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
https://apoc.doa.alaska.gov/home/

JUNEAU
240 Main St. #201
PO Box 110222
Juneau, AK 99811
Phone: (907) 465-4864
Fax: (907) 465-4832

CAMPAIGN DISCLOSURE STATEMENT

Cover Page

CANDIDATE NAME: _____

CAMPAIGN ADDRESS: _____

_____

OFFICE / RACE: _____ DISTRICT / SEAT: _____

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 that the above information is true, complete, and correct to the best of my knowledge.	**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 (From Box A of Previous Report)		Entire Campaign Total Income (Box A)
[plus] ↓					
Total Income	$	**[+]→**	$	**[=]→**	$
[minus] ↓			Total Expenses From Last Report (From Box B of Previous Report)		Entire Campaign Total Expenses (Box B)
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**

TOTAL $ _____

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Campaign Expenses

CANDIDATE NAME: _____

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: _____

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

Date Incurred	Name, Address, Zip	Description or Purpose	Original Amount	Balance Remaining

TOTAL $ _____

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Additional Sheet

CANDIDATE NAME: _____

Income ☐	Expense ☐	Debt ☐

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

Date Received	**Pmt Method** (Check #, CC, Cash, Non-Mon Description, etc.)	**Contributor / Vendor Name, Address, Zip**	**Occupation/Employer** (if income) **Description** (if expense or debt) **Both** (if non-monetary)	**Amount**

TOTAL $ _____