ALASKA PUBLIC OFFICES COMMISSION
2009 FINANCIAL DISCLOSURE STATEMENT
Covering the reporting period Jan. 1, 2008 – Dec. 31, 2008

PUBLIC OFFICIALS, LEGISLATORS & CANDIDATES
MUST FILE FINANCIAL DISCLOSURES

EXECUTIVE BRANCH	JUDICIAL BRANCH	LEGISLATIVE BRANCH	BOARDS & COMMISSIONS	LOCAL GOVERNMENT
•Governor & Lt. Gov. •Commissioners, deputies •Division directors, dep. •Special assistants •Legislative liaisons •Investment officers •Chief procurement officer	ALL •Justices •Judges •Magistrates	•All 60 legislators •Ethics Committee •Ombudsman •Legislative Affairs Dir. •Legislative Finance Dir. •Legislative Auditor Dir. •Legislative Research Dir.	41 Boards & Commissions, including: APOC, AKRR, • Permanent Fund Bd. •UA Board of Regents •Personnel Board •Fish & Game Boards •Bd. Of Education	Borough & city •Mayors, managers •City councils •Borough assemblies •School boards •Planning commissions •Some towns exempt

CANDIDATES: *All* candidates for election to state office must file disclosures.

For complete lists of required filers, check the following sources:
Executive branch: AS 39.50.200(a). **Legislative**: AS 24.60.200 and AS 24.60.990(10)
State boards & commissions: AS 39.50.200(b). See list in *Guide to Financial Disclosure*
Or check disclosure requirements by individual board: www.gov.state.ak.us/boards/list.php

Exempt communities: Some small rural towns are exempt. See list in the *2009 Guide to Financial Disclosure in Alaska*

DETAILED INSTRUCTIONS, FORMS, GUIDES, LAWS & FAQ: www.apoc.alaska.gov

THIS REPORT IS A SWORN STATEMENT. YOUR SIGNATURE ON THE LAST PAGE CERTIFIES THAT THIS DISCLOSURE IS TRUE, CORRECT and COMPLETE

NAME: Sean R. Parnell

MAILING ADDRESS: 6624 Lakeway Dr., Anchorage, AK 99502

CONTACT PHONES: Wk: 907-269-7460 Wk **Fax:** 907-269-0263

E-MAIL: sean.parnell@alaska.gov

SPOUSE / DOMESTIC PARTNER: Sandra L. Parnell
Local government (city & borough) officials and candidates are exempt from the required disclosures related to domestic partners

ALL FILERS: NUMBER of DEPENDENT CHILDREN (Biological children, stepchildren, adoptive children) 2
"Child" means dependent child for all filers throughout this form. For Legislative branch filers, "child" ALSO means non-dependent child living with the filer. ONLY legislative filers report number and names of non-dependent children living with them on lines below.
LEGISLATIVE FILERS ONLY: NUMBER of NON-DEPENDENT CHILDREN LIVING with YOU ______

WHY ARE YOU FILING? Check one or both boxes: X OFFICE HOLDER ☐ CANDIDATE for OFFICE

Office held or sought: Lt. Governor, State of Alaska

☐ **INITIAL DISCLOSURE REPORT: Due within 30 days of taking office – for new public officials.**

X **ANNUAL REPORT: Due March 16 – for incumbent officials.** (Annual March 15 deadline is Sunday in 2009.)

☐ **FINAL REPORT: Due within 90 days of leaving office – include 2009 data up to leaving office.**

☐ **CANDIDATE REPORT: Due when filing declaration of candidacy.**

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SCHEDULE A SOURCES OF INCOME OVER $1,000
SECTION #1 SALARIED EMPLOYMENT IF NONE: check box → ☐

Income means gross earnings and covers all forms of compensation, including deferred compensation.

List each employer who paid more than $1,000 to you, your spouse/domestic partner or child. Report income, amount of time worked for the income, terms of employment and a detailed description of the work sufficient to make clear the exact nature of the services performed. One-word answers and vague phrases are not acceptable.

- **EARNED BY:** X Filer ☐Spouse/domestic partner ☐Child / **Total income:** $100,000

  X Full-time ☐Part-time ☐Seasonal ☐Commission ☐Project ☐Hourly / **Dates:** 2008

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

  Employer: State of Alaska

  Address: State Capitol, Juneau AK 99801

  DETAILED DESCRIPTION of services provided: Constitutional and statutory obligations of the Office of Lieutenant Governor.

- **EARNED BY:** ☐Filer X Spouse/domestic partner ☐Child / **Total income:** $20,000

  ☐Full-time X Part-time ☐Seasonal ☐Commission ☐Project X Hourly / **Dates:** 2008

  If work is not full-time, specify amount of time worked (months/days/hours): Approx. 20-27 hrs/wk

  Employer: Law Offices of Ralph Ertz

  Address: 800 E. Dimond Blvd., Ste. 3-520, Anchorage, AK 99515

  DETAILED DESCRIPTION of services provided: Legal Assistant for small commercial law office (file intake & set-up, communications with clients & parties, document preparation, correspondence, etc.)

SCHEDULE A SOURCES OF INCOME OVER $1,000
SECTION #2 SELF-EMPLOYMENT: NON-RETAIL IF NONE: check box → X

Income means gross earnings and covers all forms of compensation, including deferred compensation.

List each client, customer or business – by name and amount – that paid you, your spouse/domestic partner or child more than $1,000. Self-employment includes sole proprietors, partnerships, limited liability companies and professional corporations. Include corporations where the filer and/or family members hold a controlling interest (more than 50%). If the source of payment is not the same as the client for whom the service was performed, then BOTH are considered source of income and BOTH must be reported. Exemption: If a source of income is confidential by law or meets APOC

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN'T APPLY, CHECK "NONE"

qualifications for an exemption, a filer may submit a written request with facts that support an exemption from reporting a source of income. For exemptions criteria and procedures, consult these regulations: 2AAC 50.100-102 for public officials and candidates; 2AAC 50.775-780 for legislators. AS 39.50.200(10) gives the legal definition of source of income

SCHEDULE A — SOURCES OF INCOME OVER $1,000
SECTION #3 — SELF-EMPLOYMENT: RETAIL

IF NONE: check box → X

Income means gross earnings and covers all forms of compensation, including deferred compensation.

List each self-employment retail business that was a source of income of more than $1,000. Filers are NOT required to disclose Individual retail clients/customers with these ***exceptions:*** (1) customers with a line of credit extending through two or more billing cycles; (2) customers with ongoing contracts for goods or services; and (3) customers offered discounts not available to the public. Filers must disclose clients and customers in those three categories.

- **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:________

SCHEDULE A — SOURCES OF INCOME OVER $1,000
SECTION #4 — RENTAL INCOME

IF NONE: check box → X

List each tenant who paid more than $1,000. For property outside Alaska managed by agent, list agent instead tenant

EARNED BY:	TENANTS WHO PAID MORE THAN $1,000	AMOUNT
☐ Filer		
☐Spouse or		

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN"T APPLY, CHECK "NONE"

domestic partner		
☐ Child		

SCHEDULE A SOURCES OF INCOME OVER $1,000
SECTION #5 DIVIDENDS & INTEREST IF NONE: check box →

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

RECIPIENT	SOURCE	AMOUNT
XFiler XSpouse/partner 2 Child	Permanent Fund. Number of dividends: 4 Total: $3,269 ea. X 4 dividends in family	13,076.00
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		

SCHEDULE A SOURCES OF INCOME OVER $1,000
SECTION #6 OTHER INCOME IF NONE: check box → X

List source and amount of income over $1,000 not listed elsewhere, including sale of goods or property, capital gains, pensions, IRA cash-outs, honorariums, alimony, child support, shared living expenses and government entitlements.

RECIPIENT	SOURCE	AMOUNT
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		
☐Filer ☐Spouse/partner ☐Child		

SCHEDULE A SOURCES OF INCOME
SECTION #7 GIFTS WORTH MORE THAN $250 IF NONE: check box → ☐

Report gifts worth more than $250 (include multiple gifts from one source if total value exceeds $250). Include travel, tickets, loans forgiven or paid by third party, discounts not available to the public, goods and services. Family exemptions: Filers are NOT required to report gifts from spouse/domestic partner, parent, child, sibling, grandparent , aunt, uncle, niece and nephew. Legislators submit additional info to Legislative Ethics Committee.

RECIPIENT	DESCRIPTION	SOURCE	VALUE
X Filer X Spouse/partner ☐Child	5th Annual Jewish Cultural Gala Dinner Tickets	Terry & Jackie Gorlick	$360.00
X Filer ☐Spouse/partner ☐Child	Airfare: Kotzebue to Selawik, AK, (RT)	Maniilaq Corporation	$272.00

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN'T APPLY, CHECK "NONE"

X Filer ☐Spouse/partner ☐Child	Wood carving of fly fisherman for participating in Fish Alaska public event	Fish Alaska magazine and Scott Thompson	$1,585
☐Filer X Spouse/partner ☐Child	Clothing	Lynette Martens & Lisa Cerventi (personal friends)	$1,000
X Filer ☐Spouse/partner ☐Child	Airfare, lodging, food, ground transport for democracy study trip to Middle East (meetings with national leaders of Egypt, Israel, Jordan, & West Bank)	Aspen Institute/Rodel Fellows Program in Democracy	$13,577

SCHEDULE B BUSINESS INTERESTS & INVESTMENTS IF NONE: check box → X

Report business interests – *even if they were not sources of income* – for filer, spouse/domestic partner and child. Include ownership interests, options to buy, stocks and other investments. Exemption: Do NOT include interests worth less than $1,000 in publicly traded companies. Nature of interest means filer's role or relationship, such as stockholder, owner, officer, director, partner, proprietor or employee. Include interest in non-profit corporations, businesses, associations and trade groups. Filers who earned over $1,000 from the business should ALSO disclose this as a source of income in Schedule A. See instructions for more details about reporting stocks.

• **INTEREST held by ☐Filer ☐Spouse/partner ☐Child / Nature of interest:**____________
Owner, director, officer, board member, proprietor, partner, shareholder

Type & name of business interest: None except those retirement and qualified education account interests listed at Schedule D.

Address:____________
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL)

Address: ____________

SCHEDULE C REAL PROPERTY INTERESTS IF NONE: check box → ☐

Include your home, rent-to-own home, rental property, business property, vacant property, recreational property, options to buy, real estate interests held in a limited liability company, limited partnership or trust. Include property owned or sold during the reporting period. Filers are NOT required to report the value of the property. Filers who earned over $1,000 from the property should ALSO disclose this as a source of income in Schedule A.

• **OWNER:** X Filer X Spouse/domestic partner ☐Child / If property is jointly owned, *check all boxes that apply.*

Street address or legal description: 6624 Lakeway Dr.

City/state: Anchorage, AK 99502

Nature of ownership interest: Homeowners
Examples: homeowner, option to buy, owned through business entity or trust, leasehold, partnership.

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN'T APPLY, CHECK "NONE"

SCHEDULE D BENEFICIAL INTERESTS

IF NONE: check box → ☐

TRUSTS, RETIREMENT ACCOUNTS, EMPLOYEE BENEFIT ACCOUNTS

Report each beneficial interest of more than $1,000 in a trust or retirement account. Include deferred compensation plans, profit-sharing accounts, employee benefit accounts and retirement accounts, such as IRA, 401(k), Keogh, SEP, PERS and TRS. Report trust funds, including blind trusts. You do NOT need to list a dollar value of the trust, but you must identify the name and type of beneficial trust, fund or retirement account if the value is over $1,000.

• **OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:**

X Filer ☐**Spouse/domestic partner** ☐**Child / Ownership percentage:** 100%

Type of trust or fund: Smith Barney/Citigroup Global Markets, Inc., IRA (earnings from Hartig, Rhodes law firm in 1980s)

Trustee: Smith Barney/Citigroup Global Markets, Inc. [IRA Common Stocks Fund, Dreyfus Liquid Assets Inc Fund]
Name of company, individual or organization which holds, manages and/or invests the funds for the benefit of the owner

• **OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:**

X Filer ☐**Spouse/domestic partner** ☐**Child / Ownership percentage:** 100%

Type of trust or fund: New York Life IRA (earnings from ConocoPhillips Alaska employment 2000-2003

Trustee: New York Life [VP Growth Allocation Fund]
Name of company, individual or organization which holds, manages and/or invests the funds for the benefit of the owner

• **OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:**

X Filer ☐**Spouse/domestic partner** ☐**Child / Ownership percentage:** 100%

Type of trust or fund: State of Alaska SBS (earnings from state service)

Trustee: SOA/Target 2015 Fund
Name of company, individual or organization which holds, manages and/or invests the funds for the benefit of the owner

• **OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:**

X Filer ☐**Spouse/domestic partner** ☐**Child / Ownership percentage:** 100%

Type of trust or fund: M&I Trust/Bank (401k) (earnings from Patton Boggs, LLP; 2005-06)

Trustee: M&I Trust/Bank [Vanguard 500 Index Fund]

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN"T APPLY, CHECK "NONE"

• OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:
☐ **Filer X Spouse/domestic partner** ☐ **Child / Ownership percentage:** 100%

Type of trust or fund: IRA Smith Barney/Citigroup Global Markets, Inc., IRA (earnings from former employer, Industrial Indemnity, 1992 and prior
Trustee: Smith Barney/Citigroup Global Markets, Inc. [Dreyfus Fund]

• OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:
Filer Spouse/domestic partner X Child / Ownership percentage: 100%

Type of trust or fund: 529 Plan/U of A College Savings Plan, [college savings plan for two dependents]
Trustee: T. Rowe Price

• OWNER of TRUST FUNDS, RETIREMENT ACCOUNT, BENEFIT PLAN:
Filer Spouse/domestic partner X Child / Ownership percentage: 100%

Type of trust or fund: Qualified/Coverdell Educ. Svgs. Plan [college savings plan accounts for two dependents]
Trustee: Thrivent Investment Management

SCHEDULE E LOANS, LOANS GUARANTEES & DEBTS

SECTION #1 Loans more than $1,000 IF NONE: check box → ☐

Report each creditor and lender to whom you, your spouse/domestic partner and/or child owes or owed over $1,000 in the reporting period. Report the guarantor of each loan. List all financial obligations, including mortgages on property owned or sold during the reporting period; loans that have been guaranteed; delinquent taxes; alimony; child support; medical bills; vehicle/boat loans; business and personal loans; escrows; student loans; signature loans & promissory notes. Include secured, unsecured and contingent loans. *Do NOT list credit card debts or revolving charge accounts.*

DEBTOR: X Filer X Spouse/domestic partner ☐ **Child**
☐ **Lender X Creditor** ☐ **Guarantor / Name:** Wells Fargo Bank (mortgage)

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:** ____________________

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN"T APPLY, CHECK "NONE"

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SCHEDULE E LOANS, LOANS GUARANTEES & DEBTS IF NONE: check box → X

SECTION #2 *FOR LEGISLATIVE BRANCH FILERS ONLY: MORE DETAIL REQUIRED*

For loans over $1,000 from sources with substantial interest in legislative, administrative or political action, report lender's name and address, loan amount, interest rate, loan duration, amount outstanding at time of filing and if there is a written agreement. "Substantial interest" includes lenders and creditors that employ lobbyists; lenders that receive a benefit or avoid a detriment as a result of legislative or administrative action; lenders that are affected by an action in a positive or negative way where the impact exceeds $1,000; and lenders that have or seek a state contract worth over $10,000. Full details at AS 24.60.200(3), 24.60.990(b), 2 AAC 50.740-745.

DEBTOR: ☐Filer ☐Spouse/domestic partner ☐Child / Written loan agreement? ☐Yes ☐No

☐Lender ☐Creditor ☐Guarantor / Name: ____________________

Address: ____________________

Original loan: $_______ Balance owed: $_______ Duration:__________ Interest rate: ______%

DEBTOR: ☐Filer ☐Spouse/domestic partner ☐Child / Written loan agreement? ☐Yes ☐No

☐Lender ☐Creditor ☐Guarantor / Name: ____________________

Address: ____________________

Original loan: $_______ Balance owed: $_______ Duration:__________ Interest rate: ______%

SCHEDULE F LEASES & CONTRACTS IF NONE: check box → X

SECTION #1 With state or local government agencies

Report contracts, bids and offers to contract with any state or municipal agency or entity. Report nature of interest: individual, sole proprietor, family, partnership, LLC, PC or through a corporation in which filer/family held over 50%.

Leaseholder / Contractor: ☐Filer ☐Spouse/domestic partner ☐Child / Interest:__________

☐Bid ☐Offer ☐Held / Identify contract by name/number: ____________________

Contracting agency: ____________________

Lease/contract description: ____________________

Leaseholder / Contractor: ☐Filer ☐Spouse/domestic partner ☐Child / Interest:__________

☐Bid ☐Offer ☐Held / Identify contract by name/number: ____________________

Contracting agency: ____________________

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN"T APPLY, CHECK "NONE"

Lease/contract description: ____________________

____

SCHEDULE F LEASES IF NONE: check box → X

SECTION #2 NATURAL RESOURCE LEASES: Mineral, timber, oil and natural gas

Leaseholder/Contractor: ☐Filer ☐Spouse/domestic partner ☐Child / Interest: ________

☐Bid ☐Offer ☐Held / Identify contract by name/number: ____________________

Contracting agency: ____________________

Lease/contract description: ____________________

____

____

Leaseholder/Contractor: ☐Filer ☐Spouse/domestic partner ☐Child / Interest: ________

☐Bid ☐Offer ☐Held / Identify contract by name/number: ____________________

Contracting agency: ____________________

Lease/contract description: ____________________

____

SCHEDULE G CLOSE ECONOMIC ASSOCIATION IF NONE: check box → X

SECTION #1 Financial relationship between public officials, legislators, lobbyists

EXEMPT: *State boards & commissions and local officials are **NOT** required complete this section. Check 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 information details to the Legislative Ethics Committee.

CLOSE ECONOMIC ASSOCIATION means a financial relationship between public officials and legislators and lobbyists, including shared interests in a business, property, association, partnership, corporation or LLC.
Report new close economic associations within 60 days.

WHO has the close economic association? ☐Filer ☐Spouse/domestic partner ☐Child

WITH WHOM does the association exist? Name: ____________________

DESCRIPTION of economic association: ____________________

____

WHO has the close economic association? ☐Filer ☐Spouse/domestic partner ☐Child

WITH WHOM does the association exist? Name: ____________________

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN"T APPLY, CHECK "NONE"

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SCHEDULE G CLOSE ECONOMIC ASSOCIATION IF NONE: check box → X

SECTION #2 *FOR FILERS WITH A LOBBYIST SPOUSE or DOMESTIC PARTNER*

STATE PUBLIC OFFICIALS & LEGISLATIVE BRANCH filers with lobbyist spouse/domestic partner:

Give name and addresses of each employer of the lobbyist and total monetary value received from each employer. Legislators report details to Legislative Ethics Committee. Report all changes in lobbyist's employer within 48 hours.

LOBBYIST'S EMPLOYER: NAME & ADDRESS	COMPENSATION

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

NAME of FILER

DATE & PLACE SIGNED

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 APOC by mail, e-mail, fax or delivery
File electronically to: doa.apoc.reports@alaska.gov

STATE CANDIDATES: File with the Division of Elections when filing your Declaration of Candidacy.

CITY & BOROUGH OFFICIALS & CANDIDATES: File with clerk where you hold or seek office.

THIS IS A PUBLIC DOCUMENT

ETHICS: *State public officials who are required to file this disclosure have additional obligations to disclose conflicts of interest or potential conflicts under the Alaska Executive Ethics Act. Legislative branch filers must disclose additional details to the Select Committee on Legislative Ethics. Judges are also bound by the rules of the Commission on Judicial Conduct. Borough and city officials may also be governed by local ethics ordinances, codes or personnel rules.*

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN'T APPLY, CHECK "NONE"

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ALASKA FINANCIAL DISCLOSURE LAWS & REGULATIONS

PUBLIC OFFICIAL FINANCIAL DISCLOSURE: AS 39.50
LEGISLATIVE FINANCIAL DISCLOSURE: AS 24.60
CAMPAIGN DISCLOSURE: AS 15.13
LOBBYING DISCLOSURE: AS 24.45
REGULATIONS: 2 AAC 50.010– 2 AAC 50.920
LAWS ONLINE: www.apoc.alaska.gov/apoclaws.shtml

APOC ANCHORAGE	APOC JUNEAU	Toll-free
2221 E. Northern Lights Blvd., Room 128 Anchorage, AK 99508-4149 907-276-4176 / Fax 907-276-7018	240 Main Street, Room 201 / P.O. Box 110222 Juneau, AK 99811-0222 907-465-4864 / Fax 907-465-4832	800-478-4176

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NEEDED	CHECK ALL BOXES THAT APPLY. Example: check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOESN"T APPLY, CHECK "NONE"