



ALASKA PUBLIC OFFICES COMMISSION
 2010 FINANCIAL DISCLOSURE STATEMENT
 Covers the reporting period Jan. 1, 2009– Dec. 31, 2009



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., Rm 128, Anchorage, AK 99508 / 907-276-4176 / Fax 907-276-7018
- JUNEAU: 240 Main St., Rm 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: Robert Valer

MAILING ADDRESS: APFC, 801 West 10th Street, Suite 302, Juneau AK 99801
 Street address or P.O. Box, city, zip code

CONTACT PHONE(S): 907-796-1510 Fax: 907-463-1573

E-MAIL: rvaler@alaskpermfund.com

SPOUSE / DOMESTIC PARTNER: None

DEPENDENT CHILDREN: None NON-DEPENDENT CHILDREN LIVING WITH YOU: None
 Report number of children, including stepchildren, adoptive children. Legislative filers: List non-dependent children living with you.

NAME NON-DEPENDENT CHILDREN LIVING with YOU: N/A

WHY ARE YOU FILING? OFFICE HOLDER or CANDIDATE

Office held or sought: APFC General Counsel

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 _____.

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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 PUBLIC FAX FILE

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(Include all information not reported on a previously filed statement through your last day of office.)

CANDIDATE STATEMENT: Due when filing declaration of candidacy

SCHEDULE A: SOURCES OF INCOME OVER \$1,000

I. 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: \$166,075.78

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 West 10th Street, Suite 302, Juneau AK 99801

DETAILED DESCRIPTION of SERVICES PROVIDED: In-house attorney for the APFC.

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: _____

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



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: _____

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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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: _____

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		
<input type="checkbox"/> Spouse or domestic partner		
<input type="checkbox"/> Child		
<input type="checkbox"/> Co-owner with others		

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



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	Permanent Fund. Number of dividends: 0 Total: 0	\$ 0.00
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Vanguard Index Fds Vanguard Growth	1,228.00
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Vanguard Sector Index Fds Vanguard	1,550.90
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Vanguard Index Fds Vanguard Large Cap	1,057.00
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	Microsoft Corp	2642.01
<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		

7. GIFTS WORTH MORE THAN \$250

NONE: check box →

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. Legislators must submit more detailed disclosure reports to the Legislative Ethics Committee.

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			

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.

Interest held by	Nature of interest	Business Name and Type of Interest	Address
1. Filer	Shareholder	Cisco Sys Inc. (CSCO), a publicly-traded corporation	170 West Tasman Drive San Jose CA 95134
2. Filer	Shareholder	Martek Biosciences Corp (MATK), a publicly-traded corporation	6480 Dobbin Road Columbia MD 21045
3. Filer	Shareholder	General Electric (GE), a publicly-traded corporation	3135 East Turnpike Fairfield CT 06828
4. Filer	Shareholder	Microsoft Corp (MSFT), a publicly-traded corporation	One Microsoft Way Redmond WA 98052
5. Filer	Shareholder	Ishares TR S&P 500/Value Index Fd (IVE), Investment Fund	45 Fremont Street San Francisco CA 94105
6. Filer	Shareholder	(QQQQ) POWERSHARES QQQ TR UNIT SER 1 (Investment fund)	Nasdaq Global Funds, Inc. c/o The Nasdaq Stock Market 9513 Key West Ave. Rockville, MD 20850
7. Filer	Shareholder	(VDE) VANGUARD SECTOR INDEX FDS VANGUARD ENERGY VIPERS (Investment fund)	P.O. Box 2600 Valley Forge, PA 19482
8. Filer	Shareholder	(VUG) VANGUARD INDEX FDS VANGUARD GROWTH VIPERS (Investment fund)	P.O. Box 2600 Valley Forge, PA 19482
9. Filer	Shareholder	(VV) VANGUARD INDEX FDS VANGUARD LARGE CAP VIPERS (Investment fund)	P.O. Box 2600 Valley Forge, PA 19482
10. Filer	Shareholder	(VWO) VANGUARD EMERGING MKTS VIPERS (Investment fund)	P.O. Box 2600 Valley Forge, PA 19482

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 OF A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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Interest held by	Nature of interest	Business Name and Type of Interest	Address
11. Filer	Shareholder	(EFA) ISHARES TR MSCI EAFE INDEX FD (Investment fund)	45 Fremont Street San Francisco, CA 94105
12. Filer	Shareholder	(IJK) ISHARES TR S&P MICAP 400/ GROWTH INDEX FUND (Investment fund)	c/o Barclays Global Investors 525 Washington Boulevard Suite 1405 Jersey City, NJ 94105
13. Filer	Shareholder	(IJS) ISHARES TR S&P SMALLCAP 600/ VALUE INDEX FD (Investment fund)	45 Fremont Street San Francisco, CA 94105
14. Filer	Shareholder	(IJT) ISHARES TR S&P SMALLCAP 600/ GROWTH INDEX FD (Investment fund)	45 Fremont Street San Francisco, CA 94105
15. Filer	Shareholder	(INTC) INTEL CORP (Investment fund)	2200 Mission College Boulevard Santa Clara, CA 95054
16. Filer	Shareholder	(IVW) ISHARES TR S&P 500/ GROWTH INDEX FD ISHARES (Investment fund)	45 Fremont Street San Francisco, CA 94105
17. Filer	Shareholder	(XLNX) XILINX INC (Investment fund)	2100 Logic Drive San Jose, CA 95124
18. Filer	Shareholder	(FCNTX) FID CONTRAFUND (Investment fund)	82 Devonshire Street Boston MA 02109
19. Filer	Shareholder	(FDGRX) FID GROWTH COMPANY (Investment fund)	82 Devonshire Street Boston MA 02109
20. Filer	Shareholder	(FDVLX) FID VALUE (Investment fund)	82 Devonshire Street Boston MA 02109
21. Filer	Shareholder	(FRESX) FID REAL ESTATE INVS (Investment fund)	82 Devonshire Street Mailzone Z1c Boston MA 02109
22. Filer	Shareholder	(TDADX) TMPL DEV MKTS ADV (Investment fund)	500 East Broward Blvd Ste 2100 Fort Lauderdale FL 33394-3091
23. Filer	Shareholder	(SWPLX) Schwab S&P 500 Index Inv (Investment fund)	101 Montgomery St. San Francisco, CA 94104
24. Filer	Shareholder	(SNXFX) Schwab 1000 Index Inv (Investment fund)	101 Montgomery St. San Francisco, CA 94104
25. Filer	Shareholder	(RMBS) Rambus, Inc. (RMBS) (Publicly-traded corporation)	4440 El Camino Real Los Altos, CA 94022
26. Filer	Shareholder	(EMC) E M C Corp Mass (Publicly-traded corporation)	176 South Street Hopkinton MA 01748
27. Filer	Shareholder	(FSLXS) Fidelity Select Money Market (Investment fund)	82 Devonshire Street Boston MA 02109

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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Interest held by	Nature of interest	Business Name and Type of Interest	Address
28. Filer	Shareholder	(FTEXX) Fidelity Municipal Money Market (Investment fund)	82 Devonshire Street Boston MA 02109
29. Filer	Shareholder	(FDRXX) Fidelity Cash Reserves (Investment fund)	82 Devonshire Street Boston MA 02109
30. Filer	Shareholder	(IVE) Ishares TR S&P 500/Value Index Fd (Investment fund)	200 Clarendon St Boston, MA 02116-5021
31. Filer	Shareholder	(IJK) Ishares TR S&P Micap 400/Growth Index Fund (Investment fund)	1209 N Orange St Wilmington, DE 19801-1120
32. Filer	Shareholder	(WWWFX) The Internet Fund (Investment fund)	Kinetics Asset Management, Inc 555 Taxter Road, Suite 175 Elmsford, NY 10523
33. Filer	Bondholder	MARYLAND ST DEPT TRANSN CONS TRANSN 03.000% 06/01/2010 CONS DEPT OF TRANS REV BDS SECOND ISSUE (Bond)	Maryland State Department of Transportation

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 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: 206 Hermit Street

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: _____

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 <small>WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</small>	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 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: All managed by Filer – see below.

ASSETS – IDENTIFY FUND or COMPANIES: See below.

1. **State of Alaska Deferred Compensation Plan:** S&P 500 Index Fund
2. **State of Alaska Supplemental Annuity Plan:** Alaska Long-Term Balanced Trust
3. **State of Alaska Public Employees' Tier IV Defined Contribution Retirement Plan:** Alaska Money Market Master Trust; Alaska Long-Term Balanced Trust; Brandes International Eq Fund Fee CI-1; SSgA Global Balance Fund; T.Rowe Price Small Cap Stock Trust; RCM Socially Responsible Investment Fund; S&P 500 Stock Index Fund
4. **Fidelity Traditional IRA:** Ishares TR MSCI EAFE Index Fund (EFA); Fidelity Cash Reserves (FDRXX)
5. **Fidelity Rollover IRA:** Intel Corp (INTC); Ishares TR S&P 500/Growth Index Fd Ishares (IVE); Ishares TR S&P Micap 400/Growth Index Fund (IJK); Ishares TR S&P SmallCap 600/Value Index Fd (IJS); Ishares TR S&P SmallCap 600 Growth Index Fd (IJT); Nortel Networks Corp New Com (NRTLQ); Rambus Inc. (RMBS); Sun Microsystems Inc. Com New (JAVA); Xilinx (XLNX); Fidelity Cash Reserves (FDRXX)
6. **Fidelity Roth IRA:** The Internet Fund (WWWFX)
7. **Groom Law Group, Chartered Profit Sharing Plan (held at Fidelity):** Fid Contrafund (FCNTX); Fid Growth Company (FDGRX); Fid Value (FDVLX); Tmpl DEV Mkts ADV (TDADX); Fid Real Estate Invs (FRESX)

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

1. LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000 NONE: check box →

Report each creditor or lender to whom more than \$1,000 was owed during the reporting period. Report guarantor of each loan. List financial obligations, including mortgages on property owned or sold during the reporting period; loans that have been guaranteed; delinquent taxes; alimony; child support payments; medical bills; boat and vehicle loans; business and personal loans; escrows; student loans; signature loans and promissory notes. Loans include secured, unsecured and contingent loans. *Do NOT list credit card obligations or revolving charge accounts.*

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

2. FOR LEGISLATIVE BRANCH FILERS ONLY NONE: check box → N/A

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 <small>WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</small>	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 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:

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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MAR 17 2010



**ALASKA PUBLIC OFFICES COMMISSION
2010 FINANCIAL DISCLOSURE STATEMENT**

Covers the reporting period Jan. 1, 2009– Dec. 31, 2009



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

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

Robert D. Valer

3-15-10 / Juneau AK

NAME of FILER

DATE & PLACE SIGNED / FILED

All officials and candidates who are required to file disclosure statements are solely responsible for filing complete, accurate and truthful statements by the deadlines.

WHERE TO FILE THIS STATEMENT

STATE OFFICIALS: File initial, annual and final statements with the Alaska Public Offices Commission.

STATE CANDIDATES: File with the Division of Elections along with Declaration of Candidacy.

BOROUGH / MUNICIPAL / CITY OFFICIALS and CANDIDATES: File with city or borough clerk where you hold or seek office.

FILE ELECTRONICALLY to APOC: doa.apoc.reports@alaska.gov

THIS IS A PUBLIC DOCUMENT

NOTE: Public officials who are required to file this disclosure statement may have additional obligations to disclose conflicts of interest or potential conflicts under state executive, legislative or judicial ethics rules or personnel rules. Legislators who are required to file this disclosure statement have additional disclosure and reporting requirements imposed by the Select Committee on Legislative Ethics. Local officials may also be governed by local ethics ordinances or personnel rules.

Disclosure forms, guidelines, laws and regulations are online: doa.alaska.gov/apoc or from APOC offices

ALASKA PUBLIC OFFICES COMMISSION

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E-mail APOC: doa.apoc@alaska.gov

File electronic disclosure statements to: doa.apoc.reports@alaska.gov

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.

CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners

IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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