

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

