Haines Borough Financial Disclosure Statement Report of Calendar Year 2015

REQUIRED FILERS: Mayor and borough assembly members; school board members; borough manager; planning commission members; and non-incumbent candidates for mayor, borough assembly, and school board.

TIME PERIOD: Include all information about your reportable financial interests and activities for the 2015 calendar year.

REQUIRED INFORMATION: Haines Borough Code 2.06.035 requires you to disclose your financial interests using these forms. This includes disclosure of your own financial interests and those held by your spouse/domestic partner, and dependent children. Use additional pages if needed.

HELP: If you have questions, contact the Clerk's Office at 907-766-2231 or consult the Instruction Sheet.

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

| NAME: | |
|-------------------------|--|
| | |
| Mailing | g address, city, zip code |
| Phone: | home / work / cell Fax |
| E-mail | address |
| NAME OF SPOUSE/DOMEST | TIC PARTNER: |
| NUMBER OF DEPENDENT C | CHILDREN: |
| | TE: WHAT OFFICE DO YOU SEEK? |
| ► IF YOU ARE NOT A CAND | DIDATE, REPORT OFFICE HELD: |
| Check one: | |
| INITIAL STATEMENT: | Required for recently appointed borough officials. Due 30 days from Appointment. Required for non-incumbent candidates for mayor, borough assembly, and school board. Due with the declaration of candidacy. |
| ANNUAL STATEMENT: | Required for incumbent public officials. Due by March 15, 2016 |
| FINAL STATEMENT: | Required for public officials after leaving office. Due 90 days after leaving office. The final statement covers a reporting period beginning January 1 through the date you leave office. |

Complete the attached Schedules – HBC 2.06.035(E)

- A Sources of Income over \$5,000 (or gifts over \$250)
- B Business Interests
- C Real Property Interests
- D Beneficial Interests over \$5,000
- E Natural Resource Leases
- F Government Contracts
- G Loans & Debts over \$5,000

SCHEDULE A SOURCES OF INCOME OVER \$5,000

SECTION #1 – Salaried/Waged Employment

If NONE to report, check box ▶

Report the name and address of each employer who paid you, your spouse/domestic partner, or dependent children more than \$5,000 during **calendar year 2015**. Filers are NOT required to list the amount.

| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
|-------------------------|-------|-------------------------|-----------------|--|
| Employer's name: | | | | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | • | • | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | • | _ | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | • | • | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | | | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | | | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | | | |
| Employer's address: | | | | |
| ► EMPLOYEE - Check one: | filer | spouse/domestic partner | dependent child | |
| Employer's name: | | | | |
| Employer's address: | | | | |

SCHEDULE A SOURCES OF INCOME OVER \$5,000

SECTION #2 - Self-Employment

If NONE to report, check box ▶

Describe and list the name and address of each self-employment business that was a source of income of more than \$5,000 for you, your spouse/domestic partner, or dependent child during **calendar year 2015**. Filers are NOT required to list the amount.

Also, list the first and last name of each client or customer who paid the business over \$5,000 during calendar year 2014. Exception: do not list clients if the business (typically retail) is one that is normally conducted on a cash basis or maintains accounts payable within 30 days and annual account accrual does not exceed \$10,000.

Self-employment includes: sole proprietor, partnership, limited liability company, shareholder in a professional corporation; or if you held (individually or with another family member) more than 50% of stock in a corporation.

| ► Check all that apply: | filer _ | _ spouse/domestic partner | dependent child | |
|------------------------------|-----------|---------------------------|-----------------|---|
| Business name: | | | | _ |
| Business address: | | | | - |
| | | | | |
| | | | | |
| Names of alients/ovetomers | | | | |
| names of chemis/customers | · | | | |
| | | | | |
| | | | | |
| ► Check all that apply: | | | | |
| Business name: | | | | - |
| Business address: | | | | |
| Detailed description of natu | re of bus | siness or services: | | |
| | | | | |
| | | | | |
| Names of clients/customers | : | | | |
| | | | | |
| | | | | |
| ► Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Business name: | | | | - |
| Business address: | | | | , |
| Detailed description of natu | re of bus | siness or services: | | |
| | | | | |
| | | | | |
| Names of clients/customers | : | | | |
| | | | | |

SCHEDULE A SOURCES OF INCOME OVER \$5,000

SECTION #3 - Rental Income

If NONE to report, check box ▶

Identify the type and location of the rental property. List the first and last name of each tenant who paid over \$5,000 during **calendar year 2015**. If property is located outside Alaska and managed by a person other than you, your spouse/domestic partner, or dependent child, you may list the managing agent instead of listing each tenant. Filers are NOT required to list the amount.

| ► OWNER - Check all that apply: | filer | spouse/domestic partn | er dependent child |
|---|--|--|--|
| Rental property type and location: | | | |
| Tenant(s): | | | |
| | | | |
| ► OWNER - Check all that apply: Rental property type and location: Tenant(s): | | | • |
| ► OWNER - Check all that apply: Rental property type and location: | filer | spouse/domestic partn | er dependent child |
| Tenant(s): | | | |
| SECTION #4 - Dividends an | d Intere | st If I | NONE to report, check box ▶ |
| | f each sou se/domesti equired to | rce (not including benefici c partner, or dependent chi list the amount. | al interest in retirement or trust accounts) ld received interest or dividends in excess |
| ► RECIPIENT - Check one: f Source name: | | pouse/domestic partner | dependent child |
| Source address: | | | |
| ► RECIPIENT - Check one: f | iler s | pouse/domestic partner | dependent child |
| Source name: | | | |
| Source address: | | | |
| ► RECIPIENT - Check one: f | iler s | pouse/domestic partner | dependent child |
| | | | |
| Source address: | | | |

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SCHEDULE A SOURCES OF INCOME OVER \$5,000

SECTION #5 - Other Income

► **RECIPIENT** - Check one:

If NONE to report, check box ▶

dependent child

Identify each source of income over \$5,000 received during **calendar year 2015** not reported elsewhere on this statement. Include income from taxable and nontaxable capital gains, public assistance, worker's compensation, unemployment, social security and retirement payments, IRA cash-outs, alimony or child support, government entitlements, honorariums, shared living expenses, and other payments not otherwise reported. Filers are NOT required to list the amount.

spouse/domestic partner

filer

| Source name: | | | | |
|--|-------------|------------------------------|-----------------|----------|
| Source address: | | | | |
| ► RECIPIENT - Check one: filer Source name: | • | e/domestic partner | dependent child | |
| Source address: | | | | |
| ► RECIPIENT - Check one: filer Source name: | • | e/domestic partner | dependent child | |
| Source address: | | | | |
| SECTION #6 – Gifts exceeding \$ | | | ONE to report, | |
| List each source other than immediate fan than \$250. Some examples of reportable extended to the general public. Filers are N | gifts inclu | de: cash, a debt that is for | | |
| ► RECIPIENT - Check all that apply: | filer | spouse/domestic par | - | |
| Source name: | | | | |
| Source address: | | | | |
| ► RECIPIENT - Check all that apply: Source name: | filer | 1 | - | nt child |
| Source address: | | | | |
| | filer | spouse/domestic par | tner depender | nt child |
| Source address: | | | | |
| ► RECIPIENT - Check all that apply: Source name: | filer | spouse/domestic par | tner depender | |
| Source address: | | | | |
| | | | | |

SCHEDULE B BUSINESS INTERESTS

Business Interests

If NONE to report, check box ▶

Report business interests and investments even if they were **NOT** a source of income to you, your spouse/domestic partner, or dependent child during the reporting period.

- List each business in which you, your spouse/domestic partner, or dependent child held an interest or was a stockholder*, owner, officer, director, partner, proprietor or employee during the reporting period.
- If you exercise full control of investment, list each company and address. If do not manage own investments, report name of investment company that holds and manages the assets.
- List any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships and limited liability companies.
- Filers are NOT required to report the value of the business interest and investments.
- *Interests of less than \$5,000 in the stock of a publicly-traded corporation need NOT be reported.

| ► Check all that apply: | filer | spouse/domestic partner | dependent child | |
|----------------------------|---------|-------------------------|-----------------|--|
| Business name: | | | | |
| Business address: | | | | |
| | | | | |
| | | | | |
| ► Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Business name: | | | | |
| Business address: | | | | |
| | | | | |
| | | | | |
| ► Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Business name: | | | | |
| Business address: | | | | |
| | | | | |
| | | | | |
| ► Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Business name: | | | | |
| Business address: | | | | |
| | | | | |
| Description of business ac | tivity: | | | |

SCHEDULE C REAL PROPERTY INTERESTS

Real Property Interests

- Report the identity and nature of each interest in real property in the Haines Borough including options to buy owned at any time during the preceding calendar year by the filer, the filer's spouse/domestic partner, or the filer's dependent child.
- Report the physical Haines Borough address <u>or</u> a complete legal property description. Do not use mileposts or PO boxes.
- Filers are NOT required to report the value of the real estate property.

| ► Check all that apply | y: filer | spouse/domestic partner | dependent child | |
|-------------------------|--------------------|---------------------------|------------------------|--|
| Physical address or leg | gal description: | | | |
| Nature of interest: (Su | ch as option to bu | ıy, ownership, leasehold) | Current use (optional) | |
| | | | | |
| ► Check all that apply | | spouse/domestic partner | dependent child | |
| Physical address or leg | gal description: | | | |
| Nature of interest: | | | | |
| (Su | ch as option to bu | ıy, ownership, leasehold) | Current use (optional) | |
| ► Check all that apply | y: filer | spouse/domestic partner | dependent child | |
| Physical address or leg | gal description: | | | |
| Nature of interest: | | | | |
| (Su | ch as option to bu | ıy, ownership, leasehold) | Current use (optional) | |
| ► Check all that apply | y: filer | spouse/domestic partner | dependent child | |
| Physical address or leg | gal description: | | | |
| Nature of interest: | | | | |
| (Su | ch as option to bu | ıy, ownership, leasehold) | Current use (optional) | |
| ► Check all that apply | y: filer | spouse/domestic partner | dependent child | |
| Physical address or leg | gal description: | | | |
| Nature of interest: | | | | |
| (Su | ch as option to bu | ıy, ownership, leasehold) | Current use (optional) | |
| ► Check all that apply | y: filer | spouse/domestic partner | dependent child | |
| Physical address or leg | gal description: | | | |
| Nature of interest: | | | | |
| (Su | ch as option to bu | iy, ownership, leasehold) | Current use (optional) | |

SCHEDULE D BENEFICIAL INTERESTS Over \$5,000

Beneficial Interests

If NONE to report, check box ▶

Report the identity of each trust or other fiduciary relation in which the filer, the filer's spouse/domestic partner, or the filer's dependent child held a beneficial interest exceeding \$5,000 during the preceding calendar year.

- Describe and identify the property contained in each trust or relation.
- Report the nature and extent of each beneficial interest.
- Filers are NOT required to report the value of the fund, trust, account, retirement plan, or asset but must identify the assets by owner or manager name and describe the nature and extent.

| ► Check one: | filer | spouse/domestic partner | dependent child |
|--------------------|-----------|-------------------------|-------------------------------|
| Name of trust or | fiduciary | relation: | |
| Description: | | | |
| Nature of interest | t: | | Extent (percent) of interest: |
| ► Check one: | filer | spouse/domestic partner | dependent child |
| Name of trust or | fiduciary | relation: | |
| Description: | | | |
| Nature of interest | t: | | Extent (percent) of interest: |
| ► Check one: | filer | spouse/domestic partner | dependent child |
| Name of trust or | fiduciary | relation: | |
| Description: | | | |
| Nature of interest | t: | | Extent (percent) of interest: |
| ► Check one: | filer | spouse/domestic partner | dependent child |
| Name of trust or | fiduciary | relation: | |
| Description: | | | |
| Nature of interest | t: | | Extent (percent) of interest: |
| ► Check one: | filer | spouse/domestic partner | dependent child |
| Name of trust or | fiduciary | relation: | |
| Description: | | | |
| Nature of interest | t: | | Extent (percent) of interest: |

SCHEDULE E NATURAL RESOURCE LEASES

Natural Resource Leases

- List all mineral, timber, oil, or any other natural resource leases held or offered in the Haines Borough during the preceding calendar year by the filer's spouse/domestic partner, or the filer's dependent child.
- Include partnerships or professional corporations of which the filer is a member, or a corporation in which the filer, the filer's spouse/domestic partner, or the filer's dependent child, or a combination of them, holds a controlling interest. (Controlling interest means filer and/or family members hold more than 50%.)
- Identify the contract, bid, or offer by contract name, number, agency, and contract description.
- Filers are NOT required to list the value of the lease.

| filer | spouse/ | domestic | partner | deper | ndent child | | | |
|--------------|---|---|--|---|--|---|---|--|
| mineral | timber | oil | other | | | _ Status | s: held | offer made |
| individual | sole p | roprietor | partner | ship | LLC | PC | Controlling | g interest in corp |
| | | | | | | | | |
| filer | spouse/ | domestic : | partner | deper | ndent child | | | |
| mineral | timber | oil | other | | | _ Status | s: held | offer made |
| individual | sole p | roprietor | partner | ship | LLC | PC | Controlling | g interest in corp |
| | | | | | | | | |
| | • | | • | • | | Status | s· held | offer made |
| | | | | | | | | |
| e, number, a | gency, des | cription): | | | | | | |
| filer | spouse/ | domestic : | partner | deper | ndent child | | | |
| mineral | timber | oil | other | | | _ Status | s: held | offer made |
| individual | sole p | roprietor | partner | ship | LLC | PC | Controlling | g interest in corp |
| | - | 1 | | • | | | • | |
| | mineral individual e, number, a e filer mineral individual e, number, a e filer mineral individual e, number, a | mineral timber individual sole p e, number, agency, deser e filer spouse/ mineral timber individual sole p e, number, agency, deser e filer spouse/ mineral timber individual sole p e, number, agency, deser e filer spouse/ e, number, agency, deser e filer spouse/ mineral timber individual sole p e, number, agency, deser e filer spouse/ mineral timber | mineral timber oil individual sole proprietor e, number, agency, description): filer spouse/domestic mineral timber oil individual sole proprietor e, number, agency, description): filer spouse/domestic mineral timber oil individual sole proprietor e, number, agency, description): filer spouse/domestic mineral timber oil filer spouse/domestic mineral timber oil | mineral timber oil other individual sole proprietor partner: e, number, agency, description): filer spouse/domestic partner mineral timber oil other individual sole proprietor partner: e, number, agency, description): filer spouse/domestic partner mineral timber oil other individual sole proprietor partner: e, number, agency, description): individual sole proprietor partner: e, number, agency, description): filer spouse/domestic partner mineral timber oil other filer spouse/domestic partner mineral timber oil other | mineral timber oil other individual sole proprietor partnership e, number, agency, description): filer spouse/domestic partner deper mineral timber oil other individual sole proprietor partnership e, number, agency, description): filer spouse/domestic partner deper mineral timber oil other individual sole proprietor partnership e, number, agency, description): filer spouse/domestic partner deper mineral timber oil other filer spouse/domestic partner deper mineral timber oil other | individual sole proprietor partnership LLC e, number, agency, description): filer spouse/domestic partner dependent child mineral timber oil other individual sole proprietor partnership LLC e, number, agency, description): filer spouse/domestic partner dependent child mineral timber oil other individual sole proprietor partnership LLC e, number, agency, description): filer spouse/domestic partner dependent child mineral timber oil other e, number, agency, description): | mineral timber oil other Status individual sole proprietor partnership LLC PC e, number, agency, description): filer spouse/domestic partner dependent child mineral timber oil other Status individual sole proprietor partnership LLC PC e, number, agency, description): filer spouse/domestic partner dependent child mineral timber oil other Status individual sole proprietor partnership LLC PC e, number, agency, description): filer spouse/domestic partner dependent child mineral timber oil other Status status individual sole proprietor partnership LLC PC e, number, agency, description): Status | mineral timber oil other Status: held individual sole proprietor partnership LLC PC Controlling e, number, agency, description): spouse/domestic partner dependent child mineral timber oil other Status: held individual sole proprietor partnership LLC PC Controlling e, number, agency, description): spouse/domestic partner dependent child mineral timber oil other Status: held individual sole proprietor partnership LLC PC Controlling e, number, agency, description): status: held individual sole proprietor partnership LLC PC Controlling e, number, agency, description): |

SCHEDULE F GOVERNMENT CONTRACTS

Government Contracts

- List all contracts and offers to contract with the State of Alaska or with the Haines Borough (including the school district or other Haines Borough entities) during the preceding calendar year held, bid, or offered.
- Report this information for yourself, your spouse/domestic partner, and dependent child who held the interest as a sole proprietor; as a member of a partnership, professional corporation, or limited liability company; or through a corporation in which you and/or your family members held a controlling interest.
- Filers are NOT required to list the value of the contract.

| • Check all that apply: | filer | spouse/domestic pa | rtner deper | dent child | | | |
|-------------------------|-------------|-----------------------|-------------|-------------|---------|-------------|------------------|
| Nature of contract: _ | | | | Statu | s: he | eld offer | made |
| Type of interest: | individual | sole proprietor | partnership | LLC | PC | Controlling | interest in corp |
| | | agency, description): | | | | | |
| ► Check all that apply: | filer | spouse/domestic pa | rtner deper | dent child | | | |
| Nature of contract: _ | | | | | Status: | held | offer made |
| Type of interest: | individual | sole proprietor | partnership | LLC | PC | Controlling | interest in corp |
| | | agency, description): | | | | | |
| · Check all that apply: | filer | spouse/domestic pa | rtner depen | dent child | | | |
| Nature of contract: _ | | | | | Status: | held | offer made |
| Type of interest: | individual | sole proprietor | partnership | LLC | PC | Controlling | interest in corp |
| | | agency, description): | | | | | |
| · Check all that apply: | filer | spouse/domestic pa | rtner deper | ident child | | | |
| Nature of contract: _ | | | | | Status: | held | offer made |
| Type of interest: | individual | sole proprietor | partnership | LLC | PC | Controlling | interest in corp |
| Contract identity (na | me, number, | agency, description): | | | | | |

HAINES BOROUGH

2015 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE G LOANS, LOAN GUARANTEES, AND DEBTS Over \$5,000

Loan, Loan Guarantees, and Debts

- List any loan or loan guarantee of more than \$5,000 made to the filer, the filer's spouse/domestic partner, or the filer's dependent child.
- This category includes mortgages, business loans, personal loans, student loans, vehicle loans, boat loans, medical bills, delinquent taxes, alimony, and child support.
- Include the identity of the maker of the loan or loan guarantor and the identity of each creditor.
- Report only if the loan or guarantee of more than \$5,000 was made during the preceding calendar year, or if the amount still owing on the loan, loan guarantee, or indebtedness was more than \$5,000 at any time during the preceding calendar year.
- Credit cards and revolving charge accounts are exempt from disclosure.
- Filers are NOT required to list the amount of indebtedness but must report obligations over \$5,000.

| ➤ Check all that apply: | filer | spouse/domestic partner | dependent child | |
|-------------------------|------------|-------------------------|-----------------|--------------|
| Type of loan or indebte | dness: _ | | | |
| Name of maker of the | loan, loan | guarantor, or creditor: | | |
| ➤ Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Type of loan or indebte | dness: _ | | | |
| Name of maker of the | loan, loan | guarantor, or creditor: | | |
| ➤ Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Type of loan or indebte | dness: _ | | | |
| Name of maker of the | loan, loan | guarantor, or creditor: | | - |
| ➤ Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Type of loan or indebte | dness: _ | | | |
| Name of maker of the | loan, loan | guarantor, or creditor: | | |
| ➤ Check all that apply: | filer | spouse/domestic partner | dependent child | |
| Type of loan or indebte | dness: _ | | | |
| Name of maker of the | loan, loan | guarantor, or creditor: | | |

| CERTIFIC I certify under penalty of perjury that the foregoing is to the best of my knowledge, true, correct and cocertification which he or she does not believe to be true | rue and that the information in this statement is, omplete. A person who makes a false sworn |
|--|--|
| SIGNATURE: | |
| | |
| PRINTED NAME OF FILER | DATE SIGNED |
| | |

Where to file: File with Haines Borough Clerk's Office