Haines Borough Financial Disclosure Statement Report of Calendar Year 2018

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 **2018** 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 907-766-6402 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: _____

CONTACT INFO:

Mailing address, city, zip code

Phone: home / work / cell/ fax

E-mail address

NAME OF SPOUSE/DOMESTIC PARTNER: _____

NUMBER OF DEPENDENT CHILDREN: _____

► IF YOU ARE A CANDIDATE: WHAT OFFICE DO YOU SEEK?

OFFICE: ___

► IF YOU ARE NOT A CANDIDATE, REPORT OFFICE HELD:

OFFICE:

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, 2019.

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 \blacktriangleright |
|--|--|
| Report the name and address of each employer who paid you, your spot children more than \$5,000 during calendar year 2018 . Filers are NO | |
| ► 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 | - |
| Employer's name: | |
| Employer's address: | |
| ► EMPLOYEE - Check one: ☐ filer ☐ spouse/domestic partner | |
| Employer's name: | |
| Employer's address: | |

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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 2018**. Filers are NOT required to list the amount.

Also, list the first and last name of each client or customer who paid your business over \$5,000 during calendar year 2018. <u>Exception</u>: 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: |
| Detailed description of nature of business or services: |
| |
| Names of clients/customers: |
| |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child |
| Business address: |
| Detailed description of nature of business or services: |
| |
| Names of clients/customers: |
| |
| Charle all that any lag. C files. C an ange/damastic martan. C dama dant shild |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Business name: |
| Business address: |
| Detailed description of nature of business or services: |
| |
| Names of clients/customers: |
| |
| |

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SCHEDULE A SOURCES OF INCOME OVER \$5,000

| SECTION #3 - Rental Income | If NONE to report, check box \blacktriangleright |
|--|---|
| Identify the type and location of the rental property. List the during calendar year 2018 . If property is located outside A spouse/domestic partner, or dependent child, you may list the are NOT required to list the amount. | Alaska and managed by a person other than you, your |
| ► OWNER - Check all that apply: □ filer □ spouse/do | omestic partner 🗌 dependent child |
| Rental property type and location: | |
| Tenant(s): | |
| ► OWNER - Check all that apply: ☐ filer ☐ spouse/do Rental property type and location: | |
| Tenant(s): | |
| ► OWNER - Check all that apply: filer spouse/do Rental property type and location: Tenant(s): | · · |
| SECTION #4 - Dividends and Interest | If NONE to report, check box 🕨 🗌 |
| | ling beneficial interest in retirement or trust accounts) ependent child received interest or dividends in excess it. |
| ► RECIPIENT - Check one: ☐ filer ☐ spouse/domest | |
| Source address: | |
| | |
| ► RECIPIENT - Check one: ☐ filer ☐ spouse/domesti Source name: | · · |
| Source address: | |
| | |
| ► RECIPIENT - Check one: ☐ filer ☐ spouse/domest | · · |
| Source name: Source address: | |
| Source address | 2018 Haines Borough Financial Disclosure Statement Page 4 of 12 |

SCHEDULE A SOURCES OF INCOME OVER \$5,000

SECTION #5 - Other Income

If NONE to report, check box **>**

Identify each source of income over \$5,000 received during **calendar year 2018** 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.

| ► RECIPIENT - Check one: ☐ filer ☐ spouse/domestic partner ☐ dependent child |
|---|
| Source name: |
| Source address: |
| |
| ► RECIPIENT - Check one: ☐ filer ☐ spouse/domestic partner ☐ dependent child |
| Source name: |
| Source address: |
| |
| ► RECIPIENT - Check one: ☐ filer ☐ spouse/domestic partner ☐ dependent child |
| Source name: |
| Source address: |
| |
| SECTION #6 – Gifts exceeding \$250 If NONE to report, check box ► □ |
| List each source other than immediate family members of gifts which have a value of or cumulative value of more than \$250. Some examples of reportable gifts include: cash, a debt that is forgiven, scholarships, and discounts not extended to the general public. Filers are NOT required to list the amount. |
| |
| ► RECIPIENT - Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child |
| ► RECIPIENT - Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Source name: |
| Source name: |
| |
| Source name: |
| Source name:Source address: |
| Source name: |
| Source name: Source address: Source address: < |

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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 which operates in the borough and in which you, your spouse/domestic partner, or dependent child was an owner, owner of more than 30% stock, or an officer, director, partner, proprietor, or employee of such business during the preceding calendar year. |
| 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. 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 <u>NOT</u> be reported. |
| ► Check all that apply: filer spouse/domestic partner dependent child Business name: |
| Business address: |
| Nature of interest: |
| Description of business activity: |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Business name: |
| Business address: |
| Nature of interest: |
| Description of business activity: |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Business name: |
| Business address: |
| Nature of interest: |
| Description of business activity: |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Business name: |
| Business address: |
| Nature of interest: |
| Description of business activity: |

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SCHEDULE C REAL PROPERTY INTERESTS

| Real Property Interests | If NONE to report, check box \blacktriangleright |
|---|--|
| Report the identity and nature of each interest in real property in owned at any time during the preceding calendar year by the filer dependent child. Report the physical Haines Borough address <u>or</u> a complete lega PO boxes. Filers are NOT required to report the value of the real estate prop | t, the filer's spouse/domestic partner, or the filer's all property description. Do not use mileposts or |
| ► Check all that apply: □ filer □ spouse/domestic partner □ | dependent child |
| Physical address or legal description: | |
| Nature of interest: | Current use (optional) |
| ► Check all that apply: □ filer □ spouse/domestic partner □ | dependent child |
| Physical address or legal description: | |
| Nature of interest: | Current use (optional) |
| ► Check all that apply: □ filer □ spouse/domestic partner □ | dependent child |
| Physical address or legal description: | |
| Nature of interest:(Such as option to buy, ownership, leasehold) | Current use (optional) |
| ► Check all that apply: □ filer □ spouse/domestic partner □ | dependent child |
| Physical address or legal description: | |
| Nature of interest: | Current use (optional) |
| ► Check all that apply: □ filer □ spouse/domestic partner □ | dependent child |
| Physical address or legal description: | |
| Nature of interest: | Current use (optional) |
| ► Check all that apply: □ filer □ spouse/domestic partner □ | dependent child |
| Physical address or legal description: | |
| Nature of interest:(Such as option to buy, ownership, leasehold) | Current use (optional) |

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SCHEDULE D BENEFICIAL INTERESTS Over \$5,000

| Beneficial Interests | If NONE to report, check box \blacktriangleright |
|---|---|
| Report the identity of each trust or other fiduciary relation in which the filer's dependent child held a beneficial interest exceeding \$5.00 Describe and identify the property contained in each trust of Report the nature and extent of each beneficial interest. Filers are NOT required to report the value of the fund, tru | <u>00</u> during the preceding calendar year. or relation. |
| identify the assets by owner or manager name and describe | |
| ► Check one: ☐ filer ☐ spouse/domestic partner ☐ depended | ent child |
| Name of trust or fiduciary relation: | |
| Description: | |
| Nature of interest: | Extent (percent) of interest: |
| ► Check one: ☐ filer ☐ spouse/domestic partner ☐ depended | ent child |
| Name of trust or fiduciary relation: | |
| Description: | |
| Nature of interest: | Extent (percent) of interest: |
| ► Check one: ☐ filer ☐ spouse/domestic partner ☐ depende | ent child |
| Name of trust or fiduciary relation: | |
| Description: | |
| Nature of interest: | Extent (percent) of interest: |
| ► Check one: ☐ filer ☐ spouse/domestic partner ☐ depende | ent child |
| Name of trust or fiduciary relation: | |
| Description: | |
| Nature of interest: | Extent (percent) of interest: |
| ► Check one: ☐ filer ☐ spouse/domestic partner ☐ depende | ent child |
| Name of trust or fiduciary relation: | |
| Description: | |
| Nature of interest: | Extent (percent) of interest: |
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HAINES BOROUGH ♦ P.O. BOX 1209 ♦ HAINES, ALASKA 99827 ♦ 907-766-6402

SCHEDULE E NATURAL RESOURCE LEASES

Natural Resource Leases

If NONE to report, check box **>**

| ٠ | 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, the filer's spouse/domestic partner, or the filer's dependent child. |
| ٠ | 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.

| | Check all that apply: filer spouse/domestic partner dependent child |
|---|---|
| | Nature of lease: mineral timber oil oil other Status: held offer made |
| | Type of interest: individual isole proprietor in partnership in LLC in PC in Controlling interest in corp. |
| | Lease identity (name, number, agency, description): |
| ► | Check all that apply: filer spouse/domestic partner dependent child |
| | Nature of lease: mineral timber oil other Status: held offer made |
| | Type of interest: \Box individual \Box sole proprietor \Box partnership \Box LLC \Box PC \Box Controlling interest in corp. |
| | Lease identity (name, number, agency, description): |
| | Check all that apply: |
| | Nature of lease: mineral timber oil oil other Status: held offer made |
| | Type of interest: individual isole proprietor in partnership in LLC in PC in Controlling interest in corp. |
| | Lease identity (name, number, agency, description): |
| | Check all that apply: |
| | Nature of lease: mineral timber oil oil other Status: held offer made |
| | Type of interest: individual isole proprietor partnership is LLC PC Controlling interest in corp. |
| | Lease identity (name, number, agency, description): |

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SCHEDULE F GOVERNMENT CONTRACTS

| Government Contracts | If NONE to report, check box > |
|---|---|
| district or other Haines Borough entities) during the pReport this information for yourself, your spouse/dom | nestic partner, and dependent child who held the interest as a sional corporation, or limited liability company; or through a rs held a controlling interest. |
| ► Check all that apply: □ filer □ spouse/domestic | e partner 🔲 dependent child |
| Nature of contract: | Status: 🗌 held 🗌 offer made |
| Type of interest: individual sole proprietor | r 🗌 partnership 📋 LLC 🗌 PC 🗌 Controlling interest in corp |
| Contract identity (name, number, agency, descriptio | on): |
| ► Check all that apply: □ filer □ spouse/domestic | c partner 🔲 dependent child |
| Nature of contract: | Status: held offer made |
| Type of interest: individual sole proprietor | r 🗌 partnership 🔲 LLC 🗌 PC 🗌 Controlling interest in corp |
| Contract identity (name, number, agency, descriptio | on): |
| ► Check all that apply: □ filer □ spouse/domestic | c partner 🔲 dependent child |
| Nature of contract: | Status: held offer made |
| Type of interest: individual sole proprietor | r 🗌 partnership 🔲 LLC 🗌 PC 🗌 Controlling interest in corp |
| Contract identity (name, number, agency, descriptio | n): |
| ► Check all that apply: □ filer □ spouse/domestic | c partner 🔲 dependent child |
| Nature of contract: | Status: held offer made |
| Type of interest: individual sole proprietor | r 🗌 partnership 🔲 LLC 🗌 PC 🗌 Controlling interest in corp |
| Contract identity (name, number, agency, description | on): |
| | |

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

Loan, Loan Guarantees, and Debts

If NONE to report, check box 🕨 🗌

| 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 indebtedness: Name of maker of the loan, loan guarantor, or creditor: | |
| ▶ Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Type of loan or indebtedness: Name of maker of the loan, loan guarantor, or creditor: | |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Type of loan or indebtedness: Name of maker of the loan, loan guarantor, or creditor: | |
| ► Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Type of loan or indebtedness: | |
| ▶ Check all that apply: ☐ filer ☐ spouse/domestic partner ☐ dependent child Type of loan or indebtedness: Name of maker of the loan, loan guarantor, or creditor: | |
| | |

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CERTIFICATON

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

PRINTED NAME OF FILER

DATE SIGNED

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

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