

**CITY OF FAIRBANKS
REGULAR MUNICIPAL ELECTION
OCTOBER 6, 2020**



**CITY COUNCIL
Candidate Filing and
Information Packet**

**Office of the City Clerk
800 Cushman Street
Fairbanks, Alaska 99701
P 907.459.6702
F 907.459.6710
cityclerk@fairbanks.us
www.fairbanksalaska.us**

**NOTICE OF OFFICES
CITY OF FAIRBANKS REGULAR ELECTION
OCTOBER 6, 2020**



**DECLARATION OF CANDIDACY
& FILING INFORMATION**

The Regular Municipal Election for the City of Fairbanks will be held Tuesday, October 6, 2020. Declarations of Candidacy may be filed with the City Clerk's Office, 800 Cushman Street, Fairbanks, Alaska from Wednesday, July 15, 2020 at 8:00 a.m. through Wednesday, July 29, 2020 at 5:00 p.m. for the following seats:

CITY COUNCIL
(all offices serve at-large)

City Council, Seat E – 3-year term

City Council, Seat F – 3-year term

QUALIFICATIONS – A qualified voter who has resided within the State of Alaska and the City of Fairbanks for at least **one year** prior to filing a Declaration of Candidacy may be eligible as a candidate for City Council. Candidates must meet the requirements set forth in City Charter Sec. 2.2 and in Fairbanks General Code Sec. 22-9.

FILING – A completed, sworn Declaration of Candidacy and City Financial Disclosure Statement must be filed with the City Clerk at the time of candidacy filing along with a \$25.00 non-refundable filing fee.

WITHDRAWAL DEADLINE – A candidate desiring to withdraw their Declaration of Candidacy may do so by filing a written request with the City Clerk at any time during the filing period and up to five business days following the close of the filing period (5:00 p.m., Wednesday, August 5, 2020).

D. DANYIELLE SNIDER, MMC
FAIRBANKS CITY CLERK
(907) 459-6702
www.fairbanksalaska.us



DECLARATION OF CANDIDACY
CITY OF FAIRBANKS
ELECTION DATE — OCTOBER 6, 2020

- CITY REQUIREMENTS: [] \$25.00 Filing Fee [] City Financial Disclosure Statement
[] Declaration of Candidacy [] Comply with all local, state and federal laws

SELECT ONLY ONE:

[] City Council, Seat E (3-year term) [] City Council, Seat F (3-year term)

I, _____ of _____
(FULL LEGAL NAME) (RESIDENCE ADDRESS)

declare that I have been a continuous resident of the City of Fairbanks, Alaska, for at least one (1) year immediately prior to filing this declaration at the above residence or at a residence listed below (list dates lived at each address if more than one location within the last year) _____; that I have resided within the City of Fairbanks for at least one year prior to the date of this declaration; that I hold no other elective office except that of Borough Assembly Member or representative to a constitutional convention; that I am a citizen of the United States; and that I am a qualified voter of the City of Fairbanks, Alaska.

I declare myself a candidate for the office of the above-selected seat for a term of three years, commencing October 2020, and ending October 2023, and I request that my name be printed on the official ballot for the City election to be held in the City of Fairbanks, Alaska, on October 6, 2020. I would like my name printed on the ballot as indicated below (subject to approval by the City Clerk under state and local law):

I will comply with the provisions of AS 15.13, State Election Campaigns, and all election provisions of the City of Fairbanks Charter and General Code. The City of Fairbanks Charter Sec. 11.3, provides that any qualified elector who has resided in the City for at least one (1) year prior to filing his/her Declaration of Candidacy, may have his/her name placed on the ballot for election as a candidate for any available elective office.

I UNDERSTAND THAT FALSE STATEMENTS MADE ON THIS FORM ARE CRIMINAL VIOLATIONS.

_____ Date Signature of Candidate

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__

Notary Public in and for Alaska
My Commission Expires: _____

The following contact information may be provided to the public and to the media:

Phone Number: _____ E-mail: _____

Mailing Address: _____

IMPORTANT NOTE: Each candidate and group shall disclose all pre-election contributions and expenditures by filing with the City Clerk true and correct copies of all reports and forms required under AS 15.13.040 and AS 15.13.110 to be filed with Alaska Public Offices Commission (APOC). Such forms and reports shall be filed with the City Clerk no later than the close of business on the first day following the mailing or other transmission of the forms and reports [FGC 22-30(a)].



**CITY OF FAIRBANKS
ELECTION DATE — OCTOBER 6, 2020
CANDIDATE WITHDRAWAL REQUEST**

Date

_____ **AM / PM**
Time

Candidate's Full Name (Please Print)

I hereby withdraw my candidacy for the office of (select only one): City Council, Seat E
 City Council, Seat F

I request that my name be removed from the official ballot for the City of Fairbanks election to be held on October 6, 2020. I understand that if I do not withdraw prior to 5:00 p.m. on Wednesday, August 5, 2020, my name may still appear on the ballot.

Fairbanks General Code Sec. 22-9(d) states:

d) Any candidate desiring to withdraw their declaration of candidacy may do so at any time during the period for filing a declaration of candidacy and up to five business days following the closing date for filing.

A Declaration of Candidacy presented to the City Clerk shall not be changed as to term of office. If a candidate desires to file for a different seat, they must withdraw from the initial seat, file a new Declaration of Candidacy, and pay a \$25 non-refundable filing fee.

Signature of Candidate

Subscribed and sworn to before me this _____ day of _____, 20__.

STAMP
HERE

Notary Public in and for the State of Alaska

My Commission Expires: _____



CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period January 1, 2019 - December 31, 2019

FOR MORE INFORMATION, INSTRUCTIONS, BLANK FORMS, SAMPLE FORMS & QUESTIONS contact the City Clerk directly at 800 Cushman Street, Fairbanks, AK 99701 / P 907-459-6774 / F 907-459-6710 or see Fairbanks General Code Sections 2-900 to 2-905.

THIS IS A PUBLIC DOCUMENT - DO NOT INCLUDE CONFIDENTIAL INFORMATION
(i.e., SOCIAL SECURITY NUMBERS, ACCOUNT NUMBERS)

THIS REPORT IS A SWORN STATEMENT. YOUR SIGNATURE ON THE LAST PAGE CERTIFIES THAT THIS DISCLOSURE IS TRUE, CORRECT AND COMPLETE.

NAME _____ PHONE NUMBER _____
 ADDRESS _____ FAX NUMBER _____
 CITY _____ EMAIL ADDRESS _____
 STATE _____ ZIP CODE _____

NAME OF SPOUSE / DOMESTIC PARTNER _____

DEPENDENT CHILDREN _____ (Report number of children, including stepchildren, adoptive children.)

WHY ARE YOU FILING OFFICE HOLDER or CANDIDATE

OFFICE HELD OR SOUGHT _____

CANDIDATE STATEMENT: Must be filed with your Declaration of Candidacy (and annually thereafter)

INITIAL STATEMENT: Due 30 days from appointment for new public officials (and annually thereafter)

ANNUAL STATEMENT: Due by March 15 - for incumbent officials.

FINAL STATEMENT: Due 90 days after leaving office - From: _____ through: _____

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

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period January 1, 2019 - December 31, 2019

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

1. SALARIED EMPLOYMENT

NONE: Check Box

Report each employer who paid you, your spouse, domestic partner or dependent child more than \$1,000.
Income means anything of value and covers all forms of compensation, including deferred income.

EARNED BY: Filer Spouse/Domestic Partner Child

EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EARNED BY: Filer Spouse/Domestic Partner Child

EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EARNED BY: Filer Spouse/Domestic Partner Child

EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EARNED BY: Filer Spouse/Domestic Partner Child

EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EARNED BY: Filer Spouse/Domestic Partner Child

EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EARNED BY: Filer Spouse/Domestic Partner Child

EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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2020 FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

2. SELF-EMPLOYMENT

NONE: Check Box

Disclose each client, customer or business that paid you, your spouse/domestic partner or dependent child more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies, professional corporations. List each source of income over \$1,000 by name.

Income means anything of value and covers all forms of compensation, including deferred income.

EARNED BY: Filer Spouse/Domestic Partner Child

BUSINESS NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CLIENT / CUSTOMER NAMES _____

EARNED BY: Filer Spouse/Domestic Partner Child

BUSINESS NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CLIENT / CUSTOMER NAMES _____

EARNED BY: Filer Spouse/Domestic Partner Child

BUSINESS NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CLIENT / CUSTOMER NAMES _____

<p align="center">GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY</p>	<p align="center">CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p align="center">IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

3. RENTAL INCOME

NONE: Check Box

EARNED BY:	TENANTS WHO PAID > \$1,000 (For property outside Alaska managed by agent, list AGENT instead)
<input type="checkbox"/> Filer	
<input type="checkbox"/> Spouse/Domestic Partner	
<input type="checkbox"/> Child	
<input type="checkbox"/> Co-owner with Others	

4. DIVIDENDS and INTEREST

NONE: Check Box

Disclose source and amount of income over \$1,000 from dividends and interest. Include bank accounts, taxable capital gains, money market accounts, certificates of deposit, Native corporation dividends, Permanent Fund Dividends.

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

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

5. OTHER INCOME

NONE: Check Box

List source and amount of income over \$1,000 not listed elsewhere in this form, including sale of goods or property, pensions, IRA cash-outs, honorariums, alimony, child support, shared living expenses and government entitlements.

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

6. GIFTS WORTH MORE THAN \$250

NONE: Check Box

Report gifts worth more than \$250.

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

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

BUSINESS INTERESTS

NONE: Check Box

Report business interests even if they were **NOT** a source of income, including businesses in which you/family:

- Served as stockholder, owner, officer, director, partner, proprietor, employee or held an interest.
- Had ownership interests of more than \$1,000 in a publicly traded corporation.
- Had any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, limited liability companies. Include options to buy.

If the business was a source of income over \$1,000, it must also be reported in Schedule A.

INTEREST held by Filer Spouse/Partner Child Nature of Interest: _____
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: _____
Name of corporation, company, partnership, business, investment or asset.

Address: _____ City _____ State _____ Zip _____
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

INTEREST held by Filer Spouse/Partner Child Nature of Interest: _____
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: _____
Name of corporation, company, partnership, business, investment or asset.

Address: _____ City _____ State _____ Zip _____
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

INTEREST held by Filer Spouse/Partner Child Nature of Interest: _____
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: _____
Name of corporation, company, partnership, business, investment or asset.

Address: _____ City _____ State _____ Zip _____
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

INTEREST held by Filer Spouse/Partner Child Nature of Interest: _____
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: _____
Name of corporation, company, partnership, business, investment or asset.

Address: _____ City _____ State _____ Zip _____
Address of business entity, investment, investment fund or asset. For e-trading investments, list website address (URL).

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

REAL PROPERTY INTERESTS

NONE: Check Box

Include your home, a rent-to-own home, rental property, vacant property, recreational property, options to buy, business property and real estate interests held in a limited liability company, limited partnership or trust. Include property owned or sold during the reporting period

If property is jointly owned, check all boxes that apply.

OWNERS: Filer / Spouse/Domestic Partner / Child / Other Co-Owner: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNERSHIP INTEREST _____

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: Filer / Spouse/Domestic Partner / Child / Other Co-Owner: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNERSHIP INTEREST _____

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: Filer / Spouse/Domestic Partner / Child / Other Co-Owner: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNERSHIP INTEREST _____

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: Filer / Spouse/Domestic Partner / Child / Other Co-Owner: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNERSHIP INTEREST _____

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: Filer / Spouse/Domestic Partner / Child / Other Co-Owner: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNERSHIP INTEREST _____

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE D

BENEFICIAL INTERESTS: TRUSTS & RETIREMENT ACCOUNTS >\$1,000 NONE: Check Box

Report each beneficial interest in a trust or retirement account that exceeded \$1,000 during the reporting period. Report stocks, bonds, mutual funds, cash accounts, CDs, deferred compensation plans, profit-sharing accounts, employee benefit accounts, retirement accounts (such as IRA, 401K, SEP or Keogh) trust funds (including blind trusts) and limited partnerships. "Managed by" means the filer, employer, business, investment entity or name of the company that manages the account. Identify individual investments if you or family members manage or personally control the investments. "Identify fund or companies" means the individual companies or accounts where you are the manager and you control the investments; if a mutual fund, investment company or other third party entity manages and controls the investments, list the name or type of fund where the assets are held.

ASSETS - OWNED BY: Filer Spouse/Domestic Partner Child PERCENT: _____

ASSETS - MANAGED BY: _____

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: Filer Spouse/Domestic Partner Child PERCENT: _____

ASSETS - MANAGED BY: _____

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: Filer Spouse/Domestic Partner Child PERCENT: _____

ASSETS - MANAGED BY: _____

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: Filer Spouse/Domestic Partner Child PERCENT: _____

ASSETS - MANAGED BY: _____

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: Filer Spouse/Domestic Partner Child PERCENT: _____

ASSETS - MANAGED BY: _____

ASSETS - IDENTIFY FUND OR COMPANIES:

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE E

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

NONE: Check Box

Report each creditor or lender to whom more than \$1,000 was owed during the reporting period. Report the maker of the loan or loan guarantor of each loan and the identity of all creditors.

Do NOT list credit card obligations or revolving charge accounts

DEBTOR: Filer Spouse/Domestic Partner Child

LENDOR / CREDITOR / GUARANTOR

NAME: _____

DEBTOR: Filer Spouse/Domestic Partner Child

LENDOR / CREDITOR / GUARANTOR

NAME: _____

DEBTOR: Filer Spouse/Domestic Partner Child

LENDOR / CREDITOR / GUARANTOR

NAME: _____

DEBTOR: Filer Spouse/Domestic Partner Child

LENDOR / CREDITOR / GUARANTOR

NAME: _____

DEBTOR: Filer Spouse/Domestic Partner Child

LENDOR / CREDITOR / GUARANTOR

NAME: _____

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE F

1. LEASES: GOVERNMENT CONTRACTS & LEASES

NONE: Check Box

List all contracts, bids and offers to contract with the City of Fairbanks. Report contract interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company or through a corporation in which filer or family members held a controlling interest.

CONTRACTOR: Filer / Spouse/Domestic Partner / Child Type of Interest: _____

Bid / Offer / Held CONTRACT ID (name/no.): _____

CONTRACTING AGENCY: _____

CONTRACT DESCRIPTION:

CONTRACTOR: Filer / Spouse/Domestic Partner / Child Type of Interest: _____

Bid / Offer / Held CONTRACT ID (name/no.): _____

CONTRACTING AGENCY: _____

CONTRACT DESCRIPTION:

2. LEASES: NATURAL RESOURCE LEASES

NONE: Check Box

List natural resource leases - including mineral, timber, oil and gas leases - held, bid or offered during the reporting period. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company; or corporation in which you or family (individually or together) held controlling interest.

LEASEHOLDER: Filer / Spouse/Domestic Partner / Child Type of Interest: _____

Bid / Offer / Held LEASE ID (name/no.): _____

LEASE DESCRIPTION:

LEASEHOLDER: Filer / Spouse/Domestic Partner / Child Type of Interest: _____

Bid / Offer / Held LEASE ID (name/no.): _____

LEASE DESCRIPTION:

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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CITY OF FAIRBANKS
2020 FINANCIAL DISCLOSURE STATEMENT
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CERTIFICATION

I certify under penalty of perjury that the foregoing is true and the information in this disclosure statement is, to the best of my knowledge, true, correct and complete. A person who makes a false sworn certification which he or she does not believe to be true is guilty of perjury.

SIGNATURE

NAME of FILER

DATE & PLACE SIGNED / FILED

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

FILE THIS STATEMENT:

**Office of the City Clerk
800 Cushman Street
Fairbanks, AK 99701**

**For questions, please call the City Clerk at (907)459-6774 or
email: dsnider@fairbanks.us.**

FGC Sec. 2-904. Penalty for willful violation of disclosure requirements.

- (a) A person required to file a report of financial or business interests under this article, who refuses or knowingly fails to disclose required information within the time required in this article or who provides false or misleading information, knowing it to be false or misleading, is guilty of a misdemeanor and subject to the penalty specified in section 1-15(a).
- (b) Any person failing or refusing to comply with the requirements of this article, in addition to the penalties prescribed, shall forfeit nomination to office and may not be seated or installed in office if the person has not complied. In the case of elected officials, a person may not be certified for office or the person's election to office if compliance was not made within the time required. The nomination to office or election to office shall be certified to the highest vote getter for that nomination for that office or election to that office who has complied within the times required and who shall be declared nominated or elected. For purposes of this subsection, a person is considered to have complied within the time required if the person complies within 30 days after the due date established by this article.

THIS IS A PUBLIC DOCUMENT

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY

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

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



Alaska Public Offices Commission

MUNICIPAL ELECTIONS

Please read this document carefully for important information about starting your campaign.

This information is presented only as an overview of your disclosure requirements. It is your responsibility to familiarize yourself and your campaign workers with the statutes and regulations to ensure you that you are in compliance with the law. Please visit the APOC homepage at www.doa.alaska.gov/apoc for further information, **training opportunities**, and to remain updated about your requirements and responsibilities as a candidate.

Unless they meet specific criteria found in [AS 15.13.040\(m\)\(1\)](#), **candidates must file all forms and reports electronically** through [myAlaska](#). Many Alaskans already have a myAlaska account to apply for their Permanent Fund Dividend. You may use this same account for APOC purposes. Candidates have the option to allow others to view their filings, but this access is specific to APOC services only.

FORMS TO GET STARTED

Letter of Intent: Must be filed with the APOC *before* any candidate engages in campaign activity. A Letter of Intent allows the candidate to begin accepting and spending contributions and may be filed 18 months prior to the date of the election. However, if a candidate files their Declaration of Candidacy first, they do not need to file a Letter of Intent.

The Declaration of Candidacy: Municipal candidates file their Declaration with their specific Municipal Clerk's Office. The Declaration of Candidacy is what gets a municipal candidate's name on the ballot. Check with your Municipal Clerk's Office to find out when your filing period opens and closes.

Public Official Financial Disclosure Statement: Must be filed with the Declaration of Candidacy at the Municipal Clerk's Office. Some municipalities have opted out of the requirement of filing a Public Official Financial Disclosure Statement. Check with your municipal clerk to be sure that you are complying with the requirements of your municipality.

Candidate Registration: Must be filed **within 7 days** after filing the Declaration of Candidacy with the Municipal Clerk's Office. The registration provides your campaign contact information, designates your campaign committee, and your campaign depository. Candidates may amend registrations as needed. **Until a candidate files their registration, designating a Treasurer or Deputy Treasurers, only the candidate may accept/expend campaign funds.**

Municipal Exemption Statement: May be filed by *municipal* candidates that do not intend to exceed \$5,000 in campaign activity, including any personal money that they may use. As long as they remain under the \$5,000 threshold, this is the only form they are required to file with APOC. Although exempt candidates do not file campaign disclosure reports, they are still subject to the laws that apply to candidates, including the requirement that ads, yard signs, and other campaign materials include "paid for by" identifiers as required under [AS 15.13.090](#) and [2 AAC 50.306](#) (see page 2).

Candidate Reimbursement Notification: If candidates loan personal funds to their campaign with the intent to repay themselves after the election, they **MUST** file a Candidate Reimbursement Form **within 5 days** of depositing personal funds into their campaign account. The maximum limit a municipal candidate can loan and recover is \$5,000. **HOWEVER**, if the candidate is able to reimburse their personal contributions from the campaign account **within 72 hours** they may do so, and they do **NOT** need to file the Reimbursement Form.

CAMPAIGN DISCLOSURE REPORTS

Candidates, who are not exempt, are required to disclose financial information about their campaigns. The purpose of a campaign disclosure report is to provide a snapshot of a candidate's activity during a specific reporting period. The **reporting period** is the time period covered by a campaign disclosure report. A **due date** is the date when a report is due, and comes three days after the end of a reporting period. The three days allows a treasurer time to complete the report.

The number of reports filed by municipal candidates will vary depending on when the campaign begins. If a candidate filed a Letter of Intent on or before February 1, they will begin with a **Year Start Report**, due February 15. Otherwise the cycle will begin with a **30 Day Report** (due 30 days before the election), **7 Day Report** (due 7 days before the election) and a **105 Day Report** (which should be a final report and is due 105 days after the election). In addition, during the 9 days before an election, candidates must report the contributor name and the amount of all monetary and non-monetary contributions, from a single source, over \$250 (i.e. \$250.01) within 24 hours of receipt. Candidates may need to report each day during that period, or not at all.

OTHER START UP CONSIDERATIONS

Only the candidate, a registered treasurer or a registered deputy treasurer may spend money on behalf of the campaign. Any action by a treasurer or registered deputy treasurer is considered an action of the candidate.

If a registered treasurer or deputy treasurer uses personal funds to make a purchase on behalf of the campaign, it is a personal non-monetary contribution to the campaign (against their individual \$500 contribution limit) **unless** it is (1) \$500 or less **and** (2) it is reimbursed within the same reporting cycle.

PAID FOR BY IDENTIFIERS

Alaska Statute 15.13.090 and Regulation 2 AAC 50.306 require a paid for by identifier on all political communications. For candidate campaigns, print or video communications (i.e. newspaper ads, videos, Facebook pages, yard signs, etc.) must have the visible identifier:

“paid for by” followed by the name and address of the candidate

Audible communications (i.e. radio ads, videos with sound, robo calls, etc.) must have the audible identifier:

“This communication was paid for by (candidate’s name only)”

If the communication has both a print/video and audio component (i.e. commercials, YouTube videos, etc.) it must have both a visual and audible disclaimer. Fixing missing or incomplete paid for by disclaimers costs time and money for a campaign, and can result in civil penalties.

CIVIL PENALTIES

Civil penalties apply to candidates who violate campaign disclosure law. Violations include failure to file a campaign disclosure report on time or failure to file a complete and accurate campaign disclosure report. **Even if you are filing a report indicating that you have had no activity in that report period, you will be assessed a civil penalty if the report is late.** It is YOUR responsibility, as the filer, to familiarize yourself (and your campaign workers) with the campaign disclosure law requirements and reporting deadlines. Penalties range from \$50 to \$500 a day depending on the report.

Review the APOC website for further reporting requirements. This information is only meant to provide you with an initial overview of your requirements as you begin your campaign. Do not hesitate to call APOC staff if you have questions. Thank you!

CONTACT INFORMATION

Anchorage Office	Juneau Office
2221 East Northern Lights Blvd., #128 Anchorage, AK 99508 Phone: (907) 276-4176 Toll Free: (800) 478-4176 Fax: (907) 276-7018	P.O. Box 110222 240 Main Street, #201 Juneau, AK 99811-0222 Phone: (907) 465-4864 Toll Free: (866) 465-4864 Fax: (907) 465-4832

Website: www.doa.alaska.gov/apoc
Information Email: apoc@alaska.gov
File Forms and Reports at: <https://my.alaska.gov/>

ALASKA PUBLIC OFFICES COMMISSION

CANDIDATE REPORTING DATES 2020 STATEWIDE MUNICIPAL ELECTION

Tuesday, October 6, 2020 Statewide Municipal Election

Report:	Covers:	Due:
Year Start Report	February 2, 2019 – February 1, 2020	Tuesday, February 18, 2020
30 Day Report	February 2 – September 4	Tuesday, September 8, 2020
7 Day Report	September 5 – September 26	Tuesday, September 29, 2020
24 Hour Reports**	September 27 – October 5	Daily As Needed**
105 Day Report	September 27 – January 4, 2021	Tuesday, January 19, 2021

**During the 9 days before an election, you must report the contributor name and amount of all monetary and non-monetary contributions over \$250 to APOC within 24 hours of the time you receive each contribution. You may need to report each day during that period, or not at all.

Other Relevant Dates for the 2020 Statewide Municipal Election:

Friday, September 4, 2020, (Last day of 30 day reporting period for the Statewide Municipal Election)

The last day that a candidate may give or loan their campaign more than \$5000.

Friday, November 20, 2020, (45 days after the date of the Statewide Municipal Election)

The last day a candidate may accept contributions.

Monday, January 4, 2021 (90 days after the date of the Statewide Municipal Election)

The date by which candidates must distribute the amount held in their campaign account.

Please visit the APOC website for updates and more information.
You may also access information about the statutes, regulations,
and reports filed by groups, lobbyists and candidates.

Contact Information

Website: doa.alaska.gov/apoc
Information Email: apoc@alaska.gov
File Reports at: <https://my.alaska.gov/>

Anchorage APOC – 2221 East Northern Lights Blvd., Room 128, Anchorage, Alaska 99508
General Information: (907) 276-4176 / (800) 478-4176 / FAX (907) 276-7018

Juneau APOC – PO Box 110222/ 240 Main Street, Room 500, Juneau, Alaska 99811-0222
General Information: (907) 465-4864 / (866) 465-4864 / FAX (907) 465-4832

Alaska Campaign Annual Contribution Limits – AS 15.13

FROM	TO CANDIDATE	TO GROUP & NON-GROUP ENTITY	TO POLITICAL PARTY	TO BALLOT GROUP
Authority	AS 15.13.070	AS 15.13.070	AS 15.13.070	AS 15.13.065(c)
Individual (AK resident)	\$500	\$500	\$5,000	Unlimited
Individual (non-resident)	\$500 if candidate has not exceeded aggregate limit below: Municipal/House \$3,000 Senate \$5,000 Gov./Lt. Gov. \$20,000	\$500 if group has not exceeded aggregate limit of 10% of its total contributions.	\$5,000 if party has not exceeded aggregate limit of 10% of its total contributions.	Unlimited
Corporations, Business Organizations, Unions	Prohibited AS 15.13.074(f)	Prohibited AS 15.13.074(f)	Prohibited AS 15.13.074(f)	Unlimited
Group (based in Alaska)	\$1,000	\$1,000	\$1,000	Unlimited
Group (based outside Alaska)	Prohibited	\$1,000 Must first register with APOC; 90% of its contributions must be from Alaska residents, and must otherwise comply with AS 15.13. See AS 15.13.072(f).	\$1,000 Must first register with APOC; 90% of its contributions must be from Alaska residents, and must otherwise comply with AS 15.13. See AS 15.13.072(f).	Unlimited
Nongroup Entity (based in Alaska)	\$1,000	\$1,000	\$1,000	Unlimited
Nongroup Entity (based outside Alaska)	Prohibited	\$1,000 Must first register with APOC; 90% of its contributions must be from Alaska residents, and must otherwise comply with AS 15.13. See AS 15.13.072(h).	\$1,000 Must first register with APOC; 90% of its contributions must be from Alaska residents, and must otherwise comply with AS 15.13. See AS 15.13.072(h).	Unlimited
Political Party	Municipal \$5,000 House \$10,000 Senate \$15,000 Lt. Gov./Gov. \$100,000	\$1,000	Unlimited	Unlimited
Foreign Nationals	Prohibited Foreign nationals are prohibited from making expenditures or contributions in Alaska elections only to the extent prohibited or permitted by Federal law. AS 15.13.068.			

Individuals, Persons, and Groups may be required to fill out Form 15-5 Statements of Contribution and/or Form 15-6 Statements of Independent Expenditure where applicable. Please see our Forms page.

Revised March 16, 2011

ALASKA PUBLIC OFFICES COMMISSION



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 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.

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