

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

**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](http://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:** Marshal Kendziorek

**MAILING ADDRESS:** 340 Highland Dr. Juneau, AK, 99801  
Street Address or P.O. Box, City, Zip Code

**CONTACT PHONE(S):** 907.463.3606 Fax: \_\_\_\_\_

**E-MAIL:** marshal@gci.net

**SPOUSE / DOMESTIC PARTNER:** Lisa Weissler

**DEPENDENT CHILDREN:** 0 **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:** APFC Director of Information Technology

- 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: \$145,791.21

Full-time  Part-time  Seasonal  Commission  Project  Hourly / Dates: \_\_\_\_\_

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

Employer: Alaska Permanent Fund Corporation

Address: 801 W. 10<sup>th</sup> St. Juneau, AK 99811

**DETAILED DESCRIPTION of SERVICES PROVIDED:** \_\_\_\_\_

Manager of Information Technology for the APFC

**EARNED BY:**  Filer /  Spouse/domestic partner /  Child / Total income: \$96,820

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 AK, Dept. of Law

Address: P.O. Box 110300 Juneau, AK 99811-0300

**DETAILED DESCRIPTION of SERVICES PROVIDED:** \_\_\_\_\_

Attorney in the Oil and Gas section

**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:** \_\_\_\_\_

<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		

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	PFD	1281
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input checked="" type="checkbox"/> Spouse/ partner	PFD	1281
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input checked="" type="checkbox"/> Spouse/ partner	TD Ameritrade dividends and interest	2340.48
<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: Board member

Business name: Juneau jazz and Classics

Business address: 350 Whittier St., Suite 105, Juneau Arts & Culture Center, Juneau, AK 99801

DETAILED DESCRIPTION of business activity: \_\_\_\_\_

Served as Board member for non-profit that produces annual Jazz and Classics music festival in Juneau.

Filer /  Spouse/domestic partner /  Child / Position/Type of interest: Investor

Business name: Skaggs Investments

Business address: 119 Seward St. Suite 7, Juneau AK 99801

DETAILED DESCRIPTION of business activity: Manages a diversified portfolio of stocks and bonds. (reporting method per Ruben Yerkes 3/2/11)

Filer /  Spouse/domestic partner /  Child / Position/Type of interest: \_\_\_\_\_

Business name: State of AK Retirement System

Business address: 333 Willoughby Ave. PO Box 110203, Juneau AK 99811

DETAILED DESCRIPTION of business activity: State of Alaska managed retirement account.

Managed by PERS system (reporting method per Ruben Yerkes 3/2/11)

Filer /  Spouse/domestic partner /  Child / Position/Type of interest: \_\_\_\_\_

Business name: State of Alaska SBS

Business address: 333 Willoughby Ave. PO Box 110203, Juneau AK 99801

DETAILED DESCRIPTION of business activity: Managed by Great West for the State of Alaska. (reporting method per Ruben Yerkes 3/2/11)

Filer /  Spouse/domestic partner /  Child / Position/Type of interest: \_\_\_\_\_

Business name: State of Alaska Supplemental Benefits System

Business address: 333 Willoughby Ave. PO Box 110203, Juneau AK 99801

DETAILED DESCRIPTION of business activity: Managed by Great West for the State of Alaska. (reporting method per Ruben Yerkes 3/2/11)

<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: 340 Highland Dr.

City or Borough / State: Juneau, 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

**ASSETS – MANAGED BY:** State of Alaska PERS

**ASSETS – IDENTIFY FUND or COMPANIES:** Per phone conversation with Ruben Yerkes of APOC on 3/2/11 it is not necessary to list each fund invested with PERS

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

**ASSETS – MANAGED BY:** State of Alaska SBS – managed by Great West

**ASSETS – IDENTIFY FUND or COMPANIES:** Per phone conversation with Ruben Yerkes of APOC on 3/2/11 it is not necessary to list each fund invested in SBS

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

**ASSETS – MANAGED BY:** State of Alaska Deferred Comp. – managed by Great West

**ASSETS – IDENTIFY FUND or COMPANIES:** Per phone conversation with Ruben Yerkes of APOC on 3/2/11 it is not necessary to list each fund invested in Deferred Comp.

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

**ASSETS – MANAGED BY:** Skaggs Investments 119 Seward St. Suite 7, Juneau, AK

**ASSETS – IDENTIFY FUND or COMPANIES:**

260543BR3, 478366AM9, 515074AA0, 62426VAN7, 811904AK7, 912808HN3, 912828BD1, ABB ADP AIA AMRC ASIA X ATO BDX BGC BMO BNI CLMT DOX ECL ED EMC FCG FLS FRG FRN FSNGX FXF GDX GGN IVC JCI MKC MLPDX MMM MOBAF NUE ORCL PH PRHSX REMX SBGSY SI T TCLP UNP UTX VFIIX VIG WM XLE

<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: First National Bank of Anchorage home loan

**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

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

**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:** Marshal Kendziorek

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

**Marshal Kendziorek**  
**NAME of FILER**

**March 3, 2011 in 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](mailto: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](mailto:doa.apoc@alaska.gov)

File electronic disclosure statements to: [doa.apoc.reports@alaska.gov](mailto: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"