



City Clerk's Office PO Box 167 Seward, AK 99664
Phone: 907-224-4046, Email: clerk@cityofseward.net

CITY OF SEWARD APPLICATION FOR THE PLANNING AND ZONING COMMISSION

Name: _____

Street address: _____

PO Box address: _____ E-mail address: _____

Home telephone: _____ Cell phone: _____

How many years have you lived within the city limits of Seward, Alaska: _____

List any special training, education, or background you have which may help you as a member of the Commission:

I am specifically interested in serving on the Planning and Zoning Commission because:

Have you ever served on a similar commission elsewhere? Yes No

If so, where? _____ And when? _____

Are you available to attend meetings on Tuesday evenings twice a month? _____

- I understand there might be multiple terms lengths available and will check with the City Clerk for details.
- I understand that I am required to complete the financial disclosure form as part of this application.
- If appointed, I understand Commissioners shall be compensated for service at the rate of \$100 per month.
- If appointed, I understand that I must notify Community Development if I am unable to attend a meeting.
- If appointed, I understand that I may be removed from the Commission due to attendance issues.

Signature

Date

CITY OF SEWARD
PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT
Reporting Period: January 1 – December 31, 2024



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
 ANNUAL STATEMENT

SPOUSE: _____

DEPENDENT CHILDREN: _____

CITY OF SEWARD
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Reporting Period: January 1 – December 31, 2024



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):

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:

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:

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: _____

Give detailed descriptions where requested. Use extra pages if necessary. Check all boxes that apply. If you have nothing to report or a section does not apply to you, check "none." **THIS IS A PUBLIC DOCUMENT.**

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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

**CITY OF SEWARD
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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 Entity:	Lender	Creditor	Guarantor
Name of Debtor (filer, spouse, or child)				
	Name of Entity:	Lender	Creditor	Guarantor
Name of Debtor (filer, spouse, or child)				
	Name of Entity:	Lender	Creditor	Guarantor
Name of Debtor (filer, spouse, or child)				
	Name of Entity:	Lender	Creditor	Guarantor
Name of Debtor (filer, spouse, or child)				

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.

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

Give detailed descriptions where requested. Use extra pages if necessary. Check all boxes that apply. If you have nothing to report or a section does not apply to you, check "none." **THIS IS A PUBLIC DOCUMENT.**

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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.

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

Name(s) of Contractor:	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.

Signature	Date
Printed Name	Location

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.

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410 Adams Street
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Fax: 907-224-4038
E-Mail: clerk@cityofseward.net
Website: <http://www.cityofseward.us>