

ALASKA PUBLIC OFFICES COMMISSION
2011 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2010– Dec. 31, 2010

22 PAGES

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, INSTRUCTIONS, BLANK FORMS, SAMPLE FORMS & QUESTIONS: Visit APOC online at: doa.alaska.gov/apoc.

- To find detailed instructions and sample disclosures, under the heading "How Do I..." click "Complete my initial, annual or final Public Official Financial Disclosure Statement."
- To find blank Financial Disclosure forms for public officials and legislators, under the heading "Quick Links" click "APOC Forms".
- To find the laws and regulations that APOC administers and enforces, there is a link to "Statutes" or "APOC Statutes & Regulations" throughout the APOC Web site.

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: Nancy Blunck

MAILING ADDRESS: Blunck Financial 1407 W. 31st Ave, Suite 303 Anchorage, AK 99503
Street Address or P.O. Box, City, Zip Code

CONTACT PHONE(S): (907) 276-1900 Fax: _____

E-MAIL: _____

SPOUSE / DOMESTIC PARTNER: John R. Lohff

DEPENDENT CHILDREN: -0- 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: Alaska Permanent Fund Board of Trustees

- 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
2011 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2010– Dec. 31, 2010

SCHEDULE A: SOURCES OF INCOME OVER \$1,000

1. SALARIED EMPLOYMENT

NONE: check box →

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.
Income means anything of value and covers all forms of compensation, including deferred income.
DESCRIBE THE WORK PERFORMED IN SUFFICIENT DETAIL
TO MAKE IT CLEAR TO A PERSON OF ORDINARY UNDERSTANDING.

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: --See attached Schedule A

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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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

2. SELF-EMPLOYMENT: NON-RETAIL

NONE: check box →

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. List each source of income over \$1,000 by name and amount. Exemptions: if the identity of the source of income is confidential by law, you may be excused from disclosing the source. 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: Public officials, candidates: 2 AAC 50.100-102. Legislators: 2 AAC 50.775-780.

Income means anything of value and covers all forms of compensation, including deferred 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: --See attached Schedule A

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: _____

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: _____

<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 A: SOURCES OF INCOME OVER \$1,000

3. SELF-EMPLOYMENT – RETAIL

NONE: check box →

List each self-employment retail business that was a source of income of more than \$1,000. Individual retail clients/customers do **not** need to be disclosed with these **exceptions**. You must disclose (1) customers with a line of credit extending through two or more billing cycles, (2) customers with ongoing contracts to purchase goods or services, and (3) customers who are offered discounts not available to the general public.

Income means anything of value and covers all forms of compensation, including deferred 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/address (if applicable): _____

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/address (if applicable): _____

DETAILED DESCRIPTION of services provided: _____

4. RENTAL INCOME

NONE: check box →

OWNER:	TENANTS WHO PAID > \$1,000 (For property outside Alaska managed by agent, list AGENT instead of tenant)	AMOUNT
<input type="checkbox"/> Filer		
<input type="checkbox"/> Spouse or domestic partner		
<input type="checkbox"/> Child		
<input type="checkbox"/> Co-owner with others		

<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 A: SOURCES OF INCOME OVER \$1,000

5. DIVIDENDS and INTEREST

NONE: check box →

Disclose source and amount of income over \$1,000 from dividends and interest. Include bank accounts, capital gains, money market accounts, certificates of deposit, Native corporation dividends, Permanent Fund dividends.

RECIPIENT	SOURCE	AMOUNT
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Alaska Permanent Fund Dividend	\$1,281.00
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Alaska Permanent Fund Dividend	\$1,281.00
<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		

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, pensions, IRA cash-outs, honorariums, alimony, child support, shared living expenses and government entitlements.

RECIPIENT	SOURCE	AMOUNT
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	APFC Board of Trustees Honorarium	\$6,477.00
<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 gifts worth more than \$250 (including gifts from a single source with a cumulative value more than \$250) – *except* gifts from spouse, domestic partner, parent, child, sibling, grandparent, aunt, uncle, niece or nephew. Include travel expenses, discounts not available to the public, loans forgiven or loans paid by a third party.

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			

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 you/family:

- Served as stockholder, owner, officer, director, partner, proprietor, employee or held an interest.
- Had ownership interests of more than \$1,000 in a publicly traded corporation.
- Had any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, limited liability companies. Include options to buy.
- 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: --See Attached Schedule B

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 →

Include your home, a rent-to-own home, rental property, vacant property, recreational property, options to buy, business property and real estate interests held in a limited liability company, limited partnership or trust. Include property owned or sold during the reporting period. *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: --See attached Schedule C

City or Borough / State: _____

Ownership interest: _____
(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

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

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

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

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

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

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

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

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

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 D

BENEFICIAL INTERESTS: TRUSTS & RETIREMENT ACCOUNTS over \$1,000 / NONE:

Report each beneficial interest in a trust or retirement account that exceeded \$1,000 during the reporting period. Report stocks, bonds, mutual funds, cash accounts, CDs, deferred compensation plans, profit-sharing accounts, employee benefit accounts, retirement accounts (such as IRA, 401K, SEP or Keogh) trust funds (including blind trusts) and limited partnerships. "Managed by" means the filer, employer, business, investment entity or name of the company that manages the account. Identify individual investments if you or family members manage or personally control the investments. "Identify fund or companies" means the individual companies or accounts where you are the manager and you control the investments; if a mutual fund, investment company or other third party entity manages and controls the investments, list the name or type of fund where the assets are held. You do NOT need to list the dollar value of the assets, but you must identify the assets by owner, manager and name.

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

ASSETS – MANAGED BY: –See attached Schedule D

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: _____

<p align="center">GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p align="center">CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p align="center">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 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: --See attached Schedule E

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

<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 F

1. LEASES: GOVERNMENT CONTRACTS & LEASES

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. LEASES: 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: _____

<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 G

1. CLOSE ECONOMIC ASSOCIATIONS

NONE: check box →

EXEMPT: Municipal and local officials are exempt from reporting close economic associations. Members of state boards and commissions are exempt from reporting close economic associations. Local officials and state board/commission members do NOT have to complete this section. Check the box for NONE.

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.

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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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: Nancy Blumck

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

Nancy Blumck
NAME of FILER

March 1, 2011
Anchorage, Alaska 995
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.

Disclosure forms, guidelines, laws and regulations are online <http://doa.alaska.gov/apoc/> or from APOC offices.

ALASKA PUBLIC OFFICES COMMISSION

ANCHORAGE OFFICE:
 2221 E. Northern Lights Blvd – Room 128
 Anchorage, AK 99508-4149
 907-276-4176 / Toll-free 800-478-4176
 Fax 907-276-7018

JUNEAU OFFICE:
 240 Main St. – Room 500
 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

<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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2010 APOC Financial Disclosure
APOC Jan-Dec 31, 2010 (filed March 2011)

Schedule A, Section #1
Sources of Income over \$1,000
Salaried Employment

John Lohff

Employer: State of Alaska Court System

Address: 825 W. Fourth Avenue Anchorage, AK 99501

Total Income: \$145,420

Employed: Full time-Jan-May is full time; part-time & retirement-June-December

Time worked for Income: 12 months

Detailed Description of services: Alaska District Court Judge Pro-tem

Schedule A, Section #2
Sources of Income over \$1,000
Self-Employment: Non-retail

Owner: Nancy Blunck

Business name: Blunck Financial (Nancy Blunck, MS, Certified Financial Planner®)

Time in Business: 1983 - Present

Total Income: Estimated \$60,000

Time worked for Income: Jan 1 - December 31, 2010. Work is ongoing.

Services provided and fees earned from: Fee-only financial planning and investment management

Names with more than \$1,000 fees

1. M Ashburn
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
2. L. Ayres
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
3. B & M Bookman
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$10,001 to \$15,000
4. E Borland
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000

5. A & C Bryner
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
6. R & J Bundtzen
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$25,001 to 30,000
8. R Bundy & B Lembo
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
9. C Byrd
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
10. K Campbell
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
11. V Cantrell
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
12. T & J Carns
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
13. D & L Curda
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
14. L Derksen
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000

15. L Devaney
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
16. R Eastaugh
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
Withheld at client direction
17. R. Erlich
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
18. H Faber & S Dougherty
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
19. M Fraker & D Horton
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
20. L Fitzpatrick & R Evans
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$10,001 to \$15,000
21. C Gilmore & M Matthews
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
22. J & K Gilmore
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$10,001 to \$15,000
23. M Greene
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000

24. D Groom
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$10,001 to \$15,000
25. C & M Hay
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
26. B & L Holte
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
27. W John & S Richards
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
28. A Kajikawa
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
29. K & M Kesler
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$15,001 to \$20,000
30. G & M Kulawik
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
31. S. Lemman & D. MacCormack
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
32. S. Livingston & P Cobey
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
33. B. Loeffler / C. Sanders

- c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
34. K. Loeffler
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to 10,000
35. B & E Lyons
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
36. M Melchert
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
37. B. Newman
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
38. C Nowka
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
39. P Paslay
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
40. C. Randell/G. Allegro
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
41. D. & P. Sandberg
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000

42. E Scheidler & I Neubauer
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
43. K & M Smith
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$10,001 to \$15,000
44. A & K Swiderski
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
45. M.J. Thomas
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to 5,000
46. D Vallentine
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$5,001 to \$10,000
47. S & L Van Goor
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
48. L & M Weeks
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000
49. E. Windahl
c/o Blunck Financial
1407 W. 31st Avenue, Suite 303
Anchorage, AK 99503
Total amount earned:
\$1,001 to \$5,000

2010 APOC Financial Disclosure
For Jan - Dec 31, 2010 (filed March 2011)

Schedule B
Business Interests & Investments

Owner: John R. Lohff
Business Name: Alaska Bar Association
Business Address: 550 West 7th Avenue, Anchorage, AK 99501
Nature of Interest: Member
Type of Business: Professional organization

Owner: Nancy Blunck
Business Name: Financial Planning Association (FPA)
Business Address: 4100 E. Mississippi Ave, Suite 400 Denver, CO 80246
Nature of Interest: Member
Type of Business: Professional Organization

Owner: Nancy Blunck
Business Name: Certified Financial Planner Board of Standards, Inc.
Business Address: 1425 K Street NW, Suite 500 Washington DC 20005
Nature of Interest: Member
Type of Business: Professional Organization: NB has CFP[®] certificate

Owner: Nancy Blunck
Business Name: EE Bond 4.0% Due 10-20-16
Business Address: U.S. Government
Nature of Interest: Investment
Type of Business: Savings Bond

Owner: Nancy Blunck
Business Name: EE Bond 4.0% Due 10-20-16
Business Address: U.S. Government
Nature of Interest: Investment
Type of Business: Savings Bond

Owner: Nancy Blunck and John Lohff
Business Name: Schwab Advisor Cash Reserves Fund
Business Address: P.O. Box 52013 Phoenix, AZ 85072-9215
Nature of Interest: Investment
Type of Business: Mutual Fund

Owner: Nancy Blunck
Business Name: DWS Prime Series Money Market
Business Address: 210 W. 10th Street Kansas City, MO 64105-1614
Nature of Interest: Investment
Type of Business: Mutual Fund

2010 APOC Financial Disclosure
For Jan - Dec 31, 2010 (filed March 2011)

Schedule C
Real Property Interests

1. Owner: John R. Lohff
Lot Seven (7) Block Four (4)
Indian Hills Subdivision Anchorage, Alaska
Current Use: Residence

2. Owners: John Lohff & Nancy Blunck
Tucson Estates No. 2, Lot 203
Tucson, AZ

3. Owners: John Lohff & Nancy Blunck
Tucson Estates No. 2, Lot 193
Tucson, AZ

2010 APOC Financial Disclosure
For Jan - Dec 31, 2010 (filed March 2011)

SCHEDULE D

Trusts, Retirement Accounts and Employee Benefit Accounts

Owner of Account: John R. Lohff
Extent of Interest: 100%
Employer: State of Alaska
Assets: State of AK Deferred Compensation: Interest Income Fund, RCM Sustainable Core Opportunities, US Treasury Inflation-Protected Securities, SSgA Global Balanced, Brandes International Equity Cl 1.

Owner of Account: John R. Lohff
Extent of Interest: 100%
Employer: State of Alaska
Assets: State of AK SBS Account: Stable Value Fund, RCM Sustainable Core Opportunities, US Treasury Inflation-Protected Securities, SSgA Global Balanced, Brandes International Equity Cl 1.

Owner of Account: John R. Lohff
Extent of Interest: 100%
Assets: Judicial Retirement System

Owner of Account: John R. Lohff
Extent of Interest: 100%
Assets: IRA Rollover: Schwab Advisor Cash Reserves, EuroPacific Growth F, Small Cap World F, First Eagle Global A, Selected American S, Growth Fund of America F, Berkshire Hathaway B, Vanguard Dividend Appreciation ETF.

Owner of Account: John R. Lohff
Extent of interest: 100%
Assets: Contributory Roth: Schwab Advisor Cash Reserves, First Eagle Global A

Owner of Account: Nancy Blunck
Extent of Interest: 100%
Assets: SEP: Schwab Advisor Cash Reserves, Artisan International, First Eagle Global A, Growth Fund of America F, Berkshire Hathaway B, Vanguard Dividend Appreciation ETF.

Owner of Account: Nancy Blunck
Extent of Interest: 100%
Assets: State of Alaska SBS Plan: RCM Sustainable Core Opportunities, US Treasury Inflation-Protected Securities, World Government Bond Ex-US Index, Brandes International Equity Cl 1, Stable Value Fund

Owner of Account: Nancy Blunck
Extent of Interest: 100%
Assets: Contributory Roth: Schwab Advisor Cash Reserves, First Eagle Global A

2010 APOC Financial Disclosure
For Jan - Dec 31, 2010 (filed March 2011)

SCHEDULE E
Loans, Loan Guarantees & Debts
Loans over \$1,000

Borrower: John R. Lohff
Lender/Creditor/Grantor: First National Bank of Alaska

Student loan guarantor: John R. Lohff
First Security Bank
Missoula, MT 59801

MAR 03 2011