

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

14 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: LAWRENCE L. HARTIG

MAILING ADDRESS: 180 BOTANICAL CIRCLE, ANCHORAGE 99515
Street Address or P.O. Box, City, Zip Code

CONTACT PHONE(S): (907) 265-5065 Fax: 465-5070

E-MAIL: Larry.Hartig@Alaska.gov

SPOUSE / DOMESTIC PARTNER: N/A

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: N/A

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MAR 15 2011

**APOC- ANCH
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WHY ARE YOU FILING? OFFICE HOLDER or CANDIDATE

Office held or sought: Commissioner of Dept. of Environmental Consv.
Trustee of Alaska Permanent Fund Corporation

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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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: \$ 135,288

Full-time Part-time Seasonal Commission Project Hourly / Dates: _____

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

Employer: State of Alaska

Address: 410 Willoughby Ave., Juneau, AK 99811-1800

DETAILED DESCRIPTION of SERVICES PROVIDED: Commissioner of Alaska Dept. of Environmental Conservation with duties as described in Alaska Statutes Titles 44 and 46.

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: _____

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: _____

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 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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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	Wells Fargo Bank, NA	\$ 299
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	State of Alaska Permanent Fund Dividend (2010)	\$1,281
<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	State of Alaska Permanent Fund Dividend	\$1,281
<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	SEE ATTACHED		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	"Ethics Disclosure Form"		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	from July 20-24, 2010		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	trade trip to Japan		
<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: Stock Redemption Obligation

Business name: Hartig Rhodes Hoge & Lekisch ("HRHL")

Business address: 717 K Street Anchorage Ak 99501

DETAILED DESCRIPTION of business activity: Up until Feb. 2007 when filer joined employment with the State of Alaska he was a shareholder in the law firm HRHL. Upon termination of employment with HRHL he returned his stock in that firm and is to be paid for that stock pursuant to a Stock

Filer / Spouse/domestic partner / Child / Position/Type of interest: Redemption Agreement

Business name: _____ with HRHL. No money was received

Business address: _____ by filer under that

DETAILED DESCRIPTION of business activity: _____ Agreement in 2010.

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: 180 Botanical Circle

City or Borough / State: Anchorage, AK

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: _____

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: 100% vested

ASSETS – MANAGED BY: Wells Fargo Retirement Solutions

ASSETS – IDENTIFY FUND or COMPANIES: Hartig, Rhodes, Hoge & Lekisch 401(K)
profit sharing plan

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

ASSETS – MANAGED BY: Great Western Retirement Services (Gr AK Division of Retirement & Benefits)

ASSETS – IDENTIFY FUND or COMPANIES: State of Alaska Public Employees' Tier IV Defined Contribution Retirement Plan (Controlled in "Managed Accounts") and Alaska Supplemental Benefits-Annuity Plan (SBS-AP)

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>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 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, NA

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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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: *Lawrence L. Haatig*
 If you are filing online, you must have an Electronic Filing Agreement with APOC to use an electronic signature.

Lawrence L. Haatig *March 15, 2011*
Anchorage, AK
NAME of FILER **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	
<p>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</p>	<p>JUNEAU OFFICE: 240 Main St. – Room 500 Mail: P.O. Box 110222 Juneau, AK 99811-0222 907-465-4864 / Fax 907-465-4832</p>
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"
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Attachment
(Section 7,
Page 5)

ETHICS DISCLOSURE FORM

Notification of Receipt of Gift

To: LINDA PEREZ, Designated Ethics Supervisor

In accordance with AS 39.52.130(b), I am providing notice of my receipt of a gift given to me or a member of my family with a value in excess of \$150.00.

- 1. Was the gift given to you because you are a state employee or a member of a state board or commission? Yes No
- 2. I can take official action that may affect the person who gave me the gift? Yes No

If the answer to both of these questions is no, you do not need to report this gift. If the answer to either question is yes, or if you are not sure, you must complete this form and provide it to your designated ethics supervisor.

The gift is: See attached list of items

My estimate of its value is \$ 719.89

I received it from: J-Power EPDC, Ltd; Maruha Nichiro Seafoods; Sumitomo Metal Mining Corporation.

The date of receipt was July 20 - July 24, 2010

I can take or withhold the following official action that affects the giver:

The companies listed above are holding companies for mining/seafood businesses in Alaska for which I may approve authorizations such as permits, enforcement actions, and other official agency actions related to seafood and mining operations.

The gift was received by a member of my family Yes No

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

Larry Hartig
(Signature)

10/3/10
(Date)

Larry Hartig
(Printed Name)

Commissioner
(Position Title)

Anchorage
(Location)

Department of Environmental Conservation
(Division/Agency/Corporation/Board/Commission)

Linda Perez
(Designated Ethics Supervisor)

Approved: [initials] (initials)

10/12/10
(Date)

(7)

State of Alaska Delegation
Gifts received
Tokyo, Japan

The following gifts were provided to each member of the Alaska delegation (Irwin, Hartig, Sims, Fogels, James)

Tuesday, July 20, 2010

1. J-Power EPDC (Electric Power Development Company, Ltd.)
 - a. Company umbrella (\$15.00)
 - b. Porter canvas and vinyl company bag (¥23,000/\$264.33)
 - c. Dinner, Hotel New Otani Isehiro Yakitori Restaurant (¥4851/\$55.75)

Wednesday, July 21, 2010

None

Thursday, July 22, 2010

None

Friday, July 23, 2010

1. Maruha Nichiro Seafoods
 - a. Reception style appetizer lunch, corporate headquarters conference room (\$40.00)
 - b. Squina Natural Cosmetics, beauty oil and soap (¥7665/\$88.09)
2. Sumitomo Metal Mining Corporation
 - a. Dinner, Sumitomo corporate headquarters office (\$200.00)
 - b. 2 small Kagami crystal glasses, 120 cc (¥12,600/\$144.81)

Saturday, July 24, 2010

None

Note 1: ¥87.01036/\$1.00 – FX conversion rates based on 5 day average July 20-24, 2010, OANDA Corporation, <http://www.oanda.com/currency/historical-rates>

Note 2: Gift valuation based upon price printed on gift or menu, or identified retail value.

MAR 15 2011