

**CITY OF SEWARD**  
**PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT**  
**Reporting Period: January 1 – December 31, 2023**



1. This statement must be submitted by candidates for and existing members of: City Manager, Mayor, City Council, and Planning & Zoning Commission.
2. The information in this statement reflects the previous calendar year.
3. You must document your financial interests and those held by your spouse, or dependent children during the preceding calendar year. NOTE: *Municipal officials are not required to disclose information about their domestic partner.*
4. This document replaces the Alaska Public Official Financial Disclosure Form in AS 39.50, for the City of Seward per approval of the voters on October 2, 2012.
5. Candidates and elected officials must still follow the state election campaign laws of AS 15.13.
6. **SIGN AND DATE THIS DOCUMENT ON THE LAST PAGE.**

**BACKGROUND INFORMATION**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **AK** \_\_\_\_\_  
*Current Street Address or PO Box* *City* *Zip*

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**OFFICE HELD OR SOUGHT:** *Check One*    City Manager    Mayor    City Council    P & Z

**TITLE:** \_\_\_\_\_

**TERM OF OFFICE:**    *From* \_\_\_\_\_    *To* \_\_\_\_\_

**TYPE OF STATEMENT:**    *Check One*  
**CANDIDATE STATEMENT**    *Must be filed with Declaration of Candidacy*  
**INITIAL STATEMENT**    *For Newly Appointed Municipal Officials*  
**ANNUAL STATEMENT**    *Due by April 12, 2024 by 5:00 p.m.*

**SPOUSE:** \_\_\_\_\_

**DEPENDENT CHILDREN:** \_\_\_\_\_  
\_\_\_\_\_

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SCHEDULE A  
SOURCES OF INCOME OVER \$5,000

**SALARIED EMPLOYMENT**

If NONE reportable, check box →

Report the name of each employer who paid you, your spouse, or dependent children more than \$5,000 during the preceding calendar year.

Name of filer, spouse, or child: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Name of filer, spouse, or child: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Name of filer, spouse, or child: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Name of filer, spouse, or child: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

**SELF-EMPLOYMENT**

If NONE reportable, check box →

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, or dependent children during the preceding calendar year. **If the business is non-retail, list the first and last name of each client or customer who paid the business over \$5,000.**

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 the stock in a corporation.

Name of filer, spouse, or child: \_\_\_\_\_

Business Name: \_\_\_\_\_

Retail                       Non-Retail

If non-retail, list clients and/or customers here:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Name of filer, spouse, or child: \_\_\_\_\_

Business Name: \_\_\_\_\_

Retail                       Non-Retail

If non-retail, list clients and/or customers here:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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**SCHEDULE A**  
**SOURCES OF INCOME OVER \$5,000**

**RENTAL INCOME**

If NONE reportable, check box →

List the first and last name of each tenant from whom over \$5,000 was received during the preceding calendar year. If property is located outside Alaska and managed by a person other than you, your spouse, or dependent children, list the managing agent instead of each tenant.

Name of Owner (filer, spouse, or child):

Name of Tenant(s):

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**DIVIDENDS AND INTEREST**

If NONE reportable, check box →

Report the name of the source of all dividends, interest and capital gains over \$5,000 earned during the preceding calendar year. List the name(s) of the asset(s) (not in a retirement account) which paid out dividends, interest or capital gains to you, your spouse, or dependent children of more than \$5,000. You will report the assets of a retirement account or trust on Schedule D.

Name of Recipient (filer, spouse, or child):

Name of Source of Income:

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**OTHER INCOME**

If NONE reportable, check box →

List each source of income over \$5,000 not listed elsewhere on this statement, including income from public assistance, workers compensation, unemployment, the name of the buyer of real property, social security, retirement, the name of the person who paid alimony or child support, government entitlements, honoraria, shared living expenses, etc.

Name of Recipient (filer, spouse, or child):

Name of Source of Income:

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**GIFTS**

If NONE reportable, check box →

List the source of gifts which have a value of or cumulative value of more than \$250 **except** gifts received from a spouse, parent, child, sibling, grandparent, aunt, uncle, niece or nephew. Some examples of gifts include cash, a debt that is forgiven, scholarships, and discounts not extended to the general public.

Name of Recipient (filer, spouse, or child):

Name of Source:

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**SCHEDULE B**  
**BUSINESS INTERESTS**

**BUSINESS INTERESTS**

If NONE reportable, check box →

Report all business interests, even if they were not sources of income to you, your spouse, or dependent children during the preceding calendar year. Include any of the following:

- Ownership interests of more than \$5,000 as a shareholder in publicly traded stocks not listed elsewhere on this form. A list of the names of publicly traded stocks may be listed by name only on a separate page.
- Ownership interests in non-publicly traded companies such as a sole proprietor, shareholder, owner, partner, officer, or director, including ownership interests in native corporations.
- Interests in limited liability companies.
- Director or officer position in profit and non-profit organizations.

Describe the business activity with sufficient detail to tell a reader what the organization actually does.

**Name of filer, spouse, or child:** \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

Description of Business Activity: \_\_\_\_\_

**Name of filer, spouse, or child:** \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

Description of Business Activity: \_\_\_\_\_

**Name of filer, spouse, or child:** \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

Description of Business Activity: \_\_\_\_\_

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SCHEDULE C  
REAL PROPERTY INTERESTS/RENT-TO-OWN

**REAL PROPERTY INTERESTS**

If NONE reportable, check box →

Report all property interests such as your home, neighboring lots, rent-to-own home, rental property, vacant, recreational, business property or limited partnerships, including real estate interests held in an LLC or held through a trust or sold during the preceding calendar year. Include a street address, city and state **or** complete legal description for each piece of property listed. **Do not** use mile post markers or post office boxes. Make copies of this page if you need additional space to complete this section.

Name of filer, spouse, or child: \_\_\_\_\_

Street Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_ *City or Borough* \_\_\_\_\_ *State*

Nature of Interest: \_\_\_\_\_  
*Option to Buy, Ownership, Leasehold, etc.* \_\_\_\_\_ *Current Use (Optional)*

Name of filer, spouse, or child: \_\_\_\_\_

Street Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_ *City or Borough* \_\_\_\_\_ *State*

Nature of Interest: \_\_\_\_\_  
*Option to Buy, Ownership, Leasehold, etc.* \_\_\_\_\_ *Current Use (Optional)*

Name of filer, spouse, or child: \_\_\_\_\_

Street Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_ *City or Borough* \_\_\_\_\_ *State*

Nature of Interest: \_\_\_\_\_  
*Option to Buy, Ownership, Leasehold, etc.* \_\_\_\_\_ *Current Use (Optional)*

Name of filer, spouse, or child: \_\_\_\_\_

Street Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_ *City or Borough* \_\_\_\_\_ *State*

Nature of Interest: \_\_\_\_\_  
*Option to Buy, Ownership, Leasehold, etc.* \_\_\_\_\_ *Current Use (Optional)*

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**SCHEDULE D**  
**BENEFICIAL INTEREST IN TRUSTS & RETIREMENT ACCOUNTS**  
**Exceeding \$5,000**

**TRUST & RETIREMENT ACCOUNTS**

If NONE reportable, check box →

Report each beneficial interest in a trust or retirement account held by you, your spouse, or dependent children that exceeded \$5,000 during the preceding calendar year. **Retirement accounts include** employee benefit accounts (pension and profit-sharing accounts) and retirement accounts (IRA, 401K, etc.). Assets of a trust or retirement account include stocks, bonds, mutual funds, cash accounts, CDs and real property. Name the trustor (the person or employer who provided the funds or assets for the trust or retirement account) and, if a trust or retirement account is self-directed, list the assets by name.

\_\_\_\_\_  
**Name of filer, spouse, or child:** \_\_\_\_\_ %  
Extent of Interest (Percent)

\_\_\_\_\_  
Name of the person, employer or entity who provided the funds or assets (Trustor)

\_\_\_\_\_  
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

\_\_\_\_\_  
**Name of filer, spouse, or child:** \_\_\_\_\_ %  
Extent of Interest (Percent)

\_\_\_\_\_  
Name of the person, employer or entity who provided the funds or assets (Trustor)

\_\_\_\_\_  
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

\_\_\_\_\_  
**Name of filer, spouse, or child:** \_\_\_\_\_ %  
Extent of Interest (Percent)

\_\_\_\_\_  
Name of the person, employer or entity who provided the funds or assets (Trustor)

\_\_\_\_\_  
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

\_\_\_\_\_  
**Name of filer, spouse, or child:** \_\_\_\_\_ %  
Extent of Interest (Percent)

\_\_\_\_\_  
Name of the person, employer or entity who provided the funds or assets (Trustor)

\_\_\_\_\_  
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

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**SCHEDULE E**  
**LOANS, LOAN GUARANTEES & DEBTS OF \$5,000 OR MORE**  
**AND NATURAL RESOURCE LEASES**

**LOANS, LOAN GUARANTEES & DEBTS**

If NONE reportable, check box →

Report the name of each creditor or lender to whom more than \$5,000 was owed during the preceding calendar year by you, your spouse, or dependent children. List financial obligations, including mortgages on property sold during the preceding calendar year, loans that have been guaranteed, delinquent taxes, alimony, child support payments, medical bills, mortgage, boat and auto loans, business and personal loans, escrows, student loans, signature loans, and promissory notes. Loans include secured, unsecured and contingent loans. **Do not** report credit card obligations or revolving charge accounts.

Circle whether the entity is a lender, creditor, or guarantor.

Name of Debtor (filer, spouse, or child)	Name of Entity:
	<input type="checkbox"/> Lender <input type="checkbox"/> Creditor <input type="checkbox"/> Guarantor
Name of Debtor (filer, spouse, or child)	Name of Entity:
	<input type="checkbox"/> Lender <input type="checkbox"/> Creditor <input type="checkbox"/> Guarantor
Name of Debtor (filer, spouse, or child)	Name of Entity:
	<input type="checkbox"/> Lender <input type="checkbox"/> Creditor <input type="checkbox"/> Guarantor
Name of Debtor (filer, spouse, or child)	Name of Entity:
	<input type="checkbox"/> Lender <input type="checkbox"/> Creditor <input type="checkbox"/> Guarantor

**NATURAL RESOURCE LEASES**

If NONE reportable, check box →

List all natural resource leases, including mineral, timber or oil leases bid, held, or offered during the preceding calendar year. Report this information for yourself, your spouse, or dependent children who was a sole proprietor, partnership, or professional corporation of which you are a member, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

<b>Leaseholder:</b>	Nature of Lease
<i>Check One</i> Bid    Held    Offer Made	Identity of Lease & Description
<b>Leaseholder:</b>	Nature of Lease
<i>Check One</i> Bid    Held    Offer Made	Identity of Lease & Description

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**SCHEDULE F**  
**GOVERNMENT CONTRACTS & LEASES**

**CONTRACTS & OFFERS TO CONTRACT**

If NONE reportable, check box →

List all contracts and offers to contract with the state or instrumentality of the state or a municipality during the preceding calendar year bid, held, or offered. Report this information for yourself, your spouse, or dependent children who was a sole proprietor, partnership, or professional corporation of which you are a member, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

<b>Name(s) of Contractor:</b>	Contracting Agency/Department
<i>Check One</i> Bid      Held      Offer Made	Contract Number & Description

<b>Name(s) of Contractor:</b>	Contracting Agency/Department
<i>Check One</i> Bid      Held      Offer Made	Contract Number & Description

**CERTIFICATION**

**I certify under penalty of perjury 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.**

<b>SIGNATURE</b>	<b>DATE</b>
<b>Printed Name of Filer</b>	<b>Place</b>

**WHERE TO FILE THIS STATEMENT**

**MUNICIPAL OFFICIALS AND CANDIDATES** - File this statement with the City Clerk’s office in the jurisdiction where you hold or seek office. This statement will be kept on file for six (6) years, which is the recommended records retention schedule for this document by the State of Alaska and the City of Seward.

City of Seward  
 ATTN: City Clerk’s Office  
 410 Adams Street  
 P.O. Box 167  
 Seward, Alaska 99664

Phone: 907-224-4046  
 Fax: 907-224-4038  
 E-Mail: [clerk@cityofseward.net](mailto:clerk@cityofseward.net)  
 Website: <http://www.cityofseward.us>