- INITIAL STATEMENT:** Due 30 days from appointment for new public officials (and annually thereafter).
- ANNUAL STATEMENT:** Due by March 15 – for incumbent officials.
- FINAL STATEMENT:** Due 90 days after leaving office – From _____ through _____.
(Include all information not reported on a previously filed statement through your last day of office.)
- CANDIDATE STATEMENT:** Due when filing declaration of candidacy

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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ALASKA PUBLIC OFFICES COMMISSION
2012 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2011– Dec. 31, 2011
SCHEDULE A: SOURCES OF INCOME OVER \$1,000

1. SALARIED EMPLOYMENT

NONE: check box →

- Income means anything of value and covers all forms of compensation or benefits received from an employer; compensation or benefits include wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation.
- Report each employer who paid you, your spouse, domestic partner or children covered by reporting requirements more than \$1,000. Include amount of income, dates of employment, terms of employment, amount of time worked. Describe the work performed in sufficient detail to make it clear to a person of ordinary understanding.
- PLEASE NOTE: 2 AAC 50.685(c) The amount of any income more than \$1,000 that must be reported, or the value of a gift more than \$250 that must be reported, may be stated in a range rather than as an exact amount. The ranges to be used for this purpose are the following: (1) more than \$250 and no more than \$1,000, for gifts only; (2) more than \$1,000 and no more than \$2,000; (3) more than \$2,000 and no more than \$5,000; (4) more than \$5,000 and no more than \$10,000; (5) more than \$10,000 and no more than \$20,000; (6) more than \$20,000 and no more than \$50,000; (7) more than \$50,000 and no more than \$100,000; (8) more than \$100,000 and no more than \$200,000; (9) more than \$200,000 and no more than \$500,000; (10) more than \$500,000 and no more than \$1,000,000; (11) more than \$1,000,000.

EARNED BY: Filer / Spouse/domestic partner / Child / **Total income:** \$ _____

Full-time Part-time Seasonal Commission Project Hourly / **Dates:** _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Employer: _____

Address: _____

DETAILED DESCRIPTION of SERVICES PROVIDED: _____

EARNED BY: Filer / Spouse/domestic partner / Child / **Total income:** \$ _____

Full-time Part-time Seasonal Commission Project Hourly / **Dates:** _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Employer: _____

Address: _____

DETAILED DESCRIPTION of SERVICES PROVIDED: _____

EARNED BY: Filer / Spouse/domestic partner / Child / **Total income:** \$ _____

Full-time Part-time Seasonal Commission Project Hourly / **Dates:** _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Employer: _____

Address: _____

DETAILED DESCRIPTION of SERVICES PROVIDED: _____

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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ALASKA PUBLIC OFFICES COMMISSION
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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

2. SELF-EMPLOYMENT

NONE: check box →

- List each source of self-employment income over \$1000 by name and amount. Income means anything of value and covers all forms of compensation, including deferred income and attorney contingency fees. For clarification, 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 50.704 – reporting income from attorney contingency fee agreements.
- Disclose each client, customer or business that paid you, your spouse/domestic partner or child more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies, professional corporations. See 2 AAC 50.700(a)
- Disclose income from corporations in which the filer, alone or in combination with one or more family members, holds a controlling interest as defined under 2 AAC 50.700(b)
- Exemptions: To obtain an exemption, you must qualify under the law, you must file a written request, and you must receive an exemption from the commission. Exemption rules: AS 39.50.035, 2 AAC 50.775, 2 AAC 50.821
- For detailed information on source of income see AS 39.50.200(10) "source of income".

EARNED BY: Filer / Spouse/domestic partner / Child / **Total income:** \$ _____

Full-time Part-time Seasonal Commission Project Hourly / **Dates:** _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Business name: _____

Client / Customer name: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

EARNED BY: Filer / Spouse/domestic partner / Child / **Total income:** \$ _____

Full-time Part-time Seasonal Commission Project Hourly / **Dates:** _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Business name: _____

Client / customer name: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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4. RENTAL INCOME

NONE: check box →

- If any person paid more than \$1000 in rent during the preceding calendar year, report the name of the person and the amount of the rent paid, and, if the property is managed by a person other than the filer or a family member of the filer, **additionally** report the manager’s name. 2 AAC 50.725 Disclose the location of the property under “Real Property Interests”

OWNER:	TENANTS WHO PAID > \$1,000	AMOUNT
<input type="checkbox"/> Filer		
<input type="checkbox"/> Spouse or domestic partner		
<input type="checkbox"/> Child		
<input type="checkbox"/> Co-owner with others		

5. DIVIDENDS and INTEREST

NONE: check box →

- The 2011 PFD Amount is \$1,174.00. Please remember to add your PFDs to this section if applicable.
- Disclose source and amount of income over \$1000 received from dividends, interest and other distributions of earnings from a business or investment
- Include dividends or interest received from bank accounts, capital gains, money market accounts, certificates of deposit, Native corporation dividends, Permanent Fund dividends
- Note: This section refers only to amounts received during the reporting period; there is a separate section for disclosing business interest information.

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

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK “NONE”
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Covers the reporting period Jan. 1, 2011– Dec. 31, 2011

6. OTHER INCOME

NONE: check box →

List source and amount of income over \$1,000 not listed elsewhere in this form, including sale of goods or property, taxable capital gains, pensions, retirement account 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/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		

7. GIFTS WORTH MORE THAN \$250

NONE: check box →

- Public Official Filers ONLY - Legislative filers are NOT required to fill in this section.
- Legislators must submit more detailed disclosure reports to the Legislative Ethics Committee.
- Report all gifts worth more than \$250 (including gifts from a single source with a cumulative value of more than \$250). Include travel expenses, discounts not available to the public, loans forgiven or loans 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/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE B

BUSINESS INTERESTS

NONE: check box →

Report business interests even if they were NOT a source of income, including businesses in which the filer or family member (spouse, domestic partner, dependent children and, for legislative branch filers ONLY - nondependent children living with the filer):

- 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.
- 3) Had any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, or limited liability companies. Include options to buy.
- 4) Include non-profit organizations, corporations, businesses, associations, trade groups.

If the business was a source of income over \$1,000, it must also be reported in Schedule A.

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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SCHEDULE C

REAL PROPERTY INTERESTS

NONE: check box →

- PLEASE NOTE: Report an interest in real property by the address or other legal description of the property, except that 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 and City if this applies to you.)
- Report the nature of the interest that the filer or family member held in the property; the nature of interests to be reported includes fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase. If property is jointly owned, check all boxes that apply

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
 (Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
 (Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
 (Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
 (Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
 (Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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ALASKA PUBLIC OFFICES COMMISSION
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SCHEDULE D

TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL INTERESTS OVER \$1,000

NONE:

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

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK “NONE”
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ALASKA PUBLIC OFFICES COMMISSION
2012 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2011– Dec. 31, 2011
SCHEDULE E

1. LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000 NONE: check box →

- Report each creditor or lender to whom more than \$1,000 was owed during the reporting period.
- Report guarantor of each loan.
- List financial obligations, including mortgages on 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/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

2. FOR LEGISLATIVE BRANCH FILERS ONLY NONE: check box →

Legislative branch filers must report additional details: original amount of the obligation, the current balance owed, interest rate, length of the loan and whether a written agreement exists for a creditor or lender who:

- Lobbies or hired lobbyists
- Had contracts or sought contracts worth more than \$10,000 with any state agency
- Was a municipal or local government entity
- Was affected financially – in an amount exceeding \$1,000 – by an act of the legislature or state agency decision, including actions affecting professional or occupational licenses; natural resource permits or quotas; assessments; tax rates; health, safety or environmental standards; insurance or business practices.

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER or CREDITOR / Name: _____

Address: _____

Original loan: \$ _____ Balance owed: \$ _____ Interest rate: _____ %

Term: _____ years _____ months / WRITTEN LOAN AGREEMENT? Yes / No

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE F

1. GOVERNMENT CONTRACTS & OFFERS TO CONTRACT NONE: check box →

- List all 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 members held a controlling interest.

CONTRACTOR: Filer / Spouse/domestic partner / Child / **TYPE of INTEREST:** _____

Bid / Offer / Held / **CONTRACT ID (name/number):** _____

CONTRACTING AGENCY: _____

CONTRACT DESCRIPTION: _____

CONTRACTOR: Filer / Spouse/domestic partner / Child / **TYPE of INTEREST:** _____

Bid / Offer / Held / **CONTRACT ID (name/number):** _____

CONTRACTING AGENCY: _____

CONTRACT DESCRIPTION: _____

2. NATURAL RESOURCE LEASES NONE: check box →

- List natural resource leases – including mineral, timber, oil and gas leases – held, bid or offered during the reporting period.
- Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or corporation in which you or family (individually or together) held controlling interest.

LEASEHOLDER: Filer / Spouse/domestic partner / Child / **TYPE of INTEREST:** _____

Bid / Offer / Held / **LEASE ID (name/number):** _____

LEASE DESCRIPTION: _____

LEASEHOLDER: Filer / Spouse/domestic partner / Child / **TYPE of INTEREST:** _____

Bid / Offer / Held / **LEASE ID (name/number):** _____

LEASE DESCRIPTION: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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ALASKA PUBLIC OFFICES COMMISSION
2012 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2011– Dec. 31, 2011
SCHEDULE G

1. CLOSE ECONOMIC ASSOCIATIONS

NONE: check box →

- EXEMPT:
- Municipal and local officials and members of state boards and commissions are exempt from reporting close economic associations. Check the box for NONE.
- NOT EXEMPT:
- **STATE PUBLIC OFFICIALS:** Disclose financial relations with legislators, other public officials and lobbyists.
- **LEGISLATIVE BRANCH:** Disclose financial relations with public officials, lobbyists, other legislators, and legislative employees. Report close economic association detailed information to the Legislative Ethics Committee.
- DEFINITION:
- **CLOSE ECONOMIC ASSOCIATION** means a financial relationship between public officials, legislators and lobbyists, including shared interests in a business, property, association, partnership, corporation or LLC.
- **CHANGES:** Report new close economic associations within 60 days.

PERSON DISCLOSING ECONOMIC ASSOCIATION: **Filer** / **Spouse/domestic partner** / **Child**

PERSON with WHOM ASSOCIATION EXISTS: _____

DESCRIPTION of ECONOMIC ASSOCIATION: _____

PERSON DISCLOSING ECONOMIC ASSOCIATION: **Filer** / **Spouse/domestic partner** / **Child**

PERSON with WHOM ASSOCIATION EXISTS: _____

DESCRIPTION of ECONOMIC ASSOCIATION: _____

2. FILERS WITH A LOBBYIST SPOUSE or DOMESTIC PARTNER

NONE: check box →

- **EXEMPT:** Local officials and members of state boards and commissions are exempt. Check NONE.
- **STATE PUBLIC OFFICIALS** with a lobbyist spouse or domestic partner: Report names and addresses of each employer of the lobbyist and the total monetary value received from each of the lobbyist's employers.
- **LEGISLATIVE BRANCH** filers with a lobbyist spouse or domestic partner: Disclose employer of lobbyist and compensation, and report details to the Legislative Ethics Committee.
- **CHANGES:** Report changes in lobbyist's employer within 48 hours of the change.

LOBBYIST'S EMPLOYER: NAME & ADDRESS	COMPENSATION

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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ALASKA PUBLIC OFFICES COMMISSION
2012 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2011– Dec. 31, 2011

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 makes a false sworn certification which he or she does not believe to be true is guilty of perjury.

SIGNATURE: _____

If you are filing online, you must have an Electronic Filing Agreement with APOC to use an electronic signature.

NAME of FILER

DATE & PLACE SIGNED / FILED

All officials and candidates who are required to file disclosure statements are solely responsible for filing complete, accurate and truthful statements by the deadlines.

WHERE TO FILE THIS STATEMENT

STATE OFFICIALS: File initial, annual and final statements with the Alaska Public Offices Commission.

STATE CANDIDATES: File with the Division of Elections along with Declaration of Candidacy.

BOROUGH / MUNICIPAL / CITY OFFICIALS and CANDIDATES: File with city or borough clerk where you hold or seek office.

FILE ELECTRONICALLY to APOC: doa.apoc.reports@alaska.gov

THIS IS A PUBLIC DOCUMENT

NOTE: Public officials who are required to file this disclosure statement may have additional obligations to disclose conflicts of interest or potential conflicts under state executive, legislative or judicial ethics rules or personnel rules. Legislators who are required to file this disclosure statement have additional disclosure and reporting requirements imposed by the Select Committee on Legislative Ethics. Local officials may also be governed by local ethics ordinances or personnel rules.

Laws and regulations are online at <http://doa.alaska.gov/apoc/> or are available from APOC offices.

ALASKA PUBLIC OFFICES COMMISSION

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Anchorage, AK 99508-4149
907-276-4176 / Toll-free 800-478-4176
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Mail: P.O. Box 110222
Juneau, AK 99811-0222
907-465-4864 / Fax 907-465-4832

E-mail APOC: doa.apoc@alaska.gov

File electronic disclosure statements to: doa.apoc.reports@alaska.gov

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.

CHECK ALL BOXES THAT APPLY.
For example, check multiple boxes for joint property owners

IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"