

RETURN TO:

AK Public Offices Commission
PO Box 110222
Juneau, AK 99811-0222
Phone: 907-465-4864
In-State Toll Free: 866-465-4864

Physical Address for Deliveries:

Court Plaza Building
240 Main Street, Suite 201
Juneau, AK 99801
email: doa.apocjnu@alaska.gov

2024 EMPLOYER/REIMBURSER OF REPRESENTATIONAL LOBBYIST REPORT

General Information - Cover Page (Form 24-4R)

THIS REPORT MUST BE FILED FOR EACH REPORTING PERIOD DURING WHICH YOU HAVE AN ACTIVELY REGISTERED REPRESENTATIONAL LOBBYIST, **EVEN IF THE REPORT IS ZERO**. The APOC manual for lobbyists and employers of lobbyists provides detailed instructions for completing this form and Schedules A and B. Additional copies of the forms and manual are available on our website: <http://doa.alaska.gov/apoc/> . For a hard copy or to request assistance, call the Juneau office at 907-465-4864 or 1-866-465-4864.

Employer Name: _____
Mailing Address: _____
Phone Number: _____ Fax: _____ E-Mail: _____

REPORTING PERIOD: Check the box for the period this report covers

- 1st QUARTER REPORT: Due 04/30/24 2nd QUARTER REPORT: Due 07/31/24 3rd QUARTER REPORT: Due 10/31/24
 4th QUARTER REPORT: Due 01/31/25 AMENDED REPORT for _____ Quarter

List the names of all representational lobbyists whom this report covers:

(Add additional sheets as necessary.)

SHORT FORM FOR SCHEDULE B ZERO REPORT

If **no** expenses were incurred in support of lobbying activities this reporting period (i.e., employee expenses or vendor expenses), check the zero report box. If the box is checked, do not submit Schedule B. (See Page 4 for Schedule B.)

Zero Report for Schedule B Expenses

GIFTS

Report date and nature of any gift exceeding \$100 made to any public official during this reporting period.
AS 24.45.061(b)(4)

Date	Name & Position of Public Official	Nature of Gift	Value

COMPLETE BOTH PAGES OF THIS FORM

LOBBYING INTERESTS

Provide a general description of the legislative and administrative action the employer of lobbyist attempted to influence during the period. Report specific bill numbers when possible. AS 24.45.061(b)(5).

NATURE AND INTEREST OF EMPLOYER

Describe the nature and interest of the entity employing or retaining lobbying services.

NOTICE OF TERMINATION

List the name and last date of lobbying activities for any lobbyist who terminated lobbying activities on your behalf during the reporting period.

NAME OF LOBBYIST	LAST DATE OF LOBBYING

CERTIFICATION

This report **MUST** be signed to be complete. If the report was prepared by someone other than the signer, the preparer must also sign the report and provide his/her name, title, business address and telephone number. The signature(s) below certify that this report and its attachments are true, complete and correct.

Employer's Signature: _____ Date: _____

Preparer's Signature: _____ Title: _____

Preparer's Name: _____ Phone: _____

Business Mailing Address: _____

**BOTH SCHEDULE A & SCHEDULE B MUST BE ATTACHED
UNLESS THIS IS A ZERO REPORT**

EMPLOYER/REIMBURSER OF REPRESENTATIONAL LOBBYIST REPORT

Schedule A

Summary of Payments to Your Representational Lobbyist

(Attach additional Schedule A's as necessary.)

This form discloses payments made to your representational lobbyist as required by AS 24.45.061(b)(6). You must attach a separate Schedule A (APOC Form 24-4AR) for each representational lobbyist registered on your behalf unless you are filing a zero report. In column (1), disclose payments for this quarter in the categories provided; in column (2) print the totals from column (3) of your **last** report (except for the year's 1st quarter report where column (2) will be blank); **add** columns (1) and (2); put those amounts in column (3), new totals year-to-date. You must fill out all three columns. (AS 24.45.081) **Attach this form to the Employer/Reimbursor of Representational Lobbyist Report** (Form 24-4R).

Employer's Name: _____

REPRESENTATIONAL LOBBYIST EXPENSES PAID TO LOBBYIST

Lobbyist's Name: _____

	Amount this Reporting Period (1)	Year-to-Date Totals from Last Report (2)	New Totals Year-to-Date (1) + (2) = (3)
Food & Beverage			
Living Accommodations			
Travel			
Other Expenses			
TOTAL EXPENSES			

Describe "Other Expenses": _____

REPRESENTATIONAL LOBBYIST EXPENSES PAID TO LOBBYIST

Lobbyist's Name: _____

	Amount this Reporting Period (1)	Year-to-Date Totals from Last Report (2)	New Totals Year-to-Date (1) + (2) = (3)
Food & Beverage			
Living Accommodations			
Travel			
Other Expenses			
TOTAL EXPENSES			

Describe "Other Expenses": _____

EMPLOYER/REIMBURSER OF REPRESENTATIONAL LOBBYIST REPORT

Schedule B

Summary of Payments Made in Support of Lobbying Activities

This form discloses expenses incurred in support of lobbying activities but **not** paid to or on behalf of your registered representational lobbyist. AS 24.45.061(b)(3). See the Instruction Manual for examples of Schedule B expenses. The first table is for reporting in-house expenses such as employee travel and compensation. The second table is for reporting expenses incurred with vendors, such as the cost of airline tickets, hotel rooms, and other support of lobbying costs. Use additional sheets if necessary. Attach this form to the Employer of Lobbyist Report (APOC Form 24-4R).

Employer's Name: _____

IN-HOUSE LOBBYING COSTS

Date	Employee Name	Compensation or Purpose of Expenditure	Amount
TOTAL In-House Lobbying Costs			

OUTSOURCED LOBBYING COSTS

Date	Payee / Vendor Name & Address	Purpose of Expenditure	Amount
TOTAL Outsourced Lobbying Costs			

Total this period	\$
Total from last report	\$
Cumulative total to date	\$

This form must be attached to your Employer/Reimbursing of Representational Lobbyist Report.