

CITY OF HOMER DECLARATION OF CANDIDACY

This form must be completed in its entirety or candidacy will not be validated. Corrections must be initialed. Completed original must be received by the Clerk's Office no later than Monday, **August 15, 2016 at 12:00 p.m.**

GENERAL INFORMATION (Please print or type)

I, _____, am a qualified voter and declare myself to be a resident of the City of Homer for at least one year and candidate for the office of:

- Mayor** (Two year term commencing October 2016 and ending October 2018)
- City Councilmember** (Three year term commencing October 2016 and ending October 2019)

RESIDENCY INFORMATION (Please print or type)

My current physical residence address is: _____

I have been a resident of the City of Homer since: _____

My full mailing address is: _____

I request that my name appear on the ballot as follows:

*The City Clerk may not include on the ballot as part of a candidate's name any honorary title or prefix but may include the candidate's name, any nickname, or familiar form of a proper name of the candidate. AS 15.15.030(4)

CERTIFICATION

I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete and that I meet the specific residency and citizenship requirements of this office. I understand the information provided herein is public information and will be released, with confidential information redacted, to anyone inquiring. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be submitted to the City Clerk in writing with my signature before the filing period closes.

Subscribed and sworn before me this _____ day of _____, 2016 _____ Signature of Notary Public My commission expires: _____	Candidate's Signature
	X
	Home Phone-Work Phone-Fax No.
	Email
	To assist staff in verifying candidate/voter identification, please provide one of the following:
	Voter Number
	Birth Date
	Last 4 of SSN

FOR OFFICE USE ONLY

District/Precinct:	Voter Registration #:	Verified:
--------------------	-----------------------	-----------

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
GENERAL INFORMATION

REQUIRED FILERS: Mayor and city council members; city board and commission members; candidates for mayor and city council.

TIME PERIOD: Include all information about your reportable financial interests and activities for the twelve months preceding the due date for this report.

REQUIRED INFORMATION: Homer City Code 1.18.043 requires you to disclose your financial interests using these forms. This includes disclosure of your own financial interests and those held by your spouse and dependent children. Use additional pages if needed.

HELP: If you have questions, contact the City Clerk at 907-235-3130.

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

NAME: _____

MAILING ADDRESS: _____

Street address or post office box, city, zip code

Phone: home / work / cell

Fax

E-mail address

NAME OF SPOUSE: _____

NAME(S) OF YOUR DEPENDENT CHILDREN: _____

▶ **IF YOU ARE A CANDIDATE: WHAT OFFICE DO YOU SEEK?**
OFFICE: _____

▶ **IF YOU ARE NOT A CANDIDATE: REPORT OFFICE HELD:**
OFFICE: _____

INITIAL STATEMENT: Required for recently appointed city officials. **Due 30 days from appointment.** Required for candidates for mayor and city council. **Due with the declaration of candidacy.**

ANNUAL STATEMENT: Required for incumbent public officials. **Due by November 1.**

FINAL STATEMENT: Required for public officials after leaving office. **Due 90 days after leaving office. The final statement covers a reporting period beginning November 1 through the date you leave office.**

Complete attached Schedules B, C, E, F, and G. Schedules A and D are not required.

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

SCHEDULE B
BUSINESS INTERESTS

Business Interests

If NONE reportable, check box ►

Report business interests even if they were **NOT** a source of income to you, your spouse, domestic partner, or dependent child during the reporting period. Include non-profit corporations, businesses, associations, professional trade groups and other non-profit organizations.

- List each business in which you, your spouse, or dependent child held an interest or was a stockholder, owner, officer, director, partner, proprietor or employee during the reporting period.
- List ownership interests of more than \$1,000 in a publicly traded corporation.
- List any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, limited liability companies and include options to buy.

► **Name of filer, spouse, or dependent child:** _____

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, spouse, or dependent child:** _____

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, spouse, or dependent child:** _____

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

SCHEDULE C
REAL PROPERTY INTERESTS / RENT TO OWN

Real Property Interests

If NONE reportable, check box

Report all property interests – including options to buy – owned at any time during the reporting period. Property interests include your home, a rent-to-own-home, rental property, vacant property, recreational property, business property and real estate, including real estate interests held through a limited liability company, limited partnership, or trust that were held or sold during the reporting period.

Report street address, city and state **or** a complete legal property description. Do not use mileposts or PO boxes.

► **Name of filer, spouse, or dependent child:** _____

Street address or legal description: _____

City or borough / State: _____

Nature of interest: _____
(Such as option to buy, ownership, leasehold) Current use (optional)

► **Name of filer, spouse, or dependent child:** _____

Street address or legal description: _____

City or borough / State: _____

Nature of interest: _____
(Such as option to buy, ownership, leasehold) Current use (optional)

► **Name of filer, spouse, or dependent child:** _____

Street address or legal description: _____

City or borough / State: _____

Nature of interest: _____
(Such as option to buy, ownership, leasehold) Current use (optional)

► **Name of filer, spouse, or dependent child:** _____

Street address or legal description: _____

City or borough / State: _____

Nature of interest: _____
(Such as option to buy, ownership, leasehold) Current use (optional)

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

SCHEDULE E
NATURAL RESOURCE LEASES

Natural Resource Leases

If NONE reportable, check box

List all natural resource leases – including mineral, timber and oil leases – bid, held, or offered during the reporting period. Report this information for yourself, your spouse, and dependent children who held the interest as a sole proprietor; member of a partnership, professional corporation or limited liability company; or through a corporation in which you and/or your family members held a controlling interest.

▶ _____
Leaseholder _____
Nature of lease

_____ _____
Indicate: bid, held or offer made Identity of lease and description

▶ _____
Leaseholder _____
Nature of lease

_____ _____
Indicate: bid, held or offer made Identity of lease and description

SCHEDULE F
GOVERNMENT CONTRACTS AND LEASES

Contracts and Offers to Contract

If NONE reportable, check box

List all contracts and offers to contract with the state or instrumentality of the state or a municipality during the reporting period. Report this information for yourself, your spouse, and dependent child who held the interest as a sole proprietor; as a member of a partnership, professional corporation, or limited liability company; or through a corporation in which you and/or your family members held a controlling interest.

▶ _____
Name of contractor _____
Contracting agency/department

_____ _____
Indicate: bid, held or offer made Contract number and description

▶ _____
Name of contractor _____
Contracting agency/department

_____ _____
Indicate: bid, held or offer made Contract number and description

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

SCHEDULE G
CLOSE ECONOMIC ASSOCIATIONS

Close Economic Associations

If NONE reportable, check box **▶**

City officials must disclose close economic associations with a legislator, another city official, or a lobbyist.

Close economic association means a financial relationship that exists between a city official required to disclose a close economic association and some other person or entity, including a relationship where the city official serves as a consultant or advisor to, is a member or representative of, or has a financial interest in an association, partnership, limited liability company, business or corporation.

Name of filer: _____

Position and department of filer: _____

Name of person with whom association exists: _____

Person's status: (municipal official, legislator, lobbyist etc.) _____

Description of economic association: _____

For city officials with a lobbyist spouse, report the name and address of each employer of the lobbyist and the total monetary value received from each of the lobbyist's employers.

▶ Name and address of employer of lobbyist: _____

Amount of monetary value received: _____

▶ Name and address of employer of lobbyist: _____

Amount of monetary value received: _____

You must report changes in the lobbyist's employer within 48 hours of the change.
You must disclose the formation of a new close economic association within 60 days.

CERTIFICATON

I certify under penalty of perjury that the foregoing is true and that the information in this 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: _____

PRINT NAME OF FILER

DATE AND PLACE SIGNED

Where to file:
MUNICIPAL OFFICIALS and CANDIDATES: File with Homer City Clerk

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
ELECTED OFFICIAL SCHEDULE B SUPPLEMENTAL

SCHEDULE B
BUSINESS INTERESTS

Pursuant to Homer City Code 1.18.043(a)(2) Elected Officials are required to file business interests of immediate family members. The definition of immediate family members is expanded in Schedule B Supplemental to include a wider range of family members.

Business Interests

If NONE reportable, check box ►

Report business interests even if they were **NOT** a source of income to family members to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse during the reporting period. Include non-profit corporations, businesses, associations, professional trade groups and other non-profit organizations.

- List each business in which a stepchild of the elected official, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse was a partner, proprietor or employee during the reporting period.

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
ELECTED OFFICIAL SCHEDULE B SUPPLEMENTAL

SCHEDULE B
BUSINESS INTERESTS

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
ELECTED OFFICIAL SCHEDULE B SUPPLEMENTAL

SCHEDULE B
BUSINESS INTERESTS

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
ELECTED OFFICIAL SCHEDULE B SUPPLEMENTAL

SCHEDULE B
BUSINESS INTERESTS

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

CITY OF HOMER
2016 PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
ELECTED OFFICIAL SCHEDULE B SUPPLEMENTAL

SCHEDULE B
BUSINESS INTERESTS

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

► **Name of filer, to include a stepchild, a parent, step-parent, sibling, or grandparent of the elected official or a parent or sibling of the elected official's spouse:**

Business name: _____

Business address: _____

Nature of interest: _____

Description of business activity: _____

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 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.

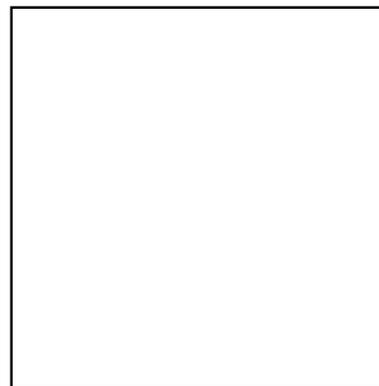
I do not intend to raise/spend more than \$5,000 (including personal money) during my entire campaign for municipal office.	Signature	Date
	Printed name	

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)

CANDIDATE INFORMATION
KENAI PENINSULA BOROUGH
Office of the Borough Clerk

144 N. Binkley Street
Soldotna, Alaska 99669-7599
assemblyclerk@borough.kenai.ak.us

Phone: (907) 714-2160
Toll Free: 1-800-478-4441
Fax: (907) 714-2388



This form and photo must be received no later than **4:30 P.M. Monday, August 15, 2016.** (NOTE: The information provided herein and your photograph will be published on the Borough Web Site.)

FOR OFFICIAL USE ONLY

Name:	
Office Sought:	
Residence Address:	
Mailing Address:	
Contact Phone:	Is it OK to publish this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	
Spouse/children:	
Years of Residency In Alaska:	
Education:	
Political & Governmental Experience (Elected and/or appointed positions held and dates of service - List no more than 3):	
1.	
2.	
3.	
Business & Professional Positions (List no more than 3):	
1.	
2.	
3.	
Service Organization Memberships (List no more than 3):	
1.	
2.	
3.	
CANDIDATE STATEMENT (200 words or less): On a separate sheet of paper (typed), you may submit a statement of your choice regarding your position on the issues, why you are running for office, etc. This statement will be printed exactly as written.	

Note: You may submit a photograph suitable for reproduction. This photograph will be accepted for publication only if it meets the following standards:

- Taken within the last five years
- Composition limited to the head, neck and shoulders of candidate

If you would like to have this photograph returned to you, you must submit a stamped, self-addressed envelope for its return at the time you submit the photograph.