Part 4 Entering Information into your POFD filing

THIS PART OF THE PRESENTATION COVERS ENTERING THE REQUIRED INFORMATION FOR PAGES 4 THROUGH 19



Here is what adding a source of income looks like X POFD Form https://mvalaska.state.ak.us/apoc/form/POFD/POFD.aspx V C Q Search ☆ 自 ♥ ↓ 🔊 Most Visited 🗍 Getting Started 💭 Employee Documents ... 🙁 Google 💭 Messaging, Enterprise ... 💭 Outlook Web App 🌉 State of Alaska State of Alaska > Department of Administration > APOC > Online Forms > POFD/LFD FINANCIAL DISCLOSURE STATEMENT Office Holder - Executive - Commissioner - Department of Corrections - Report From: 1/1/2014 To: 12/31/2014 Remember You don't SCHEDULE A: SOURCES OF INCOME OVER \$1,000 you have to need your SALARIED EMPLOYMENT NONE / Not Applicable ⇒ . Income means anything of value and covers all forms of compensation or benefits received from an employer; compensation or benefits list income tax include wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation Report each employer who paid you, your spouse, domestic partner or children covered by reporting requirements more than \$1,000. Include amount of income, dates of employment, terms of employment, amount of time worked. Describe the work performed in sufficient information for you, detail to make it clear to a person of ordinary understanding. The amount of any income more than \$1,000 that must be reported, or the value of a gift more than \$250 that must be reported, may be stated in a range rather than as an exact amount. 2 AAC 50.685 to fill this your Edit/Delete Earned By Employer Description Total Income Time spouse (if out. The Earned By: Total Income: Filer O Spouse O Domestic Partner O Child More than \$20,000 and no more than \$50,000 you have income is Employment Type: ○ Commission ● Full-time ○ Hourly ○ Part-time ○ Project ○ Seasonal one) and listed in a Date From: Date To: 1/1/2014 12/31/2014 Employer: your range, not a Bedrock Gravel Pit children (if precise Address: Sandy Lane number. they live City: State: Zip Code: Country: Alaska United States Bedrock 99508 with you). Description: You must "Add AS 39,50,030 Equipment operator **Income**" before

You must finish adding or cancel this action before navigating away from this step Add Income

moving on.



Income from Self-Employment

🗶 POFD Form 🛛 🗙

https://myalaska.state.ak.us/apoc/form/POFD/POFD.aspx?ID=10399

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Physicians, attorneys, and others are not automatically exempt from reporting clients. Please see the exemption information on this page. See also 2 AAC 50.690 for a good faith effort to get the information.



If you, your spouse, or any children DID NOT receive any income from selfemployment click here and press next.

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Or you can keep your clients on a spreadsheet and import the information X https://myalaska.state.ak.us/apoc/form/POFD/POFD.aspx?ID=10260 ,O + A C X POFD Form File Edit View Favorites Tools Help 🏰 🔰 Suggested Sites 👻 🥘 Employee Documents OnI... 🔞 Messaging, Enterprise Ap... 🚺 Outlook Web App 📃 State of Alaska 🔣 Google 🗿 Web Slice Gallery 💌 EUIVDelete cameu by DUSINESS IIII Description rotar income Earned By: Total Income: ● Filer ○ Spouse ○ Child More than \$50,000 and no more than \$100,00 V Employment Type: ○ Commission ● Full-time ○ Hourly ○ Part-time ○ Project ○ Seasonal Date From: Date To: 1/1/2015 6/30/2015 APOC has a **Business Name:** Dr. Duffy's helpful hospital template For each client who paid more than \$1,000 for the same service enter their name and full address below and click the blue 'Add Client' button. A client is not added until there is a red 'Remove' button by their name. available Import Client Full Address **Client Name** Amount Import POFD Income Clients that you can Mark Looney Select a .csv file to upload: Select File download. Upload Description: Acute patient care. Some Import only adds to your form. To clear the existing clients, hit cancel See the and click the 'Remove' button. Upload Status: You must fir template on Import Status: Cancel Ad the next Next slide. Import Clients Download Templ ale of Alaska | @ 2015 | Send us Feedback

Template for uploading client information

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Rental Income

If you own property that you rent to others you will need to fill this out. -

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Rental 2 If you have a renter this is what it looks like X POFD Form × \ + https://myalaska.state.ak.us/apoc/form/POFD/POFD.aspx?ID=10399 V C Q Search 今 自 🔊 Most Visited 🗌 Getting Started 📄 Employee Documents ... ଃ Google 📄 Messaging, Enterprise ... 📄 Outlook Web App 🌉 State of Alaska State of Alaska myAlacka My Covernment Resident Rusiness in Alaska Visiting Alaska State Empl **APOC Online Forms** (APOCED) *** Logout HOME POFD/LFD GROUPS/ENTITIES CANDIDATES LOBBYING INDEPENDENT EXPENDITURES ADMINISTRATION State of Alaska > Department of Administration > APOC > Online Forms > POFD/LFD **After entering** FINANCIAL DISCLOSURE STATEMENT Office Holder - Executive - Commissioner - Department of Corrections - Report From: 1/1/2014 To: 12/31/2014 the renter, SCHEDULE A: SOURCES OF INCOME OVER \$1,000 click "Add RENTAL INCOME NONE / Not Applicable ⇒ [If any person paid more than \$1000 in rent during the preceding calendar year, report the name of the person and the amount of the rent paid, and, if the property is managed by a person other than the filer or a family member of the filer, additionally report the manager's Income". name. 2 AAC 50.725 Disclose the location of the property under "Real Property Interests" Edit/Delete **Once you** Owner Tenant Amount Owner: Amount: ● Filer Spouse Domestic Partner Child More than \$10,000 and no more than \$20,000 have entered Tenant Name: all your Barney Rubble Manager's Name (if applicable): renters you'll You must finish adding or cancel this action before navigating away from this step. click next on Cancel Add Add Income the rental Next Save & Resume Later Previous 6/19 page. State of Alaska || © 2015 || Send us Feedback





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Other Income

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FINANCIAL DISCLOSURE STATEMENT

Office Holder - Executive - Commissioner - Department of Corrections - Report From: 1/1/2014 To: 12/31/2014

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

house, car, cash out your OTHER INCOME . List source and amount of income over \$1,000 not listed elsewhere in this form, including sale of goods or property, taxable capital gains, retirement pensions, retirement account cash-outs, government entitlements, alimony or child support payments, honoraria and any other payments not otherwise accounted for. account? That Edit/Delete Recipient No Income Found Click here to add new source of Income information goes on this 9/19

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NONE / Not Applicable ⇒

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As in other areas, you can import the information via a spreadsheet. Even if you didn't receive income you need to list your business interests here.

Adding a business interest

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Primary residence and recreational property identification

Your primary residence and one recreational property need only be identified by zip code. All others need a more precise description.

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	Office Holder - Executive - Commissioner - Department of Corrections - Re	port From: 1/1/2014 To: 12/31/2014		
	Schedule D: Beneficial Inter	ESTS Remove Export	Import	
	TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL	NONE / Not Applicat	ble ⇒ □	
	Report each trust, retirement account or other beneficial interest that exceeded \$1,000 of federally administered retirement system plan, employee pension plans, profit-sharing tr	during the reporting period, including a sta usts, family trust, education trusts, deferre	ate or ed	
This point can	compensation plans, annuity plans or any other similar arrangement intended to provide • Identify individual investments accounts if you or family members manage or personally (future income the filer or family member. control the investments.		
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Beneficial interests

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FINANCIAL DISCLOSURE STATEMENT

Office Holder - Executive - Commissioner - Department of Corrections - Report From: 1/1/2014 To: 12/31/2014
SCHEDULE D: BENEFICIAL INTERESTS
Remove
Expo

 Report each trust, retirement account or other beneficial interest that exceeded \$1,000 during the reporting period, including a state or federally administered retirement system plan, employee pension plans, profit-sharing trusts, family trust, education trusts, deferred compensation plans, annuity plans or any other similar arrangement intended to provide future income the filer or family member.

· Identify individual investments accounts if you or family members manage or personally control the investments

TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL

INTERESTS

This account is managed by another so it does not require detail. But the filer manages this one so it needs to be detailed.

ļ						
	Edit/Delete	Owner(s)	Managed By	Interest Holder	Fund or Companies	Percent
	Edit Delete	Filer	Pers	Filer	Alaska State retirement accoount	100.00%
	Edit Delete	Filer, Spouse	Joe Schmoe, Esquire	Flintstone family	Flintstone family trust	50.00%
	Edit Delete	Spouse	US Government	Spouse	Reserve retirement account to be received at age 60	100.00%
	Edit Delete	Filer	Self	Filer	3M stock	100.00%
			Click	here to add new	source of Interest	

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NONE / Not Applicable ⇒





Gove	ernment Contracts a	and Leases
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	Office Holder - Executive - Commissioner - Department of Corrections - Report From: 1/1/2014 To: 1:	.2/31/2014
	Schedule F: Leases	
	GOVERNMENT CONTRACTS AND OFFERS TO CONTRACT NONE /	Not Applicable ⇒ □
What to	 List all contracts, bids and offers to contract with the state or any state or municipal agency or entity. Report contract interests as individual, sole proprietor, family member, partnership, professional corporation, limit through a corporation in which filer or family members held a controlling interest. 	ted liability company or
report	Edit/Delete Contract Holder(s) Contract ID Contract Agency Status Type of Int	terest Description
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Not many people have this to report. Notice this contract is with a county and not the state. Even contracts with municipalities need to be reported.



	Natural Resource Leases	
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Almost There!

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This is the review point and what your filing will look like after you check it and then submit it.

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State of Alaska

Position Commissioner

X POFD Form



"Incomplete" does not mean you've missed a step. It means you need to review and certify before you have completed the process.

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Keep checking

Ownership interest, ondeveloped land

HACK O LOLD

Talkeetna, Alaska 99997

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Property

Don't worry about how the words break in the fields. It is a function of the program.

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iler	Beneficia	al Managed By Sel	f 3	3M stock		Ownership: 100%		
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	Beneficial Managed By: Joe Esquire		Schmoe, F	hmoe, Flintstone family trust		Ownership: 50%		
iler, Spouse		Managed By: Pers		Alaska State retirement accoount		Ownership. 100%		

More typos

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If there are errors you want to fix you can save and resume later, or go to previous pages and fix it now. If it is as you want it click next.



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