2022 Lobbyist Registration Statement
See, 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. Criminal justice information of conviction statement 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.)

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.

PART 1: (Page 1)

General Information
(* Must provide information.)

*Full Name: ________________________________

Email Address: ________________________________

*Business Address: ________________________________

*Phone Number: __________________ Fax Number: __________________

*Residence Address: ________________________________

*Phone Number: __________________ Fax 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: __________________________

Is the criminal background check attached? Yes No
If No, was the criminal background check provided with an earlier registration? Yes No N/A

Date Paid: ______________ Amount Paid: ______________ Receipt #: ______________

Municipal Clerk: Barbara A. Jones
PART 1: (Page 2)

2022 Lobbyist Registration Statement

Client/Employer Information (* Must provide information.)
(Lobbyist must provide a separate statement for each client/employer.)

*Full Name: ____________________________________________________________

Phone Number: ___________________________ Fax Number: ______________________

Email Address: __________________________________________________________

*Mailing Address: _______________________________________________________

If you receive compensation from your employer for more than just lobbying activities, are you a regular employee who performs other services in addition to lobbying activities for your employer named in this registration form? ______________ 
If yes, describe the other services you provide:

________________________________________________________________________

Please check the applicable box(es).

☐ I will engage in administrative lobbying for the client/employer named above. (See AMC 2.35.020 Definitions Administrative Action.)

☐ I will engage in legislative lobbying for the client/employer named above. (See AMC 2.35.020 Definitions Legislative Action.)

Are you compensated with public funds? (If you are not receiving public funds, it is not necessary to provide your compensation.) ☐ Yes ☐ No
If so, indicate the nature of your compensation by checking the applicable box(es) and disclosing the dollar amounts.

☐ Salaried Employee, hourly wage: ________________________________ ☐ Contract Lobbyist, annual fee: ________________________________

☐ Contract Lobbyist, hourly fee: ________________________________ ☐ Reimbursement of Expenses: ________________________________

☐ Other Compensation (describe): ____________________________________________ ☐ No Compensation

Provide a general description of the subject or matters on which you will lobby for the client or employer named above.

________________________________________________________________________

(Attach additional pages if necessary.)

Have you had any criminal convictions? List where and when so convicted, nature of each offense, and the penalty, if any.

________________________________________________________________________

(Attach additional pages if necessary.)

Lobbyist’s Certification

My signature below certifies that this Lobbyist Registration Statement is true, complete, and correct.

Print Name of Lobbyist ___________________________ Lobbyist Signature ___________ Date ______

State of Alaska )
) ss:
Third Judicial District )

The foregoing instrument was subscribed and sworn to before me this ______ day of _____________, 2022.

Notary Public ___________________________

My commission expires: ___________________________
Verification of Lobbyist by Client/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

____________________________________
Print Name of Person Providing Verification

____________________________________
Title of Person Providing Verification

My signature below certifies that this Lobbyist Registration Statement is true, complete, and correct.

______________________________  ________________________________  ________________
Client/Employer Name                     Signature of Client/Employer          Date

State of Alaska  )
) ss:
Third Judicial District  )
The foregoing instrument was subscribed and sworn to before me this _____ day of ________________, 2022.

____________________________________
Notary Public

My commission expires: ________________________________