

City of Bethel

Filing for Bethel Council 2020



Office of the City Clerk
300 Chief Eddie Hoffman Highway
P.O. Box 1388, Bethel, Alaska 99559

Telephone: 543-1384

Email: cityclerk@cityofbethel.net

Website: www.cityofbethel.org

CITY OF BETHEL

OFFICE OF THE CITY CLERK

Instructions for City Council Candidates

Filing period opens August 5, 2020 at 8:00 a.m. and closes August 20, 2020 at 4:00 p.m. The following forms must be held-delivered to the office of the City Clerk, City Hall, 300 Chief Eddie Hoffman Highway, Bethel, Alaska:

| | |
|--|--|
| <ul style="list-style-type: none">• Declaration of Candidacy (2 pages) | This form must be notarized. Notary service is available at the City Clerk's Office, a payment of \$3 for notary service is required. For any question on this form, call the Clerk's Office. |
| <ul style="list-style-type: none">• City of Bethel Financial Disclosure Statement (7 pages) | For any questions on this form, call the City Clerk's Office. |
| <ul style="list-style-type: none">• Alaska Public Offices Commission Forms: Letter of Intent Candidate Registration Municipal Exemption Statement <p><i>The Alaska Public offices commission may require additional forms depending on your campaign processes and contributions. Go to www.doa.alaska.gov/apoc for more information.</i></p> | Candidates are encouraged to complete the Alaska Public Offices Commission (APOC) forms electronically at my.alaska.gov . Questions related to the APOC forms or processes, should be directed to: Alaska Public Offices Commission (907)276-7018 |
| <ul style="list-style-type: none">• Candidate Withdrawal Request | To be returned (if applicable) not later than 4:00 p.m. August 20, 2020, to the Clerk's Office. Withdrawal forms must be notarized. |

The following documents have been included in this packet for your information:

- Declaration of Candidacy
- City of Bethel Financial Disclosure Statement
- Candidate Withdrawal Request
- Election Calendar



City of Bethel

Declaration of Candidacy

I hereby declare my candidacy for the Council for the City of Bethel and swear (affirm) that:

1. I am a qualified voter of Bethel, and
2. I have been a resident of Bethel for at least one year.

It is further understood that I may request to withdraw my declaration no later than 4:00 p.m. on August 20, 2020 by submitting a written notice of withdrawal to the City Clerk.

The following information will be provided to the public:

Candidate Name

Name as it should appear on ballot

Residence Address, City, State, and Zip Code

Mailing Address, City State, and Zip Code

Public Telephone Number

Email Address

My Alaska Public Offices Commission forms are:

- Included with this Declaration of Candidacy
 Submitted Electronically to APOC

I hereby swear (affirm) that the above declaration and all statements contained herein are true and correct.

Signature of Candidate

DATED THIS ___ day of August, 2020

State of Alaska)
Fourth Judicial District)

THIS IS TO CERTIFY that on the _____ day of August, 2020, before me the undersigned, a Notary Public in and for the State of Alaska, Personally appeared _____ known to me and known to be the individual named in and who executed the foregoing instrument and he/she acknowledged to me that he/she signed the same freely and voluntarily for the uses and purposes therein stated.

WITNESS my hand and official seal the day and year list written above.

Notary Public in and for Alaska

My Commission expires: _____



City of Bethel

Declaration of Candidacy – Confidential Page

Please provide an identifier to verify your status as a registered voter. This information will remain confidential.

Name: _____

Identifier (Birth date, voter number, or last four of Social Security Number: _____

Signature: _____

Office of the City Clerk
City of Bethel
300 State Highway
Bethel, AK 99559-1388
Phone: (907)-543-1384
Email: cityclerk@cityofbethel.net



CITY OF BETHEL REPORT OF FINANCIAL AND BUSINESS INTERES

This report is for City of Bethel Planning & Zoning Commission members; the City Manager, City municipal candidates; and all incumbent council members.

This report is for the preceding calendar year, so include any information about financial interests held between January 1, 2019 and December 31, 2019.

You must show your financial interests and those held by your spouse, domestic partner and non-dependent children residing with you, during the preceding calendar year.

If you, and/or an immediate family member living in the household, excluding filer's dependent children ("covered individual") is a sole proprietor, member of a partnership or limited liability company, shareholder in a corporation or a professional corporation in which the covered individual holds a controlling interest, or the owner of a controlling interest in another business entity, then the disclosures required under this form also apply to the covered individual's sole proprietorship, partnership, limited liability company, corporation professional corporation or the business entity.

NAME: _____ **DATE:** _____

MAILING AND RESIDENCE ADDRESS: _____ **Bethel, AK**

PHONE HOME: _____ **WORK:** _____ **CELL:** _____ **E-MAIL** _____

OCCUPATION: _____ **EMPLOYER:** _____

NAME OF SPOUSE OR DOMESTIC PARTNER: _____

NAME OF IMMEDIATE FAMILY MEMBERS LIVING WITH YOU (Do not include dependent children): _____

OFFICE HELD OR SOUGHT: _____

TYPE OF STATEMENT (Check One)

- CANDIDATE STATEMENT** Must be filed with your declaration of candidacy.
- INITIAL STATEMENT** For newly appointed municipal officers
- ANNUAL STATEMENT** Due by April 15, 2020.

If additional pages are needed to list information, include your name at the top of each extra page.

SCHEDULE A
SOURCES OF INCOME OVER \$5,000

If NONE reportable, check box

Report the source of all income of \$5,000, including taxable capital gains for you, your spouse, domestic partner and non-dependent children residing with you.

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse domestic partner or child: _____

Employer's Name: _____

If additional pages are needed to list information, include your name at the top of each extra page.

SCHEDULE A –continued
SOURCES OF INCOME OVER \$5,000

If NONE reportable, check box

List the name and address of each business entity owned or in which an interest was held during the preceding calendar year, including a statement of the nature of the interest owned or held (Option to Buy, Ownership, Leasehold), except that an interest held in a retirement account or an interest of less than \$5,000 in the stock of a publicly traded corporation need not be included for you, your spouse, domestic partner or non-dependent children residing with you during the reporting period.

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of business owned or held: _____

If additional pages are needed to list information, include your name at the top of each extra page.

SCHEDULE B
REAL PROPERTY INTERESTS

If **NONE** reportable, check box

Report all property interest such as home, real property leased or rented from others , rental property, vacant, business property or limited partnerships including real estate interests held in an LLC, or held through a trust or sold within the City of Bethel limits, during the reporting period for you your spouse, domestic partner and non-dependent children residing with you.

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

Nature of Interest: _____

(Option to Buy, Ownership, Leasehold)

If additional pages are needed to list information, include your name at the top of each extra page.

SCHEDULE C

CONTRACTS BIDS AND OFFERS TO CONTRACT

If **NONE** reportable, check box

List all contracts, bids and offers to contract with the City of Bethel during the reporting period held, bid or offered. Report this information for yourself, your spouse, domestic partner, non-dependent children residing with you who was a sole proprietor, a partnership or professional corporation of which you or your family members are a member, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

Name (s) of Contractor

Contracting Agency/Department

Indicate: Bid, Held or offer made

Contract number and description

Name (s) of Contractor

Contracting Agency/Department

Indicate: Bid, Held or offer made

Contract number and description

Name (s) of Contractor

Contracting Agency/Department

Indicate: Bid, Held or offer made

Contract number and description

Name (s) of Contractor

Contracting Agency/Department

Indicate: Bid, Held or offer made

Contract number and description

Name (s) of Contractor

Contracting Agency/Department

Indicate: Bid, Held or offer made

Contract number and description

If additional pages are needed to list information, include your name at the top of each extra page.

SCHEDULE D
POSITIONS HELD

If NONE reportable, check box

List the name and address of each business in which the filer is an officer, director, manager, or employee during the reporting period.

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activities: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activities: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activities: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activities: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activities: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activities: _____

If additional pages are needed to list information, include your name at the top of each extra page.

City of Bethel

Candidate Withdrawal Request



I _____, hereby request to withdraw my candidacy from the City of Bethel October 6, 2020 Regular Municipal Election ballot.

Candidate Signature

DATED THIS ___ day of August, 2020

State of Alaska)
Fourth Judicial District)

THIS IS TO CERTIFY that on the ____ day of August, 2020, before me the undersigned, a Notary Public in and for the State of Alaska, Personally appeared _____ known to me and known to be the individual named in and who executed the foregoing instrument and he/she acknowledged to me that he/she signed the same freely and voluntarily for the uses and purposes therein stated.

WITNESS my hand and official seal the day and year list written above.

Notary Public in and for Alaska

My Commission expires: _____

City of Bethel Election Calendar

Regular Election October 6, 2020

Contact Info

City Clerk's Office

300 Chief Eddie Hoffman Highway
P.O. Box 1388, Bethel AK 99559
(907) 543-1384

cityclerk@cityofbethel.net

JANUARY 1 ABSENTEE BY-MAIL /ELECTRONIC TRANSMITTED BALLOT APPLICATIONS CAN BE SUBMITTED TO CITY CLERK'S OFFICE Forms are online or at the City Clerk's Office.

JULY 29 DECLARATION OF CANDIDACY PACKETS ARE AVAILABLE
Printable from the City's website or pick up copies at the City Clerk's Office

AUGUST 5 DECLARATION OF CANDIDACY FILING PERIOD OPENS
Packet submissions shall be made in person or by mail to the City Clerk's Office
Monday – Friday between 8:30 a.m. and 4:30 p.m.
Fax and email submissions will not be accepted.

AUGUST 20 DECLARATION OF CANDIDACY FILING DEADLINE 4:00 p.m.
CANDIDATE NAME CHANGE AND WITHDRAW DEADLINE

AUGUST 21 FILING PERIOD OPENS FOR WRITE IN CANDIDATES
Packet submission shall be made in person or by mail to the City Clerk's Office.

SEPTEMBER 6 DEADLINE TO REGISTER TO VOTE OR UPDATE VOTER INFORMATION
Register online at: <https://voterregistration.alaska.gov/>

SEPTEMBER 21 EARLY/SPECIAL NEEDS/ABSENTEE VOTING OPENS
The City Clerk's Office will be open from 8:30 a.m. to 4:30 p.m. Mon.- Fri.
ABSENTEE BY-MAIL BALLOTS ARE MAILED

SEPTEMBER 26 DEADLINE TO SUBMIT ABSENTEE BY-MAIL BALLOT APPLICATION

SEPTEMBER 29 DEADLINE TO SUBMIT ELECTRONIC TRANSMISSION OF BALLOT APPLICATION

OCTOBER 5 LAST DAY TO VOTE EARLY/SPECIAL NEEDS/ABSENTEE

OCTOBER 6 **ELECTION DAY**
Polls are open from 8:00 a.m. until 8:00 p.m.
Precinct 1: LKSD District Office, 1004 Ron Edwards Memorial Drive
Precinct 2: Cultural Center, 401 Chief Eddie Hoffman Highway

OCTOBER 8 **CANVASS BOARD MEETING**
The Canvass Board will review the precinct records, count absentee ballots, questioned ballots, and special needs ballots.

OCTOBER 13 **COUNCIL'S CERTIFICATION OF THE ELECTION**