

ALASKA PUBLIC OFFICES COMMISSION

CAMPAIGN DISCLOSURE STATEMENT



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

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

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

Cover Page

CANDIDATE NAME: _____

CAMPAIGN ADDRESS: _____

OFFICE / RACE: _____ DISTRICT / SEAT: _____

Please enter beginning and ending dates and check appropriate boxes

REPORTING PERIOD From _____ Through _____

| <u>TYPE</u> | <u>ELECTION</u> | <u>REPORT</u> | |
|-------------|-------------------|--------------------------|--------------------------|
| MUNICIPAL: | Municipal | <input type="checkbox"/> | |
| | Runoff | <input type="checkbox"/> | |
| | Special | <input type="checkbox"/> | |
| | Year Start Report | <input type="checkbox"/> | |
| | 30 Day Report | <input type="checkbox"/> | |
| | | 7 Day Report | <input type="checkbox"/> |
| | | 105 Day Report | <input type="checkbox"/> |
| | | Year-End Report | <input type="checkbox"/> |
| | No Election | <input type="checkbox"/> | |
| | Other | <input type="checkbox"/> | |

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



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Campaign Summary

CANDIDATE NAME: _____

ELECTION

Municipality: _____

REPORT

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

| THIS PERIOD | | | ENTIRE CAMPAIGN | | |
|------------------------|----|-------------|---|-------------|--|
| Beginning Cash on Hand | \$ | | Total Income From Last Report <small>(From Box A of Previous Report)</small> | | Entire Campaign Total Income <small>(Box A)</small> |
| [plus] ↓ | | | | | |
| Total Income | \$ | [+]→ | \$ | [=]→ | \$ |
| [minus] ↓ | | | Total Expenses From Last Report <small>(From Box B of Previous Report)</small> | | Entire Campaign Total Expenses <small>(Box B)</small> |
| Total Expenses | \$ | [+]→ | \$ | [=]→ | \$ |
| [equals] ↓ | | | | | |
| Closing Cash on Hand | \$ | | | | |
| [minus] ↓ | | | | | |
| 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

CANDIDATES: Report all contributions up to \$50 by Date Received, Payment Method, Contributor Name and Address. Report all contributions over \$50 by Date Received, Payment Method, Contributor Name, Address Principal Occupation and Employer.

| Date Received | Pmt Method (Check #, CC, Cash, Non-Mon Description, etc.) | Contributor Name, Address, Zip | Occupation, Employer | Amount |
|---------------|--|--------------------------------|----------------------|--------|
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TOTAL \$ _____

