

ALASKA PUBLIC OFFICES COMMISSION
2011 FINANCIAL DISCLOSURE STATEMENT

Covers the reporting period Jan. 1, 2010– Dec. 31, 2010

13 PAGES

ARRIVED

FEB 02 2011

FINANCIAL DISCLOSURE STATEMENT FOR:
PUBLIC OFFICIALS, LEGISLATORS & CANDIDATES

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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: Julie A. Hamilton

MAILING ADDRESS: 19025 Randall Rd, Juneau, AK 99801
Street Address or P.O. Box, City, Zip Code

CONTACT PHONE(S): (907) 796-1535 Fax: (907) 796-1539

E-MAIL: jhamilton@alaskapermfund.com

SPOUSE / DOMESTIC PARTNER: Paul J. Keithahn

DEPENDENT CHILDREN: 1 **NON-DEPENDENT CHILDREN LIVING WITH YOU:** 0
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: Chief Financial Officer, APFC

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
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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: \$ 138,210.00

Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/2010 - 12/31/2010

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

Employer: State of Alaska - Department of Revenue - Alaska Permanent Fund Corporation

Address: 801 West 10th Street, Suite 302, Juneau, AK 99801

DETAILED DESCRIPTION of SERVICES PROVIDED: Chief Financial Officer - Oversee the APFC's
Department of Finance daily activities, including financial reporting, accounting, and compliance.

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: \$ 20,000
 Full-time Part-time Seasonal Commission Project Hourly / Dates: various
 If work is not full-time, specify amount of time worked (months/days/hours): 500 hours annually
 Business name: Keithahn Residential
 Client / Customer name: Various - list attached
 Client / customer address: Various - list attached
 DETAILED DESCRIPTION of services provided: Specialty Contractor - Residential Remodel

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: _____

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

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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**ALASKA PUBLIC OFFICES COMMISSION
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SCHEDULE 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 checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Spouse/ partner	AK Permanent Fund Dividends (3)	\$3,843.00
<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		

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

7. GIFTS WORTH MORE THAN \$250

NONE: check box →

Public Official Filers ONLY- Legislative filers are NOT required to fill in this section. Legislators must submit more detailed disclosure reports to the Legislative Ethics Committee. Report 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			
<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: Owner/Sole Proprietor

Business name: Keithahn Residential

Business address: P.O. Box 543, Tenakee Springs, AK 99841

DETAILED DESCRIPTION of business activity: Specialty contractor - residential remodel

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: 19025 Randall Road

City or Borough / State: Juneau, Alaska

Ownership interest: Home owner
 (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: 610 West Tenakee Avenue

City or Borough / State: Tenakee Springs, Alaska

Ownership interest: Home owner
 (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: Lot 6 in Block 1 of AK State Land Survey #80-97

City or Borough / State: Tok, Alaska

Ownership interest: Vacant land owner
 (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: 100%

ASSETS – MANAGED BY: New York Life

ASSETS – IDENTIFY FUND or COMPANIES: 403(b) retirement and Roth IRAs

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / PERCENT: 100%

ASSETS – MANAGED BY: State of Alaska (SBS, Deferred Comp, Pers)

ASSETS – IDENTIFY FUND or COMPANIES: State of Alaska (PERS) and Great West (Deferred
Comp and SBS)

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / PERCENT: 100%

ASSETS – MANAGED BY: Wells Fargo Bank

ASSETS – IDENTIFY FUND or COMPANIES: Wells Fargo Bank (IRA)

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

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

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

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

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

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: Chrysler Financial

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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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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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: Julie A. Hamilton

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

Julie A. Hamilton

NAME of FILER

1-28-2011 Juneau, AK

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

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"

Julie A. Hamilton
Alaska Public Offices Commission
2011 Financial Disclosure Statement
Covering the reporting period Jan. 1, 2010 - Dec. 31, 2010

SCHEDULE A - SOURCES OF INCOME OVER \$1,000
2. SELF-EMPLOYMENT: NON-RETAIL

Business Name: Keithahn Residential

Client name: Joe Thomas
Client address: Tenakee Springs, Alaska 99841

Client name: Rose Marie & Gale Good
Client address: Juneau, Alaska 99801

Client name: Nancy Collinsworth
Client address: Tenakee Springs, Alaska 99841

Client name: Rod Wilson
Client address: Juneau, Alaska 99801

Client name: Pete Crandall
Client address: Tenakee Springs, Alaska 99841

Client name: John Hamar
Client address: Tenakee Springs, Alaska 99841

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