

Statement of Contributions Form 15-5 Template

Note: This document is only a guide to prepare information for the online form and displays a sample of the questions asked in each section. To file your form, you visit <https://myalaska.state.ak.us/apoc/form>

Page 1 - Instructions

FORM 15-5: STATEMENT OF CONTRIBUTIONS

INSTRUCTIONS

All Persons, including business entities, must file this report within 30 days of contributing a total of \$500 or more to:

1. Any Group formed for the purpose of filing an initiative proposal application,
2. Any Group that has previously filed an initiative proposal application, or
3. Any Group formed to support or oppose a ballot proposition or initiative proposal application.

Late or missing reports are subject to civil penalties.

Please [contact APOC staff](#) with any questions about this form:

- Email: doa.poc.apocforms_feedback@alaska.gov
- Phone: (800) 478-4176 Statewide Toll Free
(907) 276-4176 Anchorage
(907) 465-4864 Juneau
- In Person: 2221 E. Northern Lights Blvd., Rm. 128, Anchorage, AK 99508
240 Main St., Rm. 500, Juneau, AK 99811

NOTE: All filings submitted to APOC are public records and are available to the public as submitted. DO NOT include any of the following personal information: social security numbers, account numbers, credit card numbers, copies of checks, financial records with account numbers or access codes, or any documents with personal identification numbers.

THIS REPORT IS A SWORN STATEMENT. YOUR SIGNATURE ON THE LAST PAGE CERTIFIES THAT THIS DISCLOSURE IS TRUE, CORRECT and COMPLETE.

If you have already started an online filing and saved it to "resume later," DO NOT start a new form. To access your saved filing, scroll to the top of this page and click on the tab labeled Campaign Disclosure, and then click the text 'View My Statement of Contribution Forms'. You may edit/complete your filing by clicking "resume" in the far right column.

Cancel

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Page 2 – Report Type

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Individuals:

REPORT TYPE

Report Year:

2012 ▼

Are you filing as an Natural Individual or as an Other Entity (Business, Organization, etc.)?

- Individual
 Other

Cancel

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Other:

REPORT TYPE

Report Year:

2012 ▼

Are you filing as an Natural Individual or as an Other Entity (Business, Organization, etc.)?

- Individual
 Other

Filer First Name:

Filer Middle Name:

Filer Last Name:

Filer's Title with Company or Organization:

Note: the Filer is the person filling out this form.

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Page 3 – Individual or Entity Information

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Individuals:

INDIVIDUAL INFORMATION					
First Name:			Last Name:		
Phone Number:			Email Address:		
Address:					
City:	State:	Zip Code:	Country:		
	Arkansas		United States		
Occupation:					
Employer:					

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Other Entities:

OTHER ENTITY INFORMATION					
Name of Business Entity making Contribution(s):					
Type of Business or Organization:					
Address:					
City:	State:	Zip Code:	Country:		
	Alaska		United States		
Contact Person First Name:		Contact Person Last Name:			
Contact Person Phone:		Contact Person Email:			

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Page 4 – Contributions

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- ⤴ Select the name of the Group receiving the contribution from the drop down list.
- ⤴ If the group is not in the list, you may select the associated check box and type in the name of the group to complete your filing, but it is advisable to call APOC Staff in this case to notify them that the group has not properly registered.
- ⤴ You may use they Filter drop down lists to help find the group if the list is too long.

CONTRIBUTIONS					
Action	Contribution Date	Group	Form of Contribution	Amount	Total Annual Contribution
	Date <input type="text"/>		Form of Contribution Check <input type="text"/>	Check Number: <input type="text"/>	Amount: <input type="text"/>
					Total Contributed to Group This Year \$ <input type="text"/>
Year Filter (Optional): Any <input type="text"/>		Election Type Filter (Optional): Any <input type="text"/>		Election Filter (Optional): Any <input type="text"/>	
Name of Group Receiving Contribution: -- Select One -- <input type="text"/>			<input type="checkbox"/> Group Not In List		
Note: If the group you contributed to is not in the list with all the filters on 'Any', please contact APOC Staff by phone at (907) 276-4176 or email .					
			<input type="button" value="Cancel"/>	<input type="button" value="Add Item"/>	
Summary				Total Contributed this Report:	\$0.00

Page 5 – Review (Individual)

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FORM 15-5: STATEMENT OF CONTRIBUTIONS

REVIEW SUBMISSION

- **You MUST click NEXT and electronically sign this form to submit it to APOC. Otherwise you have NOT filed your disclosure and will be subject to civil penalties for a late filing.**
- Please carefully review your Statement of Contribution Form below.
If corrections are needed use the blue "Previous" and "Next" buttons below to navigate to the appropriate page(s) and make changes before submitting.

STATEMENT OF CONTRIBUTIONS FORM 15-5

Filer First Name: **Debug**
Filer Middle Name: **MyAlaska**
Filer Last Name: **Bypass**

INDIVIDUAL INFORMATION

First Name: **Test**
Last Name: **Test**
Address: **Test**
City: **Test**
State: **Arkansas**
Zip Code: **Test**
Country: **United States**
Occupation: **Test**
Employer: **Test**

CONTRIBUTIONS

Contribution Date	Group	Form of Contribution	Amount	Total Annual Contribution
03/05/2012	2012 - Protect Your Rights - Vote NO on Prop 5	Check Check Number: 330	\$600.00	\$600.00

REPORT SUMMARY

Number of Contributions Reported with this Report: 1
Total of Contributions Reported with this Report: \$600.00

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Please review the following information. If every item is correct, continue to submit the document. Otherwise use the previous button to go back and fix mistakes.

Page 5 – Review (Other)

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FORM 15-5: STATEMENT OF CONTRIBUTIONS

REVIEW SUBMISSION

- **You MUST click NEXT and electronically sign this form to submit it to APOC. Otherwise you have NOT filed your disclosure and will be subject to civil penalties for a late filing.**
- Please carefully review your Statement of Contribution Form below.
If corrections are needed use the blue "Previous" and "Next" buttons below to navigate to the appropriate page(s) and make changes before submitting.

STATEMENT OF CONTRIBUTIONS FORM 15-5

Filer First Name: **Test**
Filer Middle Name: **Test**
Filer Last Name: **Test**
Filer's Title with Other Entity: **Test**

BUSINESS INFORMATION

Business Entity Name: **Test**
Business Type: **Test**
Address: **Test**
City: **Test**
State: **Alaska**
Zip Code: **Test**
Country: **United States**

CONTACT PERSON INFORMATION

Contact Person First Name: **Test**
Contact Person Last Name: **Test**
Contact Person Phone: **Test**
Contact Person Email: **Test**

CONTRIBUTIONS

Contribution Date	Group	Form of Contribution	Amount	Total Annual Contribution
03/23/2012	2012 - Road Bonds Yes!	Electronic Funds Transfer	\$500.00	\$1,000.00

REPORT SUMMARY

Number of Contributions Reported with this Report: 1
Total of Contributions Reported with this Report: \$500.00

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Please review the following information. If every item is correct, continue to submit the document. Otherwise use the previous button to go back and fix mistakes.

Page 6 – Certification

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CERTIFICATION

By entering your MyAlaska password, you will submit this legal document to APOC, and in your capacity as a candidate or campaign treasurer, certify the following statement:

I certify under penalty of perjury that the foregoing is true and the information in this disclosure 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.

MyAlaska Password:

Certify

All officials and candidates who are required to file disclosure statements are solely responsible for filing complete, accurate and truthful statements by the deadlines.

THIS IS A PUBLIC DOCUMENT

Disclosure forms, guidelines, laws and regulations are online: doa.alaska.gov/apoc or from APOC offices

ALASKA PUBLIC OFFICES COMMISSION

ANCHORAGE OFFICE:

2221 E. Northern Lights Blvd – Rm 128
Anchorage, AK 99508-4149
907-276-4176 / Toll-free 800-478-4176
Fax 907-276-7018

JUNEAU OFFICE:

240 Main St. – Rm 500
Mail: P.O. Box 110222
Juneau, AK 99811-0222
907-465-4864 / Fax 907-465-4832

E-mail APOC: doa.poc.apocforms_feedback@alaska.gov

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Form Submission Notice

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If the online system shows this page, your form has been successfully submitted to APOC.

FORM 15-5: STATEMENT OF CONTRIBUTIONS

COMPLETE

Please print the form for your records. Click 'Print' to show a popup with the form just submitted.

Print

My Filings

This Statement of Contributions Form has been submitted successfully.