Municipal Clerk's Office

632 West Sixth Avenue, Suite 250 Anchorage, Alaska 99501

Phone: (907) 343-4311 Mailing Address: P.O. Box 196650 Anchorage, AK 99519-6650

Municipal Clerk's Office Use Only
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Date Paid:
Amount Paid:
Receipt #:

Municipal Clerk: Jamie Heinz

2024 Lobbyist Registration Statement

AMC Chapter 2.35 Regulations of Lobbying

- 1. You must file a lobbyist registration statement before you volunteer services or receive compensation for communicating directly or through your agent with public officials for the purpose of influencing legislative or administrative actions. AMC 2.35.020; AMC 2.35.050.
- 2. (Part 1, page 2): A separate notarized lobbyist registration statement must be completed and submitted for each client or employer on whose behalf you serve as a lobbyist. AMC 2.35.050C.
- 3. (Part 2, page 3): The person who retains or employs the lobbyist must independently verify the relationship and the verification must be notarized. AMC 2.35.050B2.
- 4. Each lobbyist registration statement, except forms filed by volunteer lobbyists, must be accompanied by:
 - a. \$50 registration fee, required for each client or employer who you represent as a lobbyist. AMC 2.35.050D.
 - b. <u>Criminal justice information of conviction statement</u> current as of the month and year of registration, available from the Department of Public Safety pursuant to AS 12.62.160. (For Lobbyists registering more than one client or employer at the same time, a single record is sufficient.)

 Is the criminal background check attached? Yes No

 If No, was the criminal background check provided with an earlier registration? Yes No
- 5. Annual registration is required. Lobbyist registration is valid for the current calendar year only and expires on December 31. Current registration must be completed before you engage in services covered by AMC Chapter 2.35.

#Phone Number:

Temporary Address:

Phone Number:

Fax Number:

Household Information

Name of public official, including Anchorage Assembly or School Board Member, or any municipal employee to whom you are married or who is your spousal equivalent:

Full Name:	Position:	
•	-	

2024 Lobbyist Registration Statement

PART 1: (Page 2)

	Clier	t/Employer Info	ormation (* Must provide	e information.)
	(Lobbyist must prov	vide a separate statemer	t for each client/employer.)	
*Full Name:				
Phone Number:			Fax Number:	
Email Address:				
*Mailing Address:				
performs other service			obbying activities, are you a r ployer named in this registra	
Please check the applic	• •			
			ned above. (See AMC 2.35.020 I	
_			bove. (See AMC 2.35.020 Defin	-
•			ds, it is not necessary to provide your licable box(es) and disclosing	
Salaried Employee. h	ourly wage:	ПС	ontract Lobbyist, annual fee:	
Contract Lobbyist, ho			eimbursement of Expenses:	
			•	No Compensation
Provide a general desc	ription of the subject o	r matters on which yo	u will lobby for the client or e	employer named above.
(Attach additional pages if neco	essary.)			
Have you had any crim	inal convictions? List w	here and when so con	victed, nature of each offens	se, and the penalty, if any.
(Attach additional pages if nece	ssary.)			
My signature below ce		obbyist's Certifi t Registration Stateme	cation ent is true, complete, and cor	rect.
Print Nan	ne of Lobbyist		Lobbyist Signature	Date
State of Alaska)) ss:			
Third Judicial District) twas subscribed and swe	rn ta hafara ma this	_day of, 202	24
me roregoing instrument	. was subscribed and SWO	m to before the this	_uuy 01, 202	-7.
			Notary Public	
			Notary Public	

2024 Lobbyist Registration Statement

PART 2: (Page 3)

Phone: (907) 343-4311 Email: wwmasmc@anchorageak.gov Municipal Clerk: Jamie Heinz

Verification of Lobbyist byClient/Employer

The signature below certifies that the **attached**, **signed** *Lobbyist Registration Statement* (Part 1, pages 1-2) is true, complete, and correct: and that the named lobbyist is authorized to lobby on my/our behalf.

		Print Name of Client or Employer	
	Pri	int Name of Person Providing Verification	
		Title of Person Providing Verification	
signature below of	ortifics that this Labbuis	+ Degistration Statement is true complete, and corre	
	ertines that this Lobbyis	t Registration Statement is true, complete, and corre	ect.
	Employer Name	Signature of Client/Employer	oct. - <u></u>
Client/			
Client/ te of Alaska	Employer Name		
Client/ te of Alaska rd Judicial District	Employer Name	Signature of Client/Employer	Date
Client/ ate of Alaska ird Judicial District	Employer Name)) SS:)	Signature of Client/Employer	- Date
Client/ te of Alaska rd Judicial District	Employer Name)) SS:)	Signature of Client/Employer	Date
Client/ te of Alaska rd Judicial District	Employer Name)) SS:)	Signature of Client/Employer	- Date
Client/ ate of Alaska ird Judicial District	Employer Name)) SS:)	Signature of Client/Employer	Date