



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

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

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

Seat "C" – Barrow (currently filled by Frieda Nageak)	3-Year Term
Seat "D" – Point Hope & Point Lay (currently filled by Nancy Rock)	3-Year Term

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

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 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 4th 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	Physical Address 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	Physical Address 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

<u>CLERKS OFFICE USE ONLY</u>	
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

[Empty box for Clerk Received Date]

APOC Received Date

[Empty box for 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

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:

[x] 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
Covering Jan. 1– Dec. 31, 2021

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: _____

ALASKA PUBLIC OFFICES COMMISSION
 2022 Public Official Financial Disclosure
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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		

ALASKA PUBLIC OFFICES COMMISSION
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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			

ALASKA PUBLIC OFFICES COMMISSION

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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: _____

ALASKA PUBLIC OFFICES COMMISSION
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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
2022 Public Official Financial Disclosure
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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
 Email: 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\(7\)\(c\)\(x\)](#)

ALASKA PUBLIC OFFICES COMMISSION



ANCHORAGE
 2221 E. Northern Lights, Room 128
 Anchorage, AK 99508-4149
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 Toll free: (800) 478-4176
 Fax: (907) 276-7018
 Website: www.doa.alaska.gov/apoc
 Email: 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.

By submitting this Letter of Intent I certify that I will comply with the requirements of AS 15.13.	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)

ALASKA PUBLIC OFFICES COMMISSION



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<p>MUNICIPAL EXEMPTION STATEMENT</p>

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.

<p>I do not intend to raise/spend more than \$5,000 (including personal money) during my entire campaign for municipal office.</p>	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](#).**

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

- 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
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ALASKA PUBLIC OFFICES COMMISSION

2022 Public Official Financial Disclosure

Covering Jan. 1– Dec. 31, 2021

Clerk Received Date

[Empty box for Clerk Received Date]

APOC Received Date

[Empty box for 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

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: _____

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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**

If this or any other area does not apply to you check this box.

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

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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 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: _____

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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; a limony; 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.

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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