CITY OF FAIRBANKS

2013 FINANCIAL DISCLOSURE STATEMENT

Covers the reporting period January 1, 2012 - December 31, 2012

FOR MORE INFORMATION, INSTRUCTIONS, BLANK FORMS, SAMPLE FORMS & QUESTIONS: Visit the City of Fairbanks online at: www.fairbanksalaska.us or Contact the City Clerk directly at 800 Cushman Street, Fairbanks, AK 99701 / 907-459-6774 / Fax 907-459-6710 or see Fairbanks General Code Sections 2-900 to 2-905.

THIS IS A PUBLIC DOCUMENT - DO NOT INCLUDE CONFIDENTIAL INFORMATION (i.e., SOCIAL SECURITY NUMBERS, ACCOUNT NUMBERS)

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

NAME ______________________ PHONE NUMBER ______________________

ADDRESS ______________________ FAX NUMBER ______________________

CITY ______________________ EMAIL ADDRESS ______________________

STATE __________ ZIP CODE __________

NAME OF SPOUSE / DOMESTIC PARTNER ______________________

DEPENDENT CHILDREN __________ (Report number of children, including stepchildren, adoptive children.)

WHY ARE YOU FILING ☐ OFFICE HOLDER or ☐ CANDIDATE

OFFICE HELD OR SOUGHT ______________________

☐ **CANDIDATE STATEMENT: Must be filed with your Declaration of Candidacy (and annually thereafter)**

☐ **INITIAL STATEMENT: Due 30 days from appointment for new public officials (and annually thereafter)**

☐ **ANNUAL STATEMENT: Due by March 15 - for incumbent officials.**

☐ **FINAL STATEMENT: Due 90 days after leaving office - From:** __________ **through:** __________

(Include all information not reported on a previously filed statement through your last day of office.)

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK “NONE”

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SCHEDULE A: SOURCES OF INCOME OVER $1,000

1. SALARIED EMPLOYMENT **NONE: Check Box** ☐

Report each employer who paid you, your spouse, domestic partner or dependent child more than $1,000.
Income means anything of value and covers all forms of compensation, including deferred income.

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

EMPLOYER NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ________

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

EMPLOYER NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ________

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

EMPLOYER NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ________

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

EMPLOYER NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ________

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

EMPLOYER NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ________

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

EMPLOYER NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ________

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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SCHEDULE A: SOURCES OF INCOME OVER $1,000

2. SELF-EMPLOYMENT

NONE: Check Box ☐

Disclose each client, customer or business that paid you, your spouse/domestic partner or dependent child more than $1,000. Self-employment includes sole proprietors, partnerships, limited liability companies, professional corporations. List each source of income over $1,000 by name. Exemptions: if the identity of the source of income is confidential by law, you may be excused from disclosing the source. To obtain an exemption, you must file a written request, and you must receive an exemption from the City Clerk.

Income means anything of value and covers all forms of compensation, including deferred income.

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

BUSINESS NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ______

CLIENT / CUSTOMER NAMES ______________________________

____

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

BUSINESS NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ______

CLIENT / CUSTOMER NAMES ______________________________

____

EARNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child

BUSINESS NAME ______________________________

ADDRESS ______________ CITY ______________ STATE ______ ZIP ______

CLIENT / CUSTOMER NAMES ______________________________

____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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SCHEDULE A: SOURCES OF INCOME OVER $1,000

4. RENTAL INCOME — NONE: Check Box ☐

EARNED BY:	TENANTS WHO PAID > $1,000 (For property oustide Alaska managed by agent, list AGENT insead)
☐ Filer	
☐ Spouse/Domestic Parter	
☐ Child	
☐ Co-owner with Others	

5. DIVIDENDS and INTEREST — NONE: Check Box ☐

Disclose source and amount of income over $1,000 from dividends and interest. Include bank accounts, taxable capital gains, money market accounts, certificates of deposit, Native corporation dividends, Permanent Fund Dividends.

RECIPIENT:	SOURCE
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

SCHEDULE A: SOURCES OF INCOME OVER $1,000

6. OTHER INCOME

NONE: Check Box ☐

List source and amount of income over $1,000 not listed elsewhere in this form, including sale of goods or property, pensions, IRA cash-outs, honorariums, alimony, child support, shared living expenses and government entitlements.

RECIPIENT:	SOURCE
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	
☐ Filer ☐ Child ☐ Spouse / partner	

7. GIFTS WORTH MORE THAN $250

NONE: Check Box ☐

Report gifts worth more than $250.

RECIPIENT:	DESCRIPTION	SOURCE
☐ Filer ☐ Child ☐ Spouse / partner		
☐ Filer ☐ Child ☐ Spouse / partner		
☐ Filer ☐ Child ☐ Spouse / partner		
☐ Filer ☐ Child ☐ Spouse / partner		
☐ Filer ☐ Child ☐ Spouse / partner		

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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SCHEDULE B

BUSINESS INTERESTS **NONE: Check Box** ☐

Report business interests even if they were **NOT** a source of income, including businesses in which you/family:

- Served as stockholder, owner, officer, director, partner, proprietor, employee or held an interest.
- Had ownership interests of more than $1,000 in a publicly traded corporation.
- Had any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, limited liability companies. Include options to buy.

If the business was a source of income over $1,000, it must also be reported in Schedule A.

INTEREST held by ☐ Filer ☐ Spouse/Partner ☐ Child Nature of Interest: ______________________
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: ______________________
Name of corporation, company, partnership, business, investment or asset.

Address: ______________________ City ______________ State ______ Zip ________
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

INTEREST held by ☐ Filer ☐ Spouse/Partner ☐ Child Nature of Interest: ______________________
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: ______________________
Name of corporation, company, partnership, business, investment or asset.

Address: ______________________ City ______________ State ______ Zip ________
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

INTEREST held by ☐ Filer ☐ Spouse/Partner ☐ Child Nature of Interest: ______________________
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: ______________________
Name of corporation, company, partnership, business, investment or asset.

Address: ______________________ City ______________ State ______ Zip ________
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

INTEREST held by ☐ Filer ☐ Spouse/Partner ☐ Child Nature of Interest: ______________________
Owner, director, officer, board member, proprietor, partner, shareholder

Type & Name of Business Interest: ______________________
Name of corporation, company, partnership, business, investment or asset.

Address: ______________________ City ______________ State ______ Zip ________
Address of business entity, investment, investment fund or asset. For e-trading investments, list Web site address (URL).

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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SCHEDULE C

REAL PROPERTY INTERESTS **NONE: Check Box** ☐

Include your home, a rent-to-own home, rental property, vacant property, recreational property, options to buy, business property and real estate interests held in a limited liability company, limited partnership or trust. Include property owned or sold during the reporting period

If property is jointly owned, check all boxes that apply.

OWNERS: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child / ☐ Other Co-Owner: ____________

ADDRESS ____________ CITY ____________ STATE ______ ZIP ______

OWNERSHIP INTEREST ____________

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child / ☐ Other Co-Owner: ____________

ADDRESS ____________ CITY ____________ STATE ______ ZIP ______

OWNERSHIP INTEREST ____________

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child / ☐ Other Co-Owner: ____________

ADDRESS ____________ CITY ____________ STATE ______ ZIP ______

OWNERSHIP INTEREST ____________

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child / ☐ Other Co-Owner: ____________

ADDRESS ____________ CITY ____________ STATE ______ ZIP ______

OWNERSHIP INTEREST ____________

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

OWNERS: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child / ☐ Other Co-Owner: ____________

ADDRESS ____________ CITY ____________ STATE ______ ZIP ______

OWNERSHIP INTEREST ____________

(Such as home owner, option to buy, owned through business entity or trust, leasehold, partnership)

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK “NONE”

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SCHEDULE D

BENEFICIAL INTERESTS: TRUSTS & RETIREMENT ACCOUNTS >$1,000 NONE: Check Box ☐

Report each beneficial interest in a trust or retirement account that exceeded $1,000 during the reporting period. Report stocks, bonds, mutual funds, cash accounts, CDs, deferred compensation plans, profit-sharing accounts, employee benefit accounts, retirement accounts (such as IRA, 401K, SEP or Keogh) trust funds (including blind trusts) and limited partnerships. "Managed by" means the filer, employer, business, investment entity or name of the company that manages the account. Identify individual investments if you or family members manage or personally control the investments. "Identify fund or companies" means the individual companies or accounts where you are the manager and you control the investments; if a mutual fund, investment company or other third party entity manages and controls the investments, list the name or type of fund where the assets are held.

ASSETS - OWNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child PERCENT: ______

ASSETS - MANAGED BY: ______

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child PERCENT: ______

ASSETS - MANAGED BY: ______

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child PERCENT: ______

ASSETS - MANAGED BY: ______

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child PERCENT: ______

ASSETS - MANAGED BY: ______

ASSETS - IDENTIFY FUND OR COMPANIES:

ASSETS - OWNED BY: ☐ Filer ☐ Spouse/Domestic Partner ☐ Child PERCENT: ______

ASSETS - MANAGED BY: ______

ASSETS - IDENTIFY FUND OR COMPANIES:

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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SCHEDULE E

LOANS, LOAN GUARANTEES & DEBTS OVER $1,000 **NONE: Check Box** ☐

Report each creditor or lender to whom more than $1,000 was owed during the reporting period. Report the maker of the loan or loan guarantor of each loan and the identity of all creditors.

Do NOT list credit card obligations or revolving charge accounts

DEBTOR: ☐ **Filer** ☐ **Spouse/Domestic Partner** ☐ **Child**

☐ **LENDOR** / ☐ **CREDITOR** / ☐ **GUARANTOR**

NAME: ______________________________

DEBTOR: ☐ **Filer** ☐ **Spouse/Domestic Partner** ☐ **Child**

☐ **LENDOR** / ☐ **CREDITOR** / ☐ **GUARANTOR**

NAME: ______________________________

DEBTOR: ☐ **Filer** ☐ **Spouse/Domestic Partner** ☐ **Child**

☐ **LENDOR** / ☐ **CREDITOR** / ☐ **GUARANTOR**

NAME: ______________________________

DEBTOR: ☐ **Filer** ☐ **Spouse/Domestic Partner** ☐ **Child**

☐ **LENDOR** / ☐ **CREDITOR** / ☐ **GUARANTOR**

NAME: ______________________________

DEBTOR: ☐ **Filer** ☐ **Spouse/Domestic Partner** ☐ **Child**

☐ **LENDOR** / ☐ **CREDITOR** / ☐ **GUARANTOR**

NAME: ______________________________

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT OR A SECTION DOES NOT APPLY TO YOU, CHECK “NONE”

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SCHEDULE F

1. LEASES: GOVERNMENT CONTRACTS & LEASES — NONE: Check Box ☐

List all contracts, bids and offers to contract with the City of Fairbanks. Report contract interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company or through a corporation in which filer or family members held a controlling interest.

CONTRACTOR: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child Type of Interest: ______

☐ Bid / ☐ Offer / ☐ Held CONTRACT ID (name/no.): ______

CONTRACTING AGENCY: ______

CONTRACT DESCRIPTION:

CONTRACTOR: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child Type of Interest: ______

☐ Bid / ☐ Offer / ☐ Held CONTRACT ID (name/no.): ______

CONTRACTING AGENCY: ______

CONTRACT DESCRIPTION:

2. LEASES: NATURAL RESOURCE LEASES — NONE: Check Box ☐

List natural resource leases - including mineral, timber, oil and gas leases - held, bid or offered during the reporting period. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company; or corporation in which you or family (individually or together) held controlling interest.

LEASEHOLDER: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child Type of Interest: ______

☐ Bid / ☐ Offer / ☐ Held LEASE ID (name/no.): ______

LEASE DESCRIPTION:

LEASEHOLDER: ☐ Filer / ☐ Spouse/Domestic Partner / ☐ Child Type of Interest: ______

☐ Bid / ☐ Offer / ☐ Held LEASE ID (name/no.): ______

LEASE DESCRIPTION:

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CERTIFICATION

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

____________________________________ ____________________________________

NAME of FILER DATE &PLACE SIGNED / FILED

All officials and candidates who are required to file disclosure statements are solely responsible for filing complete, accurate and truthful statements by the deadlines

FILE THIS STATEMENT:

Office of the City Clerk
800 Cushman Street
Fairbanks, AK 99701

For questions, please call the City Clerk at (907)459-6774 OR
Email: jjhovenden@ci.fairbanks.ak.us

FGC Sec. 2-904. Penalty for willful violation of disclosure requirements.

(a) A person required to file a report of financial or business interests under this article, who refuses or knowingly fails to disclose required information within the time required in this article or who provides false or misleading information, knowing it to be false or misleading, is guilty of a misdemeanor and subject to the penalty specified in section 1-15(a).

(b) Any person failing or refusing to comply with the requirements of this article, in addition to the penalties prescribed, shall forfeit nomination to office and may not be seated or installed in office if the person has not complied. In the case of elected officials, a person may not be certified for office or the person's election to office if compliance was not made within the time required. The nomination to office or election to office shall be certified to the highest vote getter for that nomination for that office or election to that office who has complied within the times required and who shall be declared nominated or elected. For purposes of this subsection, a person is considered to have complied within the time required if t article.

THIS IS A PUBLIC DOCUMENT

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