

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.

- 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: Mead Treadwell

ARRIVED

MAILING ADDRESS: 528 N Street, Anchorage, AK 99501
Street Address or P.O. Box, City, Zip Code

MAR 15 2011

CONTACT PHONE(S): 907-258-7764(Home) 907-223-8128(Cell)

Fax: **APOC - ANCH
PM HC FAX ELE**

E-MAIL: meadwell@alaska.net

SPOUSE / DOMESTIC PARTNER: Carol Treadwell (deceased 10.21.02)

DEPENDENT CHILDREN: 3 NON-DEPENDENT CHILDREN LIVING WITH YOU: _____

Report number of children, including stepchildren, adoptive children. Legislative filers: List non-dependent children living with you.

NAME NON-DEPENDENT CHILDREN LIVING with YOU: _____

WHY ARE YOU FILING?

OFFICE HOLDER or CANDIDATE

Office held or sought: Lieutenant Governor

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: \$46,405.26

Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10–6/5/10

If work is not full-time, specify amount of time worked (months/days/hours): Work as required; statute limits pay to 90 days per calendar year.

Employer: U.S. Arctic Research Commission

Address: 4350 N. Fairfax Drive, Suite 510 • Arlington, Virginia 22203 USA

DETAILED DESCRIPTION of SERVICES PROVIDED: Chairman of seven-member Presidentially appointed Commission. Oversee activities of this federal agency in its work to develop goals for the \$400 million US Arctic Research Program. Supervise executive director. Work to build cooperation in Arctic research with the State of Alaska, academic and business community, international partners and federal agencies. Frequent Congressional testimony; work with foreign officials, public speaking throughout the US and in Arctic research partner countries. While on official travel, I was reimbursed for expenses and per diem at federally approved rates.

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 2,491

Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10 – 1/31/10

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

Employer: Institute of the North

Address: 509 West Third Ave., Ste. 107, Anchorage, AK 99501

DETAILED DESCRIPTION of SERVICES PROVIDED: Senior Fellow of this research institute/think tank. Oversee work of defense security program (usually one research assistant); research, writing, and speaking on issues related to missile defense, Alaska's role in U.S. security, international cooperation. Health Insurance was paid by Institute of the North for a period of time during 2010. However these amounts were not reported as income on the W-2 issued by Institute of the North.

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 2,464.05

Full-time Part-time Seasonal Commission Project Hourly / Dates: 12/6/10 -12/31/10

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

Employer: State of Alaska – Department of Administration (Lieutenant Governor Position)

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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Address: P.O. Box 110204, Juneau, AK 99511-0204

DETAILED DESCRIPTION of SERVICES PROVIDED: Lieutenant Governor duties including oversight of elections, filing of regulations and other duties as assigned.

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: \$ 30,000

Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10 – 12/31/10

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

Business name: Venture Ad Astra

Client / Customer name: _____

Client / customer address: 410 W. 27th Avenue, Ste. 200, Anchorage, AK 99503

DETAILED DESCRIPTION of services provided: Board Member of venture development company. Report to board of directors. Represent the firm as a board member in subsidiaries or key investments, including Zulu Time LLC, Immersive Media Corporation. Negative income number represents my share of overall LLC losses as we dedicated funds to research, although I did draw or accrue a monthly stipend of \$8,000. Per K-1, Loss for 2010 was \$(106,155) with guaranteed payments of \$30,000, Interest income of \$23, and Long Term Capital Gain of \$226,811.

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 25,605

Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10 – 12/31/10

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

Business name: Ellicott Dredges, LLC

Client / customer name: _____

Client / customer address: 1425 Wicomico St., Baltimore, MD 21230

DETAILED DESCRIPTION of services provided: Member of Board of Directors of dredge manufacturer operating in global markets. I serve as an individual investor; and as sole proprietor of Treadwell Development.

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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EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 5,600.00
 Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10 – 12/31/10

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

Business name: Arctic Transportation Services

Client / customer name: _____

Client / customer address: 5701 Silverado Way, Unit L, Anchorage, AK 99518

DETAILED DESCRIPTION of services provided: Member of Board of Directors of cargo airline serving rural Alaska markets. My role is as an individual and as sole proprietor of Treadwell Development.

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 24,000
 Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10 – 12/31/10

Business name: Owner State Wireless, LLC

Client / customer name: _____

Client / customer address: 528 N Street, Anchorage, AK 99501

DETAILED DESCRIPTION of services provided: Developed and sold Alaska wireless venture and provided strategic consulting to purchaser of wireless licenses for mobile telephony once owned by the firm.

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 1500
 Full-time Part-time Seasonal Commission Project Hourly / Dates: 1/1/10 – 12/31/10

Business name: Immersive Media Corpotation

Client / customer name: _____

Client / customer address: 224 – 15th Avenue SW, Calgary, AB T2R 0P7 Canada

DETAILED DESCRIPTION of services provided: Chair of Board of Directors of 360 degree video camera technology developer providing camera sales and services in global markets. Firm also invests in new energy technologies.

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. <small>For example, check multiple boxes for joint property owners</small>	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: \$1,891_____

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

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

Business name: NW Michigan College

Client/customer name/address (if applicable): _____

DETAILED DESCRIPTION of services provided: Key note speaker.

4. RENTAL INCOME

NONE: check box →

OWNER:	TENANTS WHO PAID > \$1,000 <small>(For property outside Alaska managed by agent, list AGENT instead of tenant)</small>	AMOUNT
<input type="checkbox"/> Filer	Chris Flynn for property in Girdwood, AK	\$9,350
<input type="checkbox"/> Spouse or domestic partner	Epic Charters for property in Girdwood, AK	\$2,850.00
<input type="checkbox"/> Child	Contract Packaging, Ltd. For Pit Hog Property in Somerset, WI	
<input checked="" type="checkbox"/> Co-owner with others	Liquid Waste Technology for Pit Hog Property in New Richmond, WI <small>(Tenants pay greater than \$1,000.00 but my "share" of net rents is less than \$1,000.00)</small>	

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. <small>For example, check multiple boxes for joint property owners</small>	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 checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Alaska Permanent Fund Dividend	\$5,124
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Deutsche Bank; Mae Moffat Trust interest income/dividends	\$3,092
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Morgan Stanley Smith Barney interest income/dividends	\$20,346
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Venture Ad Astra	\$12,091
<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 checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Social Security payment for minor children after mother's death	\$28,824
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Naples Council on World Affairs	\$3,500
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	HaberVision Loss	(\$11,990)
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Investment Gains/Losses – Dreyfus Hi Yield, Duke Energy, Invesco Hi, Spectra	\$7,397 net gain
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Sale of Emberclear Stock – Sales Price	\$342,787

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: Shareholder

Business name: Venture Ad Astra, LLC

Business address: 410 W. 27th Avenue, Ste. 200, Anchorage, AK

DETAILED DESCRIPTION of business activity: Developer/investor in geospatial imaging technologies, including 360 degree cameras, wireless network location devices, and advanced telescopes.

Filer / Spouse/domestic partner / Child / Position/Type of interest: Sole Proprietor

Business name: Treadwell Development

Business address: 528 N Street, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: I hold a business license for Treadwell Development to allow me to receive income from my consultant and board memberships and as an employer entity for subcontractors.

Filer / Spouse/domestic partner / Child / Position/Type of interest: Chairman, Shareholder

Business name: Immersive Media Corporation, now named Emberclear as of 2010

Business address: 224 - 15th Avenue SW, Calgary, AB T2R 0P7 Canada

DETAILED DESCRIPTION of business activity: Developer and manufacturer of 360 degree video camera and services with same to global customers in security, situational awareness, mapping, and entertainment. Publicly listed firm is also investor in alternative energy technologies, including electric vehicles and coal gasification.

Filer / Spouse/domestic partner / Child / Position/Type of interest: Director, Non-shareholder

Business name: Arctic Transportation Services

Business address: 5701 Silverado Way, Unit L, Anchorage, AK 99518

DETAILED DESCRIPTION of business activity: Rural Alaska cargo airline

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Chairman, Shareholder

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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Business name: Immersive Media Company

Business address: 2505 SE 11th Avenue, Suite 212; Portland, Oregon 97202

DETAILED DESCRIPTION of business activity: US subsidiary, major operating unit of Immersive Media Company, listed above. Developer, manufacturer of 360 video camera for sale and services in global markets.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder, Director

Business name: Island Inn Corporation

Business address: 3111 W. Gulf Drive, Sanibel Island, FL 33957

DETAILED DESCRIPTION of business activity: Resort hotel with rental condos and cottages

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder

Business name: Habervision

Business address: 15710 W. Colfax Ave., Suite 204, Golden, CO 80401

DETAILED DESCRIPTION of business activity: Sunglass, goggle manufacturer, seller

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Director, Share/Optionholder

Business name: IW Financial

Business address: 80 Exchange Street, Suite 22, Portland, ME 04101

DETAILED DESCRIPTION of business activity: IW Financial is a leading provider of environmental, social, and governance (ESG) research, consulting, and portfolio management solutions for asset management firms, managed accounts sponsors, institutional investors, plan sponsors, and investment advisors.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Optionholder

Business name: Ingeniux

Business address: 1601 2nd Avenue, 5th Floor, Seattle, WA 98101

DETAILED DESCRIPTION of business activity: Ingeniux is a full-service web content management software and enterprise social software vendor that enables organizations to manage world-class websites and turn content into advantage.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder

Business name: Digimarc Corporation

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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Business address: 9405 SW Gemini Drive, Beaverton OR 97008 USA

DETAILED DESCRIPTION of business activity: Digimarc pioneered digital watermarking, which provides solutions for copyright identification and management, enhancements to traffic safety and national security, and methods to combat fraud, counterfeiting and piracy.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder, Director

Business name: Ellicott Dredge Enterprises, LLC

Business address: 1425 Wicomico St., Baltimore, Maryland 21230 U.S.A

DETAILED DESCRIPTION of business activity: Manufacturer of dredges for global markets. Firm has, listed below, several operating subsidiaries; a majority of interest was sold to Markel Ventures of Richmond, VA

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder

Business name: Pit Hog Properties I & II

Business address: c/o Ellicott Dredges, LLC, 1425 Wicomico St., Baltimore, Maryland 21230 U.S.A

DETAILED DESCRIPTION of business activity: Owner of real estate leased by Ellicott Dredges or subsidiaries LWT and Pit Hog in Somerset and New Richmond, WI. My "share" of rental income is less than \$1,000

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder, Director

Business name: Ellicott Dredges, LLC

Business address: 1425 Wicomico St., Baltimore, Maryland 21230 U.S.A

DETAILED DESCRIPTION of business activity: Manufacturer of dredges for global markets.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder, Director

Business name: Ede, LLC

Business address: 1425 Wicomico St., Baltimore, Maryland 21230 U.S.A

DETAILED DESCRIPTION of business activity: Manufacturer of dredges for global markets.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder, Director

Business name: Liquid Waste Technology, LLC

Business address: 1425 Wicomico St., Baltimore, Maryland 21230 U.S.A

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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DETAILED DESCRIPTION of business activity: Manufacturer of dredges for global markets.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Shareholder, Director

Business name: Ellicott Dredge International

Business address: c/o Ellicott Dredges, LLC 1425 Wicomico St., Baltimore, Maryland 21230

DETAILED DESCRIPTION of business activity: Manufacturer of dredges for global markets.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Bondholder, Advisor

Business name: American Bondholder Foundation

Business address: 2840 Glasscock Road, Lewisburg, Tennessee 37091

DETAILED DESCRIPTION of business activity: Firm owns bonds or has power of attorney to represent bondholders of defaulted sovereign debt.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Trustee

Business name: 2002 Carol and Mead Treadwell Revocable Trust & associated children's trust

Business address: 528 N Street, Anchorage, Alaska 99501

DETAILED DESCRIPTION of business activity: Trust owns or co-owns many of the assets listed in this document; Treadwell children are the ultimate beneficiary of the assets upon my death.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Trustee

Business name: Clara and Alexander Bowe Trusts (4 in total)

Business address: 528 N Street, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: Trust holding property for named beneficiaries managed by JP Morgan and Company in managed funds, or shares of Ellicott Dredges, LLC and Pit Hog Properties.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: CEO, Shareholder

Business name: Owner State Wireless, LLC

Business address: 528 N Street, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: Venture Ad-Astra owned firm provides strategic consulting to purchaser of wireless licenses for mobile telephony once owned by the firm

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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X Filer / Spouse/domestic partner / Child / Position/Type of interest: Chairman, Creditor, Optionholder

Business name: ZuluTime LLC

Business address: c/o Venture Ad Astra, LLC, 410 W. 27th Avenue, Ste. 200, Anchorage, AK 99503

DETAILED DESCRIPTION of business activity: Firm is owner of patents, intellectual property in position, navigation and timing, and is developing commercial applications for wireless networks.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Director

Business name: Great Alaska Council, Boy Scouts of America

Business address: 3117 Patterson Street, Anchorage, Alaska 99504

DETAILED DESCRIPTION of business activity: Not for profit youth program; operator of camps

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Director, officer

Business name: Commonwealth North

Business address: 711 M Street, Suite 104 Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: Not for profit organization focusing on Alaska public policy

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Director

Business name: Prince William Sound Science Center

Business address: P.O. Box 705, Cordova, AK 99574

DETAILED DESCRIPTION of business activity: Not for profit marine research, education center

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Trustee

Business name: Yale Library Associates

Business address: Yale University, New Haven, CT 06520

DETAILED DESCRIPTION of business activity: Not for profit organization to support university libraries

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Director

Business name: Healthy Alaska Natives Foundation

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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Business address: 4000 Ambassador Drive, Anchorage, AK 99508

DETAILED DESCRIPTION of business activity: Not for profit foundation to support work of the Alaska Native Tribal Health Consortium, support education and research in Alaska health issues.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Founding Board Member

Business name: Alaska Ocean Observing System

Business address: 1007 West Third Ave., Ste. 100, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: Not for profit ocean research/monitoring program; position in relation to my work as USARC commissioner.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Associate Board Member

Business name: North Slope Science Initiative

Business address: c/o Alaska State Office (910), Bureau of Land Management, 222 West 7th Avenue, #13, Anchorage, Alaska 99513-7599

DETAILED DESCRIPTION of business activity: Congressionally chartered interagency research group; position in relation to my work as USARC commissioner.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Owner

Business name: 528 N Street

Business address: 528 N Street, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: In order to conform with zoning regulations, my private home is sited on a lot which is platted to contain land owned by the Alaska Railroad and myself. Under a 70 year lease with the Alaska Railroad, I am concurrently a leaseholder paying directly to the railroad.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Director

Business name: Alaska Siberia Research Center

Business address: P.O. Box 34871, Juneau, AK 99503

DETAILED DESCRIPTION of business activity: Not for profit educational and research institution focusing on Alaska and Siberia culture and cooperation: created Lend-Lease Memorial in Fairbanks; publishes books on Alaska and Siberia.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Ownership Interest

Business name: Efficient Tax, LLC

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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Business address: 733 West 4th Ave., Suite 200, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: The primary purpose of this company is software and technology development, also licensing and services.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: Chapter Chair

Business name: North Pacific Alaska Chapter, Explorers Club

Business address: 528 N Street, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: Chapter of the Explorers Club, an international non-profit organization promoting exploration, research, and education.

X Filer / Spouse/domestic partner / Child / Position/Type of interest: President, Director

Business name: Alaskans for Tax Reform, Inc.

Business address: c/o Kenneth P. Jacobus, 310 K Street, Suite 200, Anchorage, AK 99501

DETAILED DESCRIPTION of business activity: To promote tax reform, including research and education; to lessen the burdens of government upon the people.

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 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: 528 N Street

City or borough / State: Anchorage, AK 99501

Ownership interest: Owned through 2002 Mead and Carol Treadwell Revocable Trust for benefit of Mead Treadwell and children's trust.

(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: 297 Donner Loop

City or borough / State: Girdwood, Alaska

Ownership interest: Owned through 2002 Mead and Carol Treadwell Revocable Trust for benefit of Mead Treadwell and children's trust.

(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: Mother, Brothers

Street address or legal description: 1064 Manitou Trail

City or borough / State: Leland, Michigan

Ownership interest: Co-owned with Anne, Albert and Frank Treadwell

(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: Pit Hog Properties I, LLC.

Street address or legal description: 422 Main Street

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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ALASKA PUBLIC OFFICES COMMISSION
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Covers the reporting period Jan. 1, 2010– Dec. 31, 2010

City or borough / State: Somerset, Wisconsin, USA 54025

Ownership interest: Shareholder in factory leased to Contract Packaging, LLC, a division of Ellicott Dredges, LLC.

(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: Pit Hog Properties II, LLC

Street address or legal description: 1750 Madison Avenue

City or borough / State: New Richmond, Wisconsin, USA 54017

Ownership interest: Shareholder in factory leased to Liquid Waste Technology, LLC, a division of Ellicott Dredges, LLC.

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

Street address or legal description: 3111 West Gulf Dr.

City or borough / State: Sanibel, FL

Ownership interest: Shareholder in hotel enterprise

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 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: Morgan Stanley Smith Barney

ASSETS – IDENTIFY FUND or COMPANIES: Money Market, Savings, CDs, Mutual Funds, Retirement plans, and public stocks listed above and below

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

ASSETS – MANAGED BY: Northrim Bank

ASSETS – IDENTIFY FUND or COMPANIES: Certificate of Deposit

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

ASSETS – MANAGED BY: TIAA-CREF

ASSETS – IDENTIFY FUND or COMPANIES: Retirement Account, Diversified Portfolio

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / PERCENT: 33

ASSETS – MANAGED BY: Deutsche Bank, one third beneficiary interest in charitable remainder trust established c. 1961 by Mae Moffatt, deceased, of New York, NY

ASSETS – IDENTIFY FUND or COMPANIES: Various Deutsche Bank money market and mutual funds over which beneficiaries have no control

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

ASSETS – MANAGED BY: State of Alaska

ASSETS – IDENTIFY FUND or COMPANIES: Retirement plans/Pension

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

ASSETS – MANAGED BY: 2002 Mead and Carol Treadwell Revocable Trust & Associated Children's Trusts - Mead is Primary beneficiary during his lifetime, and his children (Timothy, William and Natalie) are beneficiaries upon his death.

ASSETS – IDENTIFY FUND or COMPANIES: Managed by Morgan Stanley, invested in various mutual funds and money market accounts, over which beneficiaries have little control

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

ASSETS – MANAGED BY: Alex Bowe Irrevocable Trust

ASSETS – IDENTIFY FUND or COMPANIES: Managed by JP Morgan, invested in various mutual funds and money market accounts, over which beneficiaries have little control

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

ASSETS – MANAGED BY: Alex Bowe Trust

ASSETS – IDENTIFY FUND or COMPANIES: Managed by JP Morgan, invested in various mutual funds and money market accounts, over which beneficiaries have little control

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

ASSETS – MANAGED BY: Clara Bowe Irrevocable Trust

ASSETS – IDENTIFY FUND or COMPANIES: Managed by JP Morgan, invested in various mutual funds and money market accounts, over which beneficiaries have little control

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

ASSETS – MANAGED BY: Clara Bowe Trust

ASSETS – IDENTIFY FUND or COMPANIES: Managed by JP Morgan, invested in various mutual funds and money market accounts, over which beneficiaries have little control

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Immersive Media Corp (IMSVF)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Citadel Broadcasting Corp (CTDB)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Walt Disney CO HLDG CO (DIS)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Digimarc Corporation (DMRC)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Dreyfus Hi Yld Strategic Fnd (DHF)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Duke Energy Corp Hlding Co (DUK)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Spectra Energy Corp Com (SE)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Pepsico Inc (PEP)

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

ASSETS – MANAGED BY: Morgan Stanley

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

ASSETS – IDENTIFY FUND or COMPANIES: Liberty Global Inc (LBTYA)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Liberty Global Inc (LBTYB)

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

ASSETS – MANAGED BY: Morgan Stanley

ASSETS – IDENTIFY FUND or COMPANIES: Adobe Systems Inc (ADBE)

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 Home Equity Credit Line

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: Wells Fargo Business Credit Line to Venture Ad-Astra guaranteed by Mead Treadwell

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

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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LENDER or CREDITOR / Name: _____

Address: _____

Original loan: \$ _____ Balance owed: \$ _____ Interest rate: _____ %

Term: _____ years _____ months / WRITTEN LOAN AGREEMENT? Yes / No

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: LLC

Bid / Offer / Held / CONTRACT ID (name/number): _____

CONTRACTING AGENCY: Port Graham Development Corporation for Alaska DOT

CONTRACT DESCRIPTION: Subcontractor: Testing of Venture Ad-Astra position and navigation technology for use in Alaska Aviation Safety Project; Project completed spring 2010

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: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. <small>For example, check multiple boxes for joint property owners</small>	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**

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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: *Mead Treadwell*

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

Mead Treadwell
NAME of FILER

3/15/11 - Anchorage
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"

MAR 16 2011