Alaska Public Offices Commission

EXPEDITED COMPLAINT

EXPEDITED COMPLAINT REQUEST	ALL COMPLAINTS MUST INCLUDE:	*APOC case name/number/date*
PRIOR to requesting expedited review, ensure your filing meets the factors required for expedited approval in AS 15.13.380(c). Those factors are whether the alleged violation: ☐ if not immediately restrained (stopped), could materially affect the outcome of an election or other impending event; ☐ could cause irreparable harm that penalties could not adequately remedy; and ☐ whether there is reasonable cause to believe that a violation has occurred or will occur Expedited review **requires the complainant to prove the violation by a preponderance of the evidence**.	**1.** Complainant's name + contact info **2.** Respondent's name + contact info **3.** Laws, regulations allegedly violated **4.** Description of allegations **5.** Basis of knowledge of alleged facts **6.** Documentation to support allegations **7.** Notarized signature of the complainant **8.** Proof that notarized complaint *and* all supporting documents was received by respondent	

APOC LAWS ALLEGEDLY VIOLATED
Specify section of law or regulation

Campaign Disclosure Law ☐ AS 15.13 ☐ 2 AAC 50.250-405	**Public Official Financial Disclosure** ☐ AS 39.50 ☐ 2 AAC 50.680-799
Lobbying Regulation ☐ AS 24.45 ☐ 2 AAC 50.550-590	**Legislative Financial Disclosure** ☐ AS 24.60 ☐ 2 AAC 50.680-799

☐ APOC ☐ Person ☐ Party ☐ Group	**COMPLAINANT**	**RESPONDENT** *Person or group allegedly violating law* ☐ Person ☐ Party ☐ Group
Address **City / Zip**		
Phone/Fax		
E-mail		

COMPLAINANT'S REPRESENTATIVE	**RESPONDENT'S REPRESENTATIVE**
If complainant or respondent is political party or group, list contact person. If complainant or respondent is represented by attorney, list name + contact info	
Name/Title	
Address	
Phone/Fax	
E-mail	

DESCRIPTION or SUMMARY of ALLEGED VIOLATION	*Use extra pages if needed*	☐ **SUPPORTING DOCUMENTS – DESCRIBE:**

PROOF of SERVICE ATTACHED: ☐ **Fax – receipt confirmation** ☐ **Certified mail – signed receipt**
☐ **Process server – return of service** ☐ **E-mail – read receipt** ☐ **Other:**

COMPLAINANT'S SWORN STATEMENT: To the best of my knowledge and belief, these statements are true

Signature **Title** **Date**

Subscribed and sworn to or affirmed by me at **on**

Signature **Title**

APOC COMPLAINTS, RESPONSES, INVESTIGATION REPORTS & COMMISSION ACTIONS ARE PUBLIC DOCUMENTS

APOC ANCHORAGE	APOC JUNEAU	APOC COMPLAINT PROCESS: 2 AAC 50.870-891
2221 E. NORTHERN LIGHTS #128	240 MAIN STREET #201	FILING COMPLAINTS: 2 AAC 50.870 | ANSWERING COMPLAINTS: 2 AAC 50.880
ANCHORAGE, AK 99508	P.O. BOX 110222	APOC CRITERIA for ACCEPTING COMPLAINTS: 2 AAC 50.870
907-276-4176 / FAX 907-276-7018	JUNEAU, AK 99811	INVESTIGATIONS & HEARINGS: 2 AAC 50.875-891
TOLL-FREE 800-478-4176	465-4864 / FAX 465-4832	REQUESTING EXPEDITED CONSIDERATION: AS 15.13.380(c); 2 AAC 50.888
WEBSITE: https://apoc.doa.alaska.gov/home/	APOC LAWS: https://apoc.doa.alaska.gov/resources/statutes-and-regulations/	