

# ALASKA PUBLIC OFFICES COMMISSION



ANCHORAGE  
 2221 E. Northern Lights, Room 128  
 Anchorage, AK 99508-4149  
 Phone: (907) 276-4176 or  
 Toll free: (800) 478-4176  
 Fax: (907) 276-7018

Website: [www.doa.alaska.gov/apoc](http://www.doa.alaska.gov/apoc)  
 Email: [apoc@alaska.gov](mailto:apoc@alaska.gov)

JUNEAU  
 240 Main St. #500  
 PO Box 110222  
 Juneau, AK 99811  
 Phone: (907) 465-4864  
 Fax: (907) 465-4832

## MUNICIPAL EXEMPTION STATEMENT

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: (Optional)
Municipality / Borough:	District / Seat: (Optional)

**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)

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2022 Public Official Financial Disclosure  
Covering Jan. 1– Dec. 31, 2021

Clerk Received Date

APOC Received Date

**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](mailto: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:** \_\_\_\_\_

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SALARIED EMPLOYMENT INCOME

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 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: \_\_\_\_\_

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**SELF-EMPLOYMENT INCOME**

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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**DIVIDEND AND INTEREST INCOME**

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 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; 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 Name: \_\_\_\_\_

Debtor:  Filer  Spouse  Child

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

Debtor:  Filer  Spouse  Child

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



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GOVERNMENT CONTRACTS AND 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: \_\_\_\_\_

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) 269-5767 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.*

<p><b>Subject Name:</b> _____</p> <p><b>Maiden/Alias name(s):</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City/State/Zip:</b> _____</p> <p><b>Alaska Drivers License #:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Sex:</b> <input type="checkbox"/> -Male <input type="checkbox"/> -Female <b>Soc Sec No.</b> _____</p> <p><b>Telephone:</b> _____ <b>Msg:</b> _____</p> <p>To be completed by the record subject: <i>"I authorize the release of my criminal justice information record, (described above) to the named requester."</i></p> <p><b>Signature of subject:</b> _____</p> <p><b>Date Signed:</b> _____</p>	<p><b>Requester Name:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Business/Agency:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City/State/Zip:</b> _____</p> <p><b>Date of Birth:</b> _____ <b>Telephone:</b> _____</p> <p><b>Sex:</b> <input type="checkbox"/> -Male <input type="checkbox"/> -Female <b>Soc Sec No.</b> _____</p> <p>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:</p> <p><input type="checkbox"/> <b>Fax Number:</b> _____</p> <p><b>Signature of requester:</b> _____</p> <p><b>Date Signed:</b> _____</p>
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**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

<b>Criminal Records and Identification Bureau Use Only</b>	
<input type="checkbox"/> Fee Payment Type _____	<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Fee Waiver/Authorization _____	<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> OCA Number _____	<input type="checkbox"/> 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