ETHICS DISCLOSURE FORM

To:___________________________________________, Designated Ethics Supervisor

In accordance with AS 39.52.130(b), I am providing notice of my receipt of a gift given to me or a member of my family with a value in excess of $150.00.

1. Is the gift connected to your position as a state officer, employee or member of a state board or commission?
   Yes ______ No ______

2. Can you take or withhold official action that may affect the person or entity that gave you the gift?
   Yes ______ No ______

If you answer “No” to both questions, you do not need to report this gift. If the answer to either question is “Yes,” or if you are not sure, you must complete this form and provide it to your designated ethics supervisor.

The gift is ________________________________________________________________
I received it from ____________________________________________________________
Describe event, occasion or other circumstance, if any (attach additional page, if necessary): _________________________________
__________________________________________________________________________
__________________________________________________________________________
My estimate of its value is $ ______________________
The date of receipt was ____________________________
The gift was received by a member of my family: Yes ___  No ____ Who? __________________________________
If you checked “Yes” to question 2 above, explain the official action you may take that affects the giver (attach additional page, if necessary):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

__________________________________________  ______________________________
(Signature)                                   (Date)

__________________________________________
(Printed Name)

__________________________________________  ______________________________
(Position Title)                              (Location)

__________________________________________  ______________________________
(Division/Agency/Corporation/Board/Commission) (Designated Ethics Supervisor) (Initials) (Date)

Designated Ethics Supervisor: If action is necessary under AS 39.52.210 or AS 39.52.220, please attach explanation.

revised 12/08