ALASKA PUBLIC OFFICES COMMISSION CAMPAIGN DISCLOSURE STATEMENT ANCHORAGE JUNEAU 2221 E. Northern Lights, Room 128 240 Main St. #500 Anchorage, AK 99508-4149 PO Box 110222 Phone: (907) 276-4176 or Juneau, AK 99811 **Cover Page** Toll free: (800) 478-4176 Phone: (907) 465-4864 Fax: (907) 276-7018 Fax: (907) 465-4832 http://doa.alaska.gov/apoc CANDIDATE NAME: _____ CAMPAIGN ADDRESS: _____ DISTRICT / SEAT: _____ OFFICE / RACE: Please enter beginning and ending dates and check appropriate boxes REPORTING PERIOD From Through TYPE ELECTION **REPORT** MUNICIPAL: Municipal Year Start Report Runoff 30 Day Report Special 7 Day Report 105 Day Report Year-End Report No Election Other

Check below if applicable:

NO ACTIVITY. During the time period above, we received NO contributions, made NO expenditures, and incurred NO debts. Our closing cash on hand is identical to the closing cash on hand disclosed on our last report. If this is the case, file this page only.

FINAL REPORT. We have closed out our campaign account. Our closing cash on hand is zero and we have no outstanding debts.

Certification				
I certify (or declare) under penalty of perjury, in my capacity as candidate or campaign treasurer	Signature	Date		
that the above information is true, complete, and correct to the best of my knowledge.	Printed name	Title		



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

CANDIDATE NAME: _____

ELECTION

Municipality:

<u>REPORT</u>

Year Start Report

| |

- 30 Day Report
- 7 Day Report
- 105 Day Report
- Year-End Report

THIS PERIOD			ENTIRE CAMPAIGN		
Beginning Cash on Hand \$ [plus] ↓			Total Income From Last Report (From Box A of Previous Report)		Entire Campaign Total Income (Box A)
Total Income	\$	[+]→	\$	[=]→	\$
[minu	s] ↓		Total Expenses From Last Report (From Box B of Previous Report)		Entire Campaign Total Expenses (Box B)
Total Expenses	\$	[+]→	\$	[=]→	\$
[equals] ↓					
Closing Cash on Hand	\$				
[mini	us] ↓				
Debts	\$				
[equals] ↓					
Surplus or Deficit	\$				



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Campaign Income

CANDIDATE NAME:				
			_	

Year Start Report	🔲 30-Day Report	🔲 7-Day Report	105-Day Report	Year End Report	
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CANDIDATES: Report all contributions <u>up to \$50</u> by Date Received, Payment Method, Contributor Name and Address. Report all contributions <u>over \$50</u> by Date Received, Payment Method, Contributor Name, Address Principal Occupation and Employer.

ate	Pmt Method	Contributor Name, Address, Zip	Occupation,	Amount
eceived	(Check #, CC, Cash, Non-Mon		Employer	
	Description, etc.)			

TOTAL \$ _____



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

Campaign Expenses

CANDIDATE NAME: _____

Year Start	Year Start Report 🔲 30-Day Report 🗌 7-Day Report 🗌 105-Day Report 🔲 Year End Report 🗌						
Date	Pmt Method (Check #, CC, Cash, Non-Mon Description, etc.)	Vendor Name, Address, Zip	Purpose of Expenditure	Amount			

TOTAL \$_____



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Campaign Debts

CANDIDATE NAME:

lear Start Repo	rt 🗌 30-Day Report 🗌 7-Day R	eport 🗌 105-Day Rep	ort 🗌 Year	r End Report
Date Incurred	Name, Address, Zip	Description or Purpose	Original Amount	Balance Remaining

TOTAL \$ _____



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CANDIDATE NAME: Income Expense Debt □ 105-Day Report Year Start Report 30-Day Report \square 7-Day Report Year End Report \square Date Pmt Method Contributor / Vendor Name, Address, Zip Occupation/Employer (if income) Amount Received (Check #, CC, **Description** (if expense or debt) Cash, Non-Mon **Both** (if non-monetary) Description, etc.)

JUNEAU

240 Main St. #500

Juneau, AK 99811

Phone: (907) 465-4864

Fax: (907) 465-4832

PO Box 110222

TOTAL \$_____

Additional Sheet