



**North Slope Borough, Alaska**  
**Public Notice for the North Slope Borough Nominating Petition Method**  
**to File for Candidacy for Name to Appear on the Official Ballot**  
**of the North Slope Borough Regular Election to be held October 4, 2022**

**FOR THE PURPOSE OF FILLING 4 SEATS ON THE NORTH SLOPE BOROUGH ASSEMBLY**

- |   |                    |
|---|--------------------|
| <b>District A-2, Wainwright</b> (currently filled by John Hopson, Jr.)                    | <b>3-Year Term</b> |
| <b>District A-3C, Barrow</b> (currently filled by Crawford Patkotak)                      | <b>3-Year Term</b> |
| <b>District A-3E, Barrow</b> (currently filled by Herman Ahsoak)                          | <b>3-Year Term</b> |
| <b>District A-6, Anaktuvuk Pass &amp; Kaktovik</b> (currently filled by Jerry Sikvayugak) | <b>3-Year Term</b> |

**QUALIFICATIONS** (Per Sec. 3.030 of the North Slope Borough Charter)

A person filing for election to a seat on the North Slope Borough Assembly must be:

- a. A person who has been a resident of the Borough at least six months prior to the date of the election in which he is a candidate is eligible to be an assemblyman. An assemblyman who ceases to be a resident of the Borough immediately forfeits his office.
- b. No assemblyman may hold any other compensated borough office or employment, or elected partisan political office, while serving on the assembly.
- c. An assembly member shall be a resident of the district to which the member's seat is assigned at the time of the member's election or appointment.
- d. An Assembly member who ceases to be a resident of the district to which the member's seat is assigned immediately forfeits his or her office

**FOR THE PURPOSE OF FILLING 2 SEATS ON THE NORTH SLOPE BOROUGH BOARD OF EDUCATION**

- |   |                    |
|---|--------------------|
| <b>Seat "C" – Barrow</b> (currently filled by Frieda Nageak)                  | <b>3-Year Term</b> |
| <b>Seat "D" – Point Hope &amp; Point Lay</b> (currently filled by Nancy Rock) | <b>3-Year Term</b> |

**QUALIFICATIONS** (Per Sec. 9.020 of the North Slope Borough Charter)

To be eligible for nomination for a seat on the North Slope Borough School Board and to serve in that capacity:

- a. A person shall have the qualifications of an assemblyman under Sec. 3.030 (a) of the North Slope Borough Charter.
- b. No school board member may hold any other compensated school district employment or office, or elected partisan political office while serving on the school board.



Nominating Petition Forms will be available across the North Slope Starting July 6, 2022  
at the NSB Village Liaison office & the NSB Clerks office

Nominating Petition Forms are available for printing online @ [www.north-slope.org](http://www.north-slope.org)

### **FILING FOR OFFICE: Per Sec. 6.040 of the North Slope Borough Charter**

Candidates for elective Borough office shall be nominated by a petition signed by at least twenty-five (25) qualified voters who are residents of the North Slope Borough. No nominating petition may be accepted unless accompanied by a signed acceptance of the nominee.

All nomination papers comprising a petition shall be assembled and filed with the Borough Clerk as "One Instrument", during working hours 8:30 a.m. to 5:00 p.m., ADT, Monday through Friday.

No Nominating Petition shall be accepted earlier than **July 6, 2022** or no later than **August 25, 2022 @ 5:00 p.m.**

**To File In Person:** the Clerk's office is located: 1274 Agvik Street, North Slope Borough Building

#### **To file by US Mail / Certified Mail:**

When filing by Certified Mail, the postmarks or date stamps must not be earlier than July 6, 2022, or later than August 25, 2022, and must be received by the Borough Clerk no later than September 8, 2022, to the address below.

#### **When filing Electronically or by Fax:**

Email Address [NSBAssemblyClerk@north-slope.org](mailto:NSBAssemblyClerk@north-slope.org) and / or Fax Number **907.852.0229**

The Candidate(s) Original Nomination papers must be received by the Borough Clerk no later than September 8, 2022.


#### **Physical Address:**

North Slope Borough Clerk's Office  
1274 Agvik Street  
Barrow, Alaska 99723

#### **Mailing Address:**

North Slope Borough Clerk's Office  
P.O. Box 69  
Barrow, Alaska 99723

In accordance with AS § 15.13, an Alaska Public Offices Commission (APOC) "Municipal Exemption Statement" (if candidate intends to spend or raise less than \$5,000 in seeking election) OR "Candidate Registration" must be filed. Additionally, in accordance with AS § 39.50 an APOC "Financial Disclosure Statement" must be filed with the Borough Clerk at the time of filing a petition unless you are an incumbent and one is already on file with APOC for the year 2022.

  
Borough Clerk

July 5, 2022  
Date

### North Slope Borough Nominating Petition

We, the undersigned qualified voters of the North Slope Borough, in the State of Alaska, hereby nominate and sponsor \_\_\_\_\_, whose residence is, \_\_\_\_\_ for the office of \_\_\_\_\_, to be voted for at the election to be held on the 4<sup>th</sup> day of October, 2022.

We individually certify that we are qualified to vote for a candidate for the office this candidate seeks, and that we have not signed other nominating petitions for this office.

No.	Print Name	Signature	<u>Physical Address</u> House Number & Street Name PO Box will NOT be accepted	City	DOB or Last Four # of SS#	Date Signed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

No.	Print Name	Signature	<u>Physical Address</u> House Number & Street Name PO Box will NOT be accepted	City	DOB or Last Four # of SS#	Date Signed
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						

No.	Print Name	Signature	<u>Physical Address</u> House Number & Street Name PO Box will NOT be accepted	City	DOB or Last Four # of SS#	Date Signed
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						
49.						
50.						

**Print your Name how you want to Appear on the Ballot**

**Acceptance of Nomination by Candidate**

**I Hereby Accept the Above Nomination and Agree to Serve if Elected**

**Signature of Candidate**

**Dated**

**CLERKS OFFICE USE ONLY**

PETITION FILED BY _____	PHYSICAL ADDRESS _____
DATE & HOUR OF FILING _____	RECEIVED BY _____
CONTACT PHONE # _____	TODAYS DATE _____
NUMBER _____	TOTAL NUMBER OF SIGNATURES _____
# REGISTERED VOTERS _____	# NOT REGISTERED VOTERS _____
# SIGNED TWICE _____	# BAD ADDRESS _____

**ALASKA PUBLIC OFFICES COMMISSION**  
**2022 Public Official Financial Disclosure**  
Covering Jan. 1– Dec. 31, 2021

Clerk Received Date

APOC Received Date

**POFD for Municipal Officers and Candidates**

**You may only file this paper POFD if you are a municipal officer or municipal candidate and are serving or seeking office in a municipality with a population of less than 15,000**  
**All other filers must file electronically via myAlaska: <https://my.alaska.gov/>**

**If you are a municipal candidate and already have a current POFD on file you do not need to file a candidate POFD (AS 15.13.030)**

**Contact APOC**

Anchorage: 2221 E. Northern Lights Blvd., Rm. 128, Anchorage, AK 99508 / 907-276-4176 / Fax 907-276-7018  
Juneau: 240 Main St., Rm. 201 / P.O. Box 110222, Juneau, AK 99811 / 907-465-4864 / Fax 907-465-4832  
Toll-free in-state: 800-478-4176 / Online: <http://doa.alaska.gov/apoc/> E-mail: [apoc@alaska.gov](mailto:apoc@alaska.gov)

**This is a public record** – Do not include information such as social security or account numbers

If you have nothing to report in a section, check NONE. Attach additional pages where needed

**Filing as a Municipal:** ☐ Office Holder ☐ Candidate

**Statement Type:**

☒ **Candidate POFD:** Due when filing declaration of candidacy or nominating petition.

☐ **Initial POFD:** Due 30 days from appointment.

☐ **Annual POFD:** Due by March 15 each year after appointment.

**Municipality or Borough:** \_\_\_\_\_

**Position:** ☐ Borough/City Mayor ☐ Assembly member ☐ Councilmember ☐ School Board Member

☐ Elected Utility Board Member ☐ Borough/City Manager ☐ Planning or Zoning Commission

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

**E-MAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**NUMBER OF DEPENDENT CHILDREN:** \_\_\_\_\_

**ALASKA PUBLIC OFFICES COMMISSION**  
**2022 Public Official Financial Disclosure**  
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**SALARIED EMPLOYMENT INCOME**

**NONE:** ☐

Income is anything of value and covers all forms of compensation or benefits from an employer including wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation. Report each employer who paid you, your spouse, or children more than \$1,000. Include amount, dates and terms of employment, and time worked.  
**Amounts of income may be stated in these ranges:** (1) \$250 - \$1,000 gifts only; (2) \$1,000 - \$2,000; (3) \$2,000 - \$5,000; (4) \$5,000 - \$10,000; (5) \$10,000 - \$20,000; (6) \$20,000 - \$50,000; (7) \$50,000 - \$100,000; (8) \$100,000 - \$200,000; (9) \$200,000 - \$500,000; (10) \$500,000 - \$1,000,000; (11) \$1,000,000 or more

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_



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**SELF-EMPLOYMENT INCOME**

NONE: ☐

List each source of self-employment income over \$1,000. See AS 39.50.200(10), source of income, 2 AAC 50.799(a), definition of self-employment, 2 AAC 50.695, reporting deferred income; and 2 AAC 50.700 for details. Disclose each client, customer or business that paid you and/or your family members more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies and professional corporations. Disclose income from corporations in which the filer and/or family members, hold a controlling interest (2 AAC 50.700(b)). **Exemptions:** To obtain an exemption you must file a written request and receive an exemption from the commission (2 AAC 50.775, 2 AAC 50.821).

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates worked: \_\_\_\_\_ Amount of time worked: \_\_\_\_\_

Business name: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Description of services: \_\_\_\_\_

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates worked: \_\_\_\_\_ Amount of time worked: \_\_\_\_\_

Business name: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Client name and address: \_\_\_\_\_

Description of services: \_\_\_\_\_

**RENTAL INCOME**

NONE: ☐

If any person paid you and/or your family members more than \$1,000 in rent during the preceding calendar year, report the name of the person and amount paid. If the property is managed by a person other than the filer or a family member, list the manager's name. Disclose the location of the property under Real Property Interests.

OWNER:	TENANT NAMES	AMOUNT
<input type="checkbox"/> Filer		
<input type="checkbox"/> Spouse		
<input type="checkbox"/> Child		
<input type="checkbox"/> Co-Owners		

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**DIVIDEND AND INTEREST INCOME**

NONE: ☐

If more than \$1,000, disclose dividends, interest and other distributions of earnings from a business or investment. Include dividends or interest from bank accounts, capital gains, money market accounts, certificates of deposit, and Native corporation dividends. PFDs are only applicable if more than \$1,000.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

**OTHER INCOME**

NONE: ☐

List source and amount of income over \$1,000 not listed elsewhere on this form, including sale of goods or property, taxable capital gains, pensions, retirement cash-outs, government entitlements, alimony or child support payments, honoraria and any other payments not otherwise accounted for.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

**GIFTS WORTH MORE THAN \$250**

NONE: ☐

Include travel expenses, discounts not available to the public, loans forgiven or paid by a third party. Do not report gifts from spouse, domestic partner, parent, dependent child, sibling, grandparent, aunt, uncle, niece or nephew.

RECIPIENT	DESCRIPTION	SOURCE	VALUE
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			

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**BUSINESS INTERESTS**

**NONE:** ☐

Report businesses in which the filer or family member: 1) Served as stockholder, owner, officer, director, partner, proprietor, employee, or held an interest. 2) Had ownership interests of more than \$1,000 in a publicly traded corporation, a business, shares in non-publicly traded corporations, sole proprietorships, or limited liability companies. Include options to buy, non-profit organizations, corporations, businesses, associations, and trade groups.

☐ Filer ☐ Spouse ☐ Child Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Child Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Child Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

**REAL PROPERTY INTERESTS**

**NONE:** ☐

A primary residence or recreational property held for personal use may be described only by zip code (2 AAC 50.720). (Enter 'Not Reported' for address if this applies to you.) Report the nature of the interest held in the property; including fee simple ownership, tenancy in common, general or limited partnership, and holder of an option to purchase. If property is jointly owned, check applicable boxes.

Owner(s): ☐ Filer ☐ Spouse ☐ Child ☐ Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Owner(s): ☐ Filer ☐ Spouse ☐ Child ☐ Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Owner(s): ☐ Filer ☐ Spouse ☐ Child ☐ Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

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**TRUSTS, RETIREMENT ACCOUNTS, OR OTHER BENEFICIAL INTERESTS**      **NONE:** ☐

Report each trust, retirement account or beneficial interest that exceeded \$1,000 during the reporting period, including a retirement plan, employee pension plans, profit-sharing, family, or education trusts, deferred compensation plans, annuity plans or any other similar arrangements intended to provide future income for the filer and/or family member. Identify individual investments accounts if you and/or family members manage or personally control the investments.

Owned By: ☐ Filer ☐ Spouse ☐ Child      Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

Owned By: ☐ Filer ☐ Spouse ☐ Child      Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

Owned By: ☐ Filer ☐ Spouse ☐ Child      Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

**LOANS, LOAN GUARANTEES, AND DEBTS OVER \$1,000**      **NONE:** ☐

Report each creditor, lender or guarantor to whom more than \$1,000 was owed during the reporting period. List financial obligations, including 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 ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor      Name: \_\_\_\_\_

Debtor: ☐ Filer ☐ Spouse ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor      Name: \_\_\_\_\_

Debtor: ☐ Filer ☐ Spouse ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor      Name: \_\_\_\_\_

**ALASKA PUBLIC OFFICES COMMISSION**

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**GOVERNMENT CONTRACTS AND OFFERS TO CONTRACT**

**NONE:** ☐

List 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 member/s held a controlling interest.

Contractor: ☐ Filer ☐ Spouse ☐ Child Type of Interest: \_\_\_\_\_

☐ Bid ☐ Offer ☐ Held Contract ID: \_\_\_\_\_

Contracting Agency: \_\_\_\_\_

Description: \_\_\_\_\_

**NATURAL RESOURCE LEASES**

**NONE:** ☐

List mineral, timber, oil and gas leases – held, bid or offered. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or corporation in which you and/or a family member held a controlling interest.

Leaseholder: ☐ Filer ☐ Spouse ☐ Child Type of Interest: \_\_\_\_\_

☐ Bid ☐ Offer ☐ Held Lease ID: \_\_\_\_\_

Description: \_\_\_\_\_

**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 knowingly makes a false sworn certification is guilty of perjury.

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

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE SIGNED**

Filers are solely responsible for timely filing complete and accurate forms

**File this POFD with the municipal clerk where you hold or seek office.**

**THIS IS A PUBLIC DOCUMENT**

## ALASKA PUBLIC OFFICES COMMISSION



ANCHORAGE  
2221 E. Northern Lights, Room 128  
Anchorage, AK 99508-4149  
Phone: (907) 276-4176 or  
Toll free: (800) 478-4176  
Fax: (907) 276-7018

Website: [www.doa.alaska.gov/apoc](http://www.doa.alaska.gov/apoc)  
Email: [apoc@alaska.gov](mailto:apoc@alaska.gov)

JUNEAU  
240 Main St. #500  
PO Box 110222  
Juneau, AK 99811  
Phone: (907) 465-4864  
Fax: (907) 465-4832

### MUNICIPAL CANDIDATE REGISTRATION

Unless an exemption statement is filed, municipal candidates must file a Candidate Registration within 7 days of filing a declaration of candidacy or nominating petition with the clerk's office. The registration provides contact information and designates campaign officers. Only registered campaign officers are permitted to accept/spend contributions on behalf of the campaign, or be reimbursed. Registered candidates must file campaign disclosure reports for the duration of their campaign.

[AS 15.13.060](#); [2 AAC 50.282](#); [2 AAC 50.298](#).

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (<https://my.alaska.gov/>).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

Candidate Name:	Campaign Committee Name: (Optional)
Election Month and Year:	Municipality / Borough:
Campaign Mailing Address:	Campaign Email:
Campaign Phone:	Additional Email:
Campaign Depository: (DO NOT list account number)	Campaign Depository Address:

Treasurer Name:	Treasurer Phone:
Treasurer Mailing Address:	Treasurer Email:
Deputy Treasurer(s): _____ _____ _____ _____	Address(s): _____ _____ _____ _____

I certify that the information contained in the foregoing document is true, complete, and correct.	Signature	Date
	Printed name	

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a [Candidate Reimbursement Form](#) within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)

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Website: [www.doa.alaska.gov/apoc](http://www.doa.alaska.gov/apoc)  
Email: [apoc@alaska.gov](mailto:apoc@alaska.gov)

JUNEAU  
240 Main St. #500  
PO Box 110222  
Juneau, AK 99811  
Phone: (907) 465-4864  
Fax: (907) 465-4832

### MUNICIPAL LETTER OF INTENT

The Letter of Intent can be filed 18 months prior to the election. It permits a candidate to make campaign expenditures and to accept contributions prior to formally declaring for office with the municipal clerk. Other individuals may not accept contributions or make expenditures on behalf of the campaign, unless first registered on a Candidate Registration or Municipal Exemption Statement.

AS 15.13.067; AS 15.13.076; AS 15.13.100; 2 AAC 50.274

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (<https://my.alaska.gov/>).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

CANDIDATE NAME: \_\_\_\_\_

CAMPAIGN ADDRESS: \_\_\_\_\_

CAMPAIGN PHONE: \_\_\_\_\_ CAMPAIGN EMAIL: \_\_\_\_\_

### I INTEND TO BE A CANDIDATE IN THE FOLLOWING ELECTION:

Month:	Office / Race: (Optional)
Year:	District / Seat: (Optional)
Municipality / Borough:	

**Certification: I certify that the information contained in the foregoing document is true, complete, and correct.**

<b>By submitting this Letter of Intent I certify that I will comply with the requirements of AS 15.13.</b>	Signature	Date
	Printed name	

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a Candidate Reimbursement Form within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)

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Website: [www.doa.alaska.gov/apoc](http://www.doa.alaska.gov/apoc)  
Email: [apoc@alaska.gov](mailto:apoc@alaska.gov)

JUNEAU  
240 Main St. #500  
PO Box 110222  
Juneau, AK 99811  
Phone: (907) 465-4864  
Fax: (907) 465-4832

### MUNICIPAL EXEMPTION STATEMENT

Municipal candidates that do not intend to raise/spend more than \$5,000, including their personal funds, may file a Municipal Exemption Form. Exempt candidates are not required to file campaign disclosure reports during their campaign. If an exempt candidate exceeds \$5,000 in financial activity they must immediately file a Candidate Registration and file each report due after the change in status, disclosing all activity from the beginning of the campaign on their first report.

AS 15.13.040(g); 2 AAC 50.286.

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (<https://my.alaska.gov/>).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

CANDIDATE NAME: \_\_\_\_\_

CAMPAIGN ADDRESS: \_\_\_\_\_

CAMPAIGN PHONE: \_\_\_\_\_ CAMPAIGN EMAIL: \_\_\_\_\_

Election Month and Year:	Office / Race: (Optional)
Municipality / Borough:	District / Seat: (Optional)

**Certification: I certify that the information contained in the foregoing document is true, complete, and correct.**

<b>I do not intend to raise/spend more than \$5,000 (including personal money) during my entire campaign for municipal office.</b>	Signature	Date
	Printed name	

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a Candidate Reimbursement Form within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)





## Filing a Public Official Financial Disclosure (POFD) form with the Alaska Public Offices Commission (APOC)

To encourage accountability in government, discourage public officials from acting on personal or business interests, and develop public confidence in officials, certain public officials are required to disclose information about their personal finances. [AS 39.50](#). Failure to timely comply with this requirement results in the automatic assessment of civil penalties. [AS 39.50.135](#).

To file your POFD, you will need:

- A [MyAlaska](https://my.alaska.gov/) account (<https://my.alaska.gov/>)
- Financial information regarding income, property, business interests, and other assets for the previous calendar year for you, your spouse, and your dependent children

Start, Resume, Copy, or Amend your POFD statement by logging into MyAlaska and selecting [APOC – Disclosure Forms](#) under [Services for Individuals](#). Select the “Public Official/Legislative Official Financial Disclosure Form (POFD/LFD)” link/tab to file a new statement or access previous statements. **You may use this link to [log directly into the POFD/LFD filing page](#).**

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

APOC Online Forms Paul Daugherty (dgaup) Logout

HOME POFD/LFD GROUPS/ENTITIES CANDIDATES LOBBYING INDEPENDENT EXPENDITURES ADMINISTRATION

State of Alaska > Department of Administration > APOC > Online Forms > POFD/LFD

PUBLIC OFFICIAL / LEGISLATIVE FINANCIAL DISCLOSURE

**Actions**

- **Start New Form**  
Creates a blank Financial Disclosure Statement to be filed. If you have never filed an electronic Financial Disclosure before, use Start New Form.
- **Resume**  
Continue work on a started but not finished Financial Disclosure Statement. If you have already started a Financial Disclosure Statement, use Resume.
- **Copy**  
Navigates to another page where the existing Financial Disclosure Form can be copied. If you have to file a previous Financial Disclosure or need to file multiple Financial Disclosures for different positions, use Copy.
- **Amend**  
Creates a special amendment copy of the original form to submit corrections and changes. If you need to make changes to an existing form that has already been electronically signed, use Amend.
- **Delete**  
Removes the incomplete form. If you accidentally created a form that you do not intend to file and you want to remove it from the form list, use Delete.

**Financial Disclosure Forms**

Start New Form

Filter

Year: All Amended: Any Amended Only Not Amended Only

Name	Year Reporting Period	Filer Type Position	Status Date Filed	Action
Bruce Wayne The Bat Cave	2012 Candidate 1/1/2011 - 12/31/2011	Municipal Candidate	Incomplete Not Filed	View / Print Resume Delete

If you have already begun a Financial Disclosure Form, Click **Resume** on that filing above.

State of Alaska / © 2011 / [Contact Us](#)

- Refer to the “ACTIONS” bulleted for instructions on the appropriate action
- Take your time to review and follow all instructions on each page
- Contact APOC if you have questions or are unsure how to disclose your finances
- Submit your statement by typing in your MyAlaska password

- Initial Statement: Due within **30 days** of taking office
- Annual Statement: Due annually on **March 15**
- Final Statement: Due within **90 days** of leaving office

### Contact APOC

Anchorage: 2221 E. Northern Lights Blvd., Room 128, Anchorage, AK 99508 / 907-276-4176 / Fax 907-276-7018

Juneau: 240 Main St., Room 201 / P.O. Box 110222, Juneau, AK 99811 / 907-465-4864 / Fax 907-465-4832

Website: <http://doa.alaska.gov/apoc/>

E-mail: [doa.apoc@alaska.gov](mailto:doa.apoc@alaska.gov)

**ALASKA PUBLIC OFFICES COMMISSION**  
**2022 Public Official Financial Disclosure**  
Covering Jan. 1– Dec. 31, 2021

Clerk Received Date

APOC Received Date

**POFD for Municipal Officers and Candidates**

**You may file this paper POFD if you are a municipal officer or municipal candidate and serving or seeking office in a municipality with a population less than 15,000.**

**All other filers must file electronically via myAlaska: <https://my.alaska.gov/>**

**Contact APOC**

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 in-state: 800-478-4176 Online: <http://doa.alaska.gov/apoc/> E-mail: [doa.apoc@alaska.gov](mailto:doa.apoc@alaska.gov)

This document is public— Do not include information such as social security or account numbers.

If you have nothing to report in a section, check NONE. Attach additional pages where needed.

**Filing as Municipal:** ☐ Office Holder ☐ Candidate

☐ **Candidate POFD:** Due when filing declaration of candidacy or nominating petition.

☐ **Initial POFD:** Due 30 days from appointment.

☐ **Annual POFD:** Due by March 15 each year after appointment.

☐ **Final POFD:** Due 90 days after leaving office (Include information not reported on previous POFDs).

**Municipality:** PLEASE WRITE IN THE MUNICIPALITY City of Barrow

**Position:** ☐ Borough/City Mayor ☐ Assembly member ☐ Councilmember ☐ School Board Member

☐ Elected Utility Board Member ☐ Borough/City Manager ☐ Planning or Zoning Commission

**NAME:** PLEASE PRINT PLAINLY Joe Cool

**E-MAIL:** THIS SHOULD BE AN ACCOUNT YOU USE jcool@mta.com

**PHONE:** 907-288-9914 Fax: \_\_\_\_\_

**MAILING ADDRESS:** PO Box 123, East Wasilla, AK 99678

**SPOUSE'S NAME:** Matilda

**NUMBER OF DEPENDENT CHILDREN:** 0

**If you aren't one of these positions, or a candidate for one of these, you don't need to file a POFD.**

**ALASKA PUBLIC OFFICES COMMISSION**  
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**SALARIED EMPLOYMENT**

**NONE:** ☐

Income is anything of value and covers all forms of compensation or benefits from an employer including wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation. Report each employer who paid you, your spouse, or children more than \$1,000. Include amount, dates and terms of employment, and time worked.  
**Amounts of income may be stated in these ranges:** (1) \$250-\$1,000 gifts only; (2) \$1,000-\$2,000; (3) \$2,000-\$5,000; (4) \$5,000-\$10,000; (5) \$10,000-\$20,000; (6) \$20,000-\$50,000; (7) \$50,000-\$100,000; (8) \$100,000-\$200,000; (9) \$200,000-\$500,000; (10) \$500,000-\$1,000,000; (11) \$1,000,000 plus.

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ 7 **How much did you earn, see the amount list above.**

Dates and amount of time worked: Jan 1 – Dec 31, 2021 40 hours per week

Employer: Who paid you or your spouse? Fred's Heavy Equipment Repair

Address: 201 East West Road, Small Town, AK

Description: Mechanic

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ \_\_\_\_\_

Dates and amount of time worked: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

# ALASKA PUBLIC OFFICES COMMISSION

2022 Public Official Financial Disclosure

Covering Jan. 1– Dec. 31, 2021

## SELF-EMPLOYMENT

NONE: ☐

List each source of self-employment income over \$1,000. See AS 39.50.200(10), source of income, 2 AAC 50.799(a), definition of self-employment, 2 AAC 50.695, reporting deferred income; and 2 AAC 50.700 for details. Disclose each client, customer or business that paid you and/or your family members more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies and professional corporations. Disclose income from corporations in which the filer and/or family members hold a controlling interest (2 AAC 50.700(b)). **Exemptions:** To obtain an exemption you must file a written request and receive an exemption from the commission (2 AAC 50.775, 2 AAC 50.821).

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐

Hourly

Income Amount: \$ **DID YOU WORK FOR YOURSELF—OWN**

**THE COMPANY? IF YOU DID YOU NEED TO FILL THIS PART**

**IN**

Dates worked: \_\_\_\_\_ Amount of time worked: \_\_\_\_\_

Business name: \_\_\_\_\_

Client name and address: **YOU NEED TO INCLUDE CLIENTS WHO PAID YOU OVER \$1,000**

Client name and address: \_\_\_\_\_

Description of services: \_\_\_\_\_

Earned By: ☐ Filer ☐ Spouse ☐ Child

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Commission ☐ Project ☐ Hourly

Income Amount: \$ **7**

Dates worked: **Jan - Dec** Amount of time worked: **40 hours per week**

Business name: **Cool's 5 and Dime**

Client name and address: **No clients paid over \$1,000**

Client name and address: \_\_\_\_\_

Description of services: \_\_\_\_\_

## RENTAL INCOME

NONE: ☐

If any person paid you and/or your family members more than \$1,000 in rent during the preceding calendar year, report the name of the person and amount paid. If the property is managed by a person other than the filer or a family member, list the manager's name. Disclose the location of the property under Real Property Interests.

OWNER:	TENANT NAMES	AMOUNT
<input type="checkbox"/> Filer	<b>Here you need to list those people who rented property from you</b>	<b>And how</b>
<input type="checkbox"/> Spouse		<b>much they</b>
<input type="checkbox"/> Child		<b>paid for</b>
<input type="checkbox"/> Co-owners		<b>the year</b>
	<b>Bill Thompson</b>	<b>\$9,600</b>



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**DIVIDENDS and INTERESTS**

NONE: ☐

If more than \$1,000, disclose dividends, interest and other distributions of earnings from a business or investment. Include dividends or interest from bank accounts, capital gains, money market accounts, certificates of deposit, and Native corporation dividends. PFDs are only applicable if more than \$1,000.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse	List pfd's, Native Corporation dividends, interest from bank accounts if over \$1,000	
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse	PFD One each for you, your spouse, and each child	2,000
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

**OTHER INCOME**

NONE: ☐

List source and a amount of income over \$1,000 not listed elsewhere on this form, including sale of goods or property, taxable capital gains, pensions, retirement cash-outs, government entitlements, a limony or child support payments, honoraria and any other payments not otherwise accounted for.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse	SBS Draw out	12,000
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

**GIFTS WORTH MORE THAN \$250**

NONE: ☐

Include travel expenses, discounts not available to the public, loans forgiven or paid by a third party. Do not report gifts from spouse, domestic partner, parent, dependent child, sibling, grandparent, aunt, uncle, niece or nephew.

RECIPIENT	DESCRIPTION	SOURCE	VALUE
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse	DID SOMEONE PAY FOR YOUR TRAVEL?	IF SO REPORT IT HERE.	
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse	Travel funds to go to conference	American Red Cross	\$750
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			

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**BUSINESS INTERESTS**

NONE: ☐

Report businesses in which the filer or family member: 1) Served as stockholder, owner, officer, director, partner, proprietor, employee, or held an interest. 2) Had ownership interests of more than \$1,000 in a publicly traded corporation, a business, shares in non-publicly traded corporations, sole proprietorships, or limited liability companies. Include options to buy, non-profit organizations, corporations, businesses, associations, and trade groups.

☐ Filer ☐ Spouse ☐ Child

Position/Type of interest: Director

Business name: Alaska Chamber of Commerce

Address: \_\_\_\_\_

Description: Business Association

☐ Filer ☐ Spouse ☐ Child

Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Child

Position/Type of interest: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

**REAL PROPERTY INTERESTS**

NONE: ☐

A primary residence or recreational property held for personal use may be described only by zip code (2 AAC 50.720). (Enter 'Not Reported' for address if this applies to you.) Report the nature of the interest held in the property; including fee simple ownership, tenancy in common, general or limited partnership, and holder of an option to purchase. If property is jointly owned, check applicable boxes.

Owner(s): ☐ Filer ☐ Spouse ☐ Child ☐ Co-owner: \_\_\_\_\_

Address or description and zip-code: 99687

Ownership interest: Primary residence

Owner(s): ☐ Filer ☐ Spouse ☐ Child ☐ Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Owner(s): ☐ Filer ☐ Spouse ☐ Child / ☐ Co-owner: \_\_\_\_\_

Address or description and zip-code: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

ALASKA PUBLIC OFFICES COMMISSION

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TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL INTEREST

NONE: ☐

Report each trust, retirement account or beneficial interest that exceeded \$1,000 during the reporting period, including a retirement plan, employee pension plans, profit-sharing, family, or education trusts, deferred compensation plans, annuity plans or any other similar arrangements intended to provide future income for the filer and/or family member. Identify individual investments accounts if you and/or family members manage or personally control the investments.

Owned By: ☐ Filer ☐ Spouse ☐ Child Percent Owned: 100%

Managed By: State of Alaska

Fund or Companies: PERS Retirement

Owned By: ☐ Filer ☐ Spouse ☐ Child Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

Owned By: ☐ Filer ☐ Spouse ☐ Child Percent Owned: \_\_\_\_\_

Managed By: \_\_\_\_\_

Fund or Companies: \_\_\_\_\_

LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000

NONE: ☐

Report each creditor, lender or guarantor to whom more than \$1,000 was owed during the reporting period. List financial obligations, including 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 ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor and Name: Lender—who loaned you the money

Debtor: ☐ Filer ☐ Spouse ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor and Name: Creditor—to whom the money is due

Debtor: ☐ Filer ☐ Spouse ☐ Child

Type: ☐ Lender ☐ Creditor ☐ Guarantor and Name: Guarantor—who pledges that the loan will be repaid

If you have a loan from First National Bank of Alaska, then First National Bank of Alaska is the lender and the creditor.

**ALASKA PUBLIC OFFICES COMMISSION**  
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**GOVERNMENT CONTRACTS & OFFERS TO CONTRACT**

NONE: ☐

List 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 member/s held a controlling interest.

Contractor: ☐ Filer ☐ Spouse ☐ Child

Type of Interest: \_\_\_\_\_

☐ Bid ☐ Offer ☐ Held Contract ID: \_\_\_\_\_

Contracting Agency: \_\_\_\_\_

Description: \_\_\_\_\_

**NATURAL RESOURCE LEASES**

NONE: ☐

List mineral, timber, oil and gas leases – held, bid or offered. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or corporation in which you and/or a family member held a controlling interest.

Leaseholder: ☐ Filer ☐ Spouse ☐ Child

Type of Interest: \_\_\_\_\_

☐ Bid ☐ Offer ☐ Held Lease ID: \_\_\_\_\_

Description: \_\_\_\_\_

**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 knowingly makes a false sworn certification is guilty of perjury.

SIGNATURE: \_\_\_\_\_

NAME

DATE SIGNED

Public Officials and Candidates required to file POFDs are solely responsible for filing complete, accurate and truthful forms by the deadlines.

**File this POFD with the municipal clerk where you hold or seek office.**

**THIS IS A PUBLIC DOCUMENT**