Municipal candidates that do not intend to raise/spend more than $5,000, including their personal funds, may file a Municipal Exemption Form. Exempt candidates are not required to file campaign disclosure reports during their campaign. If an exempt candidate exceeds $5,000 in financial activity they must immediately file a Candidate Registration and file each report due after the change in status, disclosing all activity from the beginning of the campaign on their first report.

AS 15.13.040(g); 2 AAC 50.286.

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (https://my.alaska.gov/).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

CANDIDATE NAME: ____________________________

CAMPAIGN ADDRESS: ____________________________

CAMPAIGN PHONE: ___________________ CAMPAIGN EMAIL: _______________________

Election Month and Year: ___________________ Office / Race: ___________________

Municipality / Borough: ___________________ District / Seat: ___________________

Certification: I certify that the information contained in the foregoing document is true, complete, and correct.

I do not intend to raise/spend more than $5,000 (including personal money) during my entire campaign for municipal office.

Signature ____________________________ Date ___________

Printed name ____________________________

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a Candidate Reimbursement Form within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)
POFD for Municipal Officers and Candidates

You may only file this paper POFD if you are a municipal officer or municipal candidate and are serving or seeking office in a municipality with a population of less than 15,000. All other filers must file electronically via myAlaska: https://my.alaska.gov/

If you are a municipal candidate and already have a current POFD on file you do not need to file a candidate POFD (AS 15.13.030)

Contact APOC
Anchorage: 2221 E. Northern Lights Blvd., Rm. 128, Anchorage, AK 99508 / 907-276-4176 / Fax 907-276-7018
Juneau: 240 Main St., Rm. 201 / 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: apoc@alaska.gov

This is a public record – 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 a Municipal: □ Office Holder □ Candidate

Statement Type:
□ 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.

Municipality or Borough: ____________________________

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: ____________________________
SALARIED EMPLOYMENT INCOME

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; (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 or more.

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: ___________________________________________________________
**SELF-EMPLOYMENT INCOME**

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**

If any person paid you 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.

<table>
<thead>
<tr>
<th>OWNER:</th>
<th>TENANT NAMES</th>
<th>AMOUNT</th>
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<tr>
<td>[ ] Filer</td>
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<td>[ ] Co-Owners</td>
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DIVIDEND AND INTEREST INCOME

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.

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<th>RECIPIENT</th>
<th>SOURCE</th>
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OTHER INCOME

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.

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<th>RECIPIENT</th>
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GIFTS WORTH MORE THAN $250

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.

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<th>RECIPIENT</th>
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BUSINESS INTERESTS

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

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 the 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: _________________________________________________________
TRUSTS, RETIREMENT ACCOUNTS, OR OTHER BENEFICIAL INTERESTS

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, AND 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;透支; 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 Name: ___________________________

Debtor: ☐ Filer ☐ Spouse ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor Name: ___________________________

Debtor: ☐ Filer ☐ Spouse ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor Name: ___________________________
GOVERNMENT CONTRACTS AND OFFERS TO CONTRACT

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

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: ____________________________

PRINTED NAME ____________________________ DATE SIGNED ____________________________

Filers are solely responsible for timely filing complete and accurate forms

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

THIS IS A PUBLIC DOCUMENT
STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR CRIMINAL JUSTICE INFORMATION
From the Alaska Criminal History Record Repository

Original forms must be submitted to:
Criminal Records and Identification Bureau
5700 E. Tudor Road, Anchorage, AK 99507
Telephone: (907) 269-5787  Fax: (907) 269-5031 (RSA's only)
Include fee: $20 single copy, $5 each additional copy
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (from other than the record subject): (Choose ONE)
☐ 1. Criminal Justice Information available to ANY PERSON for ANY PURPOSE
   □ This report includes current/other criminal charges and charges that resulted in conviction, excluding sealed records.
☐ 2. Criminal Justice Information available to an INTERESTED PERSON
   □ This report includes all criminal charges and dispositions, excluding sealed records
   2.A. If you checked item 2, the requester must provide the following information:
       I request this report for the purpose of determining whether to grant the record subject supervisory or
disciplinary power over (check all that apply):

       □ Minor(s)  □ Dependent adult(s)
   Title or brief description of the position under consideration: ___________________________________________

☐ 3. Criminal Justice Information needed for another purpose authorized by federal or state law.

Client Number: ____________________________

If you check this box, you must provide the client number assigned by the DPS Records and Identification Bureau.
To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to
submitting this request.

A check or money order payable to the State of Alaska in the amount of $20 must accompany this request. Additional copies, if
requested at the time of this request, may be obtained for an additional $5 per copy. State agencies with a Reimbursable Services
Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.

Subject Name: ____________________________
Maiden/Alias name(s): ____________________
Mailing Address: __________________________
City/State/Zip: ____________________________
Alaska Driver's License #: __________________
Date of Birth: ____________________________
Sex: □ Male  □ Female  Soc Sec No. ________
Telephone: _______________________________
To be completed by the record subject: "I authorize the release of my criminal justice information record,
(described above) to the named requester."
Signature of subject: _______________________
Date Signed: ______________________________

Requester Name: __________________________
Title: ____________________________________
Business/Agency: __________________________
Mailing Address: __________________________
City/State/Zip: ____________________________
Date of Birth: ____________________________
Sex: □ Male  □ Female  Soc Sec No. ________
Telephone: _______________________________
Fax Number: ______________________________

The requested record will be mailed to the above named individual at
the listed address. If you would like the record faxed, check the box below:
☐ Fax Number: ______________________________
Signature of requester: _______________________
Date Signed: ______________________________

Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)
I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with
this form is true and correct.

Record Subject's Signature ____________________________  Date ____________________________
Authority:

AS 11.56.210 - Unsworn False Writing

AS 12.62.160 - Release and Use of Criminal Justice Information; fees

AS 12.62.900 - Definitions

13 AAC 06 Article 4 - Dissemination of Criminal Justice Information

13 AAC 68.985 - Definitions

DFS Form 1/15/03
Revised 2/08/04
Revised 3/01/04
Revised 4/20/04
Revised 1/13/04
Revised 1/13/06
Revised 7/27/06