NOMINATING PETITION FOR NORTHWEST ARCTIC BOROUGH MAYOR

INSTRUCTIONS: Please print clearly, and complete the ten (10) items on the petition. On item five (5), print your name exactly as you would like it to appear on the ballot. An honorary or assumed title or prefix may not be included, but a candidate's nickname or familiar form of the candidate's proper name may be included on the ballot.

Petitions must be accompanied by a financial and business interest report, unless the candidate has previously filed the report with the Borough for the current year. All Mayoral candidates must be residents of the borough for three years and qualified electors (registered voters) of the borough and residents within the district they seek to represent and may not have a felony record prohibited under subsection 15.02(6) of the Borough Charter.

The nominating petition requires the printed names, signatures, and addresses of a least twenty-five (25) qualified voters in the borough. It is suggested that more than the minimum of qualified voters sign the nominating petition. The Borough rejects signatures on the petition if they are illegible and if the signer is not a registered voter.

The nominating petitions must be received or postmarked by the close of business August 21, 2015. Petitions must comply with Chapter 4.08 of the Borough Code. Any petitions received or postmarked after the deadline will not be considered nor will the petitioner appear on the ballot. A candidate's name will appear on the ballot unless written notice of the candidate's withdrawal is received not later than thirty days before the election.

I, _____, residing at _____,
(1) Name of candidate (2) Residence Address or Mailing Address

request that my name be placed on the ballot for District _____, Seat _____, for the Northwest Arctic Borough Mayor.
(3) See attached Public Notice (4) See attached Public Notice

(5) Print Name exactly as you would like to see it appear on the official ballot:

_____

_____ _____
(6) Date (7) Signature of Candidate

Candidate for the Northwest Arctic Borough Mayor.

(8) We the undersigned voters of the Northwest Arctic Borough, in the State of Alaska, hereby nominate and sponsor

_____, whose address is _____, for the office of _____ to be voted for at the election to be held on the 6TH day of October, 2015. We individually certify that we are qualified to vote for a candidate for the office this candidate seeks.
(Revised 04/15)

ACCEPTANCE OF NOMINATION

I hereby accept the above nomination, and certify that I am qualified to serve under the laws of the State of Alaska, and the Charter of the Northwest Arctic Borough, and agree to serve if elected. I further authorize the Northwest Arctic Borough to conduct a comprehensive criminal background check and motor record review. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested. Furthermore, I will hold no person or agency liable for the release of this information, or for its use in conducting the above-mentioned background check.

A photocopy of this authorization shall be as effective and binding as the original.

Signature: _____ **Date:**_____

(9) Signature of Candidate **(10) Date of Petition**

(11) Social Security Number: Attach a copy of your social security card or number. To protect your privacy, DO NOT write it on this form

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY

Date & Hour of Filing: _____

Received by: _____

(Revised 04/15)

THIS NOMINATING PETITION MUST BE RETURNED TO THE NORTHWEST ARCTIC BOROUGH, P.O. BOX 1110 OR 163 LAGOON STREET, KOTZEBUE, ALASKA 99752 BY AUGUST 21, 2015. (Revised April 29, 2015)

SIGNATURE	PRINTED NAME	*DOB OR SSN*	ADDRESS	DATE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				

*Not required by statute, but is requested to expedite verification of eligibility.

THIS NOMINATING PETITION MUST BE RETURNED TO THE NORTHWEST ARCTIC BOROUGH, P.O. BOX 1110 OR 163 LAGOON STREET, KOTZEBUE, ALASKA 99752 BY AUGUST 21, 2015. (Revised April 29, 2015)

SIGNATURE	PRINTED NAME	*DOB OR SSN*	ADDRESS	DATE
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				

*Not required by statute, but is requested to expedite verification of eligibility.

ALASKA PUBLIC OFFICES COMMISSION
2015 Public Official Financial Disclosure
Covering Jan. 1– Dec. 31, 2014

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

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: _____

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: _____

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
☐ Filer ☐ Spouse ☐ Child ☐ Co-owners		

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
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ 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
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ Spouse		
☐ Filer ☐ Child ☐ 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
☐ Filer ☐ Child ☐ Spouse			
☐ Filer ☐ Child ☐ Spouse			
☐ Filer ☐ Child ☐ Spouse			

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: _____

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: _____

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

Alaska Public Offices Commission
2221 East Northern Lights, Rm. 128
Anchorage, Alaska 99508
(907) 276-4176; Fax: (907) 276-7018
(800) 478-4176
www.doa.alaska.gov/apoc

MUNICIPAL EXEMPTION STATEMENT

Who should file an Exemption Statement?

If you are a candidate for municipal office and you believe that your campaign will not raise or spend more than **$5,000 (including personal money)** during the entire municipal election, you should consider filing an Exemption Statement.

Why?

Municipal candidates who file an Exemption Statement with the Commission are not required to file campaign disclosure reports during the campaign (including the registration, the 30-day pre-election, 7-day pre-election and year-end report or 24-hour reports).

Do I have to comply with other campaign disclosure restrictions?

Yes. Although the Exemption Statement exempts you from filing reports, you are still subject to the campaign disclosure law. For example, you may not accept contributions from corporations or unions; contribution limits on amount and timing still apply; you must use campaign money for election-related purposes only.

What if I file an Exemption Statement then receive or spend more than $5,000?

If your campaign unexpectedly exceeds $5,000 during the campaign, you must immediately begin filing the required campaign disclosure reports starting with the first report due after the campaign exceeds $5,000. The first report must include all contributions and expense activity for your entire campaign from the beginning through the end of the current reporting period. Failure to do so could result in civil and criminal penalties.

Borough/Municipality _____ **Office/Seat** _____

Name _____

Mailing Address _____

_____

(home phone/fax) **(work phone/fax)** **(email address)**

Certification: I do not intend to receive or accept contributions totaling more than $5,000 or to make expenditures totaling more than $5,000 (including personal money) during my entire campaign for municipal office. I certify that this statement is true, correct and complete.

Candidate Signature_____ **Date**_____

ALL filings submitted to the Alaska Public Offices Commission are public records and available to the public as submitted. Do **NOT** include any of the following personal information: social security numbers, account numbers, credit card numbers, copies of checks, financial records with account numbers or access codes, or any document with personal identification numbers.

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) 269-5767 Fax: (907) 269-5091 (RSAs 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/open 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 Drivers License #: _____

Date of Birth: _____

Sex: ☐-Male ☐Female Soc Sec No. _____

Telephone: _____ Msg: _____

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: _____ Telephone: _____

Sex: ☐ -Male ☐ - Female Soc Sec No. _____

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**

Criminal Records and Identification Bureau Use Only

☐ Fee Payment Type _____	☐ Report Sent to Subject _____
☐ Fee Waiver/Authorization _____	☐ Report Sent to Requester _____
☐ OCA Number _____	☐ R&I Staff initials _____

Authority:

AS 11.56.210 - Unsworn Falsification

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

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03

Revised 2/09/04

Revised 3/01/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 7//27/06