

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 86/2

10766 HOUSE JUDICIARY

**WACHOVIA SECURITIES****H CONNER THOMAS &
MARGARET A THOMAS JTWROS**

Page 5 of 8

ACCOUNT STATEMENT

Sub / Branch / Rep Account No.
001 / 87 / 8751 8317-8599

November 1 - November 30, 2003

Stocks and options

Stocks continued

Description
US BANCORP NEW Acquired 11/03/00 Acquired 03/11/02
Total
VISHAY INTERTECHNOLOGY Acquired 06/10/03
Total Stocks
Total Stocks and options

Mutual funds

Estimated annual income and yield

Description
ADVISORS SER TR AI FRANK FD Acquired 03/14/02 Acquired 01/08/03
Total
ALLIANCEBERNSTEIN FDS WORLDWIDE PRIVATIZATION FUND CL A Acquired 02/19/99 Dividend reinvestment
Total
CGM REALTY FUND Acquired 12/11/02 Dividend reinvestment
Total
FIRST EAGLE SOGEN FDS INC OVERSEAS FD CL A Acquired 12/10/02
ISHARES MSCI JAPAN INDEX FD Acquired 11/18/03

JAN 12 2004

**H CONNER THOMAS &
MARGARET A THOMAS JTWROS**

Sub / Branch / Rep Account No.
001 / 87 / 8751 8317-8599

November 1 - November 30, 2003

Mutual funds

Description
MUNIYIELD FUND INC Acquired 08/12/99 Acquired 12/10/02 Acquired 12/10/02
Total
NUVEEN INSD MUN OPPTY INC Acquired 12/27/94
SALOMON BROTHERS FUN INC Acquired 05/02/03
Total Mutual funds

Cost information for one o

Activity Detail

Date	Account Type
11/03	Cash
11/03	Cash
11/04	Cash
11/07	Cash
11/10	Cash
11/11	Cash
11/11	Cash
11/11	Cash
11/11	Cash
11/14	Cash

JAN 1 2 2004



WACHOVIA SECURITIES

H CONNER THOMAS &
MARGARET A THOMAS JTWROS

ACCOUNT STATEMENT

Sub / Branch / Rep Account No.
001 / 87 / 8751 8317-8599

November 1 - November 30, 2003

Activity Detail continued

Date	Account Type	Transaction	Quantity	Description
11/14	Cash	JOURNAL		MUTUAL FUND 12B-1 REBATE
11/14	Cash	TRANSFER TO		BANK DEPOSIT SWEEP OPTION
11/14	Cash	DIVIDEND		ALLIANCEBERNSTEIN FDS WORLDWIDE PRIVATIZATION FUND CL A 111403 1,585.24700 AS OF 11/14/03
11/17	Cash	REINVEST DIV	6.05500	ALLIANCEBERNSTEIN FDS WORLDWIDE PRIVATIZATION FUND CL A
11/18	Cash	PURCHASE	800.00000	ISHARES MSCI JAPAN INDEX FD
11/18	Cash	TRANSFER TO		BANK DEPOSIT SWEEP OPTION
11/19	Cash	DIVIDEND		PIER 1 IMPORTS INC 111903 225
11/21	Cash	TRANSFER FROM		EVERGREEN MONEY MKT FD CL A
11/26	Cash	DIVIDEND		MUNIYIELD FUND INC 112603 600
11/28	Cash	INTEREST		BANK DEPOSIT SWEEP OPTION
11/28	Cash	DIVIDEND		EVERGREEN MONEY MKT FD CL A 112803 39,463
11/28	Cash	REINVST DIV/INT		BANK DEPOSIT SWEEP OPTION
11/28	Cash	REINVST DIV/INT		EVERGREEN MONEY MKT FD CL A

JAN 12 2004

**H CONNER THOMAS &
MARGARET A THOMAS JTWROS**

Sub / Branch / Rep Account No.
001 / 87 / 8751 3317-8599

November 1 - November 30, 2003

Realized Gain/Loss

The following section details security positions you closed this month through such transactions as sales, buys-to-close, redemptions, transfers, corporate actions, etc. If we have the acquisition date, close date, and cost information, the realized gain/loss will be calculated. In December, a recap of all transactions for the year is listed. The realized gains and losses for municipal bond positions purchased at a premium do not reflect the amortization of that premium. Capital gain distributions from mutual funds are not included. Please contact your tax advisor to determine the tax consequences of your securities transactions.

Realized gain/loss summary

	Year to date	Year to dr LC
Short-term		
Long-term		
Total realized gain/loss		
Short-term		
Description		
HEALTH MANAGEMENT ASSOC INC NEW CL A		
Total Short-term		
Long-term		
Description		
EMERSON ELECTRIC CO		
Total Long-term		

JAN 12 2004

Thank you for allowing Wachovia

ACCOUNT #	F/A #	PAGE #	TELEPHONE #
05045	8688	1	907-561-4433
STATEMENT PERIOD			
11/01/03 TO 11/28/03			
FINANCIAL ADVISOR		INVESTOR	
MERRILL LYNCH PETERSON GRP		CREDIT LINE	
OFFICE SERVING YOUR ACCOUNT:			TYPE
501 C ST PENTHOUSE STE WEST			CASH
ANCHORAGE AK 99503			

LARSON TIMBERS & THOMAS PC
 PROFIT SHARING PLAN
 U/A 01/01/1994
 PO BOX 61
 NOME AK 99762-0061

** 99762-0061

FOR CUSTOMER SERVICE PLEASE CALL TOLL-FREE 1-800-MERRILL

ACCOUNT SUMMARY

OPENING BALANCE	CLOSING BALANCE	INVESTMENTS	MONEY ACCOUNTS	PRICED PORTFOLIO
\$594.00CR	\$594.00CR	\$0	\$0.00	\$594.00

DAILY ACCOUNT ACTIVITY

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01	OPENING BALANCE			\$594.00CR
28	CLOSING BALANCE			\$594.00CR
	*****	OTHER	*****	
	*****	INDEPENDENTLY VALUED DIRECT INVESTMENTS	*****	

INVESTMENT DESCRIPTION	QUANTITY	EST. VALUE PER UNIT	EST. VALUE*
WELLS FARGO ACQUISITION RETIREMENT FUND II LP 89	10	8.000	\$80(1)
SUB-TOTAL			\$80

THE AMOUNTS PRESENTED FOR LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS ARE FOR INFORMATIONAL PURPOSES ONLY, GENERALLY DO NOT REPRESENT THE MARKET OR LIQUIDATION VALUE OF THESE INVESTMENTS, AND MAY VARY FROM VALUES (IF ANY) PROVIDED BY THE ISSUER OR OTHERS. THESE INVESTMENTS ARE GENERALLY ILLIQUID AND ARE NOT LISTED ON A NATIONAL SECURITIES EXCHANGE OR THE NASDAQ STOCK MARKET, AND INVESTORS MAY NOT BE ABLE TO SELL THEM OR REALIZE THE AMOUNTS SHOWN ABOVE UPON A SALE OR LIQUIDATION. ALSO, THESE AMOUNTS ARE NOT INCLUDED IN THE "PRICED PORTFOLIO" OR SIMILAR CATEGORIES OF THIS STATEMENT. THESE INVESTMENTS ARE NOT REGISTERED IN THE NAME OF OR HELD BY MLPF&S OR ITS NOMINEES AND ARE HELD BY YOU OR REGISTERED IN YOUR NAME WITH THE ISSUER OR ITS AGENT. MLPF&S DOES NOT HOLD OR ACT AS CUSTODIAN FOR THESE INVESTMENTS. THE AMOUNTS REPRESENT ONE OF THE FOLLOWING, AS INDICATED:

1) - AN ESTIMATE OF VALUE PROVIDED TO MERRILL LYNCH BY AN INDEPENDENT VALUATION SERVICE ON A SEMI-ANNUAL BASIS; IN THIS CASE, AN ESTIMATE OF VALUE BASED ON INFORMATION AVAILABLE TO THE SERVICE ON MARCH 31, 2003. THIS AMOUNT HAS NOT BEEN ADJUSTED TO REFLECT CHANGES WHICH MAY HAVE TAKEN PLACE SUBSEQUENT TO THAT VALUATION DATE.

2) - UNAVAILABLE; THE VALUE OF THIS INVESTMENT MAY BE DIFFERENT THAN ITS ORIGINAL PURCHASE PRICE.

THE DISCLOSURE ON THE REVERSE SIDE OF THIS STATEMENT WITH RESPECT TO THE VALUE OF LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS SHOULD BE DISREGARDED IN FAVOR OF THE ABOVE.

ASSET ALLOCATION

SHARES/

CURRENT
INVESTMENT

ALLOCATION

WELLS FARGO STABLE INCOME FUND
WELLS FARGO DIV BOND FUND
DREYFUS INTERM TERM INCOME
JANUS ADVISORY BALANCED
AIM BASIC VALUE FUND
AIM MID CAP
WELLS FARGO LARGE CO GROWTH
JANUS ADVISER CAP APPREC
WELLS FARGO SMALL CAP OPP
AMERICAN CENTURY INTL GROWTH
MFS INTL NEW DISCOVERY
FROZ ASSET LTD PARTNERSHIP
TOTAL

ATTACHMENT D

JAN 12 2004

**H CONNER THOMAS IRA
FCC AS CUSTODIAN**

Sub / Branch / Rep Account No.
001 / 87 / 8751 7775-5180

November 1 - November 30, 2003

JAN 12 2004

Portfolio Assets

This section includes estimated or unrealized gains or losses for your information only and should not be used for tax purposes. If acquisition information is not available, the gain/loss information may not be displayed and section summary totals may not reflect your complete portfolio. Cost basis information provided by the account owner is not verified by First Clearing, LLC and should not be relied upon for legal or tax purposes. Bonds purchased at a premium or O.I.D. (Original Issue Discount) will be carried at the original cost basis. Factored bonds (GNMA, CMO, etc.) will be adjusted for paydown of principal. Systematic investments in mutual funds and reinvested dividends for mutual funds and stocks have been consolidated for each position. Unit cost data for systematic investments and dividend reinvestment securities is provided for informational purposes only and is a non-weighted average. To update your cost information or provide omitted cost information, contact your Financial Advisor. Estimated Annual Income, when available, reflects the estimated amount you would earn on a security if your current position and its estimated income remained constant for a year. Estimated Annual Yield, when available, reflects the current estimated annual income divided by the current value of the security as of the statement closing date. The information used to derive these estimates is obtained from various outside vendors; FCC is not responsible for incorrect or missing estimated annual income and yields.

U.S. Fixed money market funds

Description

VERGREEN MONEY MKT FD

A

Investment Period 11/03/03 - 11/30/03

U.S. Cash and money market funds

How are your securities performing? (This information may not be complete). Revisions to this information, contact Your Financial Advisor.

Bonds

Government bonds

Description

JPM TRES RCPT 08/04

INT PMT

04

CIP 222655FF4

Issued 05/08/92

U.S. Government bonds

U.S. Bonds

Cost information for one or more securities is not available.

ATTACHMENT E

STATE OF ALASKA SUPPLEMENTAL ANNUITY PLAN

H R THOMAS
675251

Account Summary by Investment Option

	<u>Beginning Balance</u>	<u>Deposits</u>	<u>Change in Value</u>	Transfers	Withdrawals /Expenses	Ending Balance	Ending Units/ Shares
Alaska Balanced Fun Totals							
Employee Before Tax							
Employer Before Tax							
Totals							

<u>Investment Code</u>	<u>Investment Option</u>
1159	Brandes INST International Equity Fund
2144	T. Rowe Price Small Cap Stock Trust
4281	Citizens Core Growth Fund
5022	Global Balanced Fund
5128	Alaska Long-Term Balanced Fund
5024	Alaska Balanced Fund
5133	Tactical Asset Allocation Fund
6021	Daily Government/Corporate Bond Fund
7076	Short-Term Investment Fund
125	Alaska Target 2020 Fund
101	Alaska Target 2015 Fund
102	Alaska Target 2010 Fund
103	Alaska Target 2005 Fund
4031	S & P 500 Stock Index Fund

Both the employee and employer monies are 100% services under different names have all been branded the brand name. All of the current products, services remains the same. Welcome to the new Great-We

Alaska Public Employees' Retirement System

Annual Benefit Statement as of 6/30/2003

The Alaska Division of Retirement & Benefits is pleased to provide you with this benefit statement. This personalized statement highlights the financial security you are building for the future. It also summarizes the protection you and your family have against financial losses that may occur because of your disability or death. This statement is produced using data as of 6/30/2003. Please review the statement carefully, verifying total years of service and personal data such as birth date, marital status, etc.

Your benefits are a significant portion of your compensation package. The value of your benefits will continue to increase over time and you will want to compare this statement with those you receive in the future to measure your progress. Most financial planners suggest you need 65% to 85% of your current monthly income to maintain your standard of living at retirement. When you are two years away from retirement, contact the Division of Retirement and Benefits to enroll in a retirement planning seminar.

The account and service information contained in this statement is based on data reported by your employer(s). Please contact your employer(s) about any discrepancies. The benefit information shown is an estimate. While every effort has been made to ensure the accuracy of your statement, please know it does not have the force and effect of the law, rule, or regulations governing the payment of benefits. All benefits will be paid under the provisions of the applicable Alaska Statutes and Federal law.

Personal Information

Name: H CONNOR THOMAS
Retirement ID Number: R000142157
Birth Date: 12/20/1951 Marital Status: M

Account Summary as of 6/30/2003

- Our records indicate you are in Tier I
- Your total service is 3.12 years
- You are not vested in PERS
- Your estimated average monthly earnings are \$5,587
- You currently have no service indebtedness

Annual Contributions Summary

July 1, 2002 Account Balance

Mandatory Interest Earned

June 30, 2003 Account Balance

Retirement Summary

- Our records show that you are not currently active in the PERS. No projected benefit can be calculated based on inactive service. For your information, the following data would apply if you returned to service in the near future.
- Your PERS status means that you must be 55 years old or have 30 years of service to be eligible for normal retirement.
- If you were to return to work now, the earliest you could retire would be 1/1/2007.
- As of the 6/30/2003 service posting date, you did not have enough creditable service to be eligible for a benefit.

statement were estimated under the normal with a monthly income for your lifetime. receive money from the PERS. If a retiree was t the time of death, their surviving spouse may alth insurance benefits.



H CONNOR THOMAS
PO BOX 865
NOME, AK 99762-0865

JAN 12 2004

New York Life Insurance and Annuity Corporation
(A Delaware Corporation)
PO Box 539
Dallas, TX 75221
(800) 695-1314

The Company You Keep



ANNIVERSARY NOTICE



MRS MARGARET A THOMAS
PO BOX 865
NOME, AK 99762-0865

Agent/Representative
JOHN LUKEHART CLU CHFC
701 W 8TH AVE STE 900
ANCHORAGE, AK 99501-3467
(907) 257-5213

Welcome to your 1st anniversary. This notice is designed to keep you informed of the value of your policy.

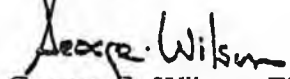
<u>CLIENT ID</u>	<u>POLICY NUMBER</u>
005-845-215	51 003

TOTAL
\$18,300

CASH VALUE AS OF
INTEREST EARNED
WITHDRAWAL:
SURRENDER CHARGE
CASH VALUE AS OF
INITIAL PREMIUM EFFECTIVE DATE

Your continued satisfaction is our goal. We are happy to answer your questions.

Sincerely,


George E. Wilson, FLM
Service Center Vice President

ATTACHMENT G

JAN 12 2004

FINANCIAL ADVISOR:

QUARTERLY STATEMENT
January 1, 2003 to September 30, 2003

184589-12

MARGARET A THOMAS 403B PLAN
PO BOX 865
NOME AK 99762-0865

LISA LADDS DOCHE
WACHOVIA SECURITIES LLC
20551 N PIMA RD STE 200
SCOTTSDALE AZ 85255



CONTRACT

Contract N

Issue Date
Annuitant N
Primary Be

CURRENT

Variable
Investment O
Total Return

Grand Total

HISTORICAL

Investment O
Total Return
Government S
Total

If you find a
statement. U
statement, v

DEATH BENEFIT

Listed below

Greatest of a

Total Death

ADDITIONAL

Our automa
values or to



ATTACHMENT H

JAN 1 2 2004

MARGARET A THOMAS IRA R/O
FCC AS CUSTODIAN

Statement for

Sub / Branch / Rep Account No.
001 / 87 / 8751 7772-4195

Statement period: July 1 - September 30, 2003

JAN 12 2004

Portfolio Assets

This section includes estimated or unrealized gains or losses for your information only and should not be used for tax purposes. If acquisition information is not available, the gain/loss information may not be displayed and section and summary totals may not reflect your complete portfolio. Cost basis information provided by the account owner is not verified by First Clearing, LLC and should not be relied upon for legal or tax purposes. Bonds purchased at a premium or O.I.D. (Original Issue Discount) will be carried at the original cost basis. Factored bonds (GNMA, CMO, etc.) will be adjusted for paydown of principal. Systematic investments in mutual funds and reinvested dividends for mutual funds and stocks have been consolidated for each position. Unit cost data for systematic investments and dividend reinvestment securities is provided for informational purposes only and is a non-weighted average. To update your cost information or provide omitted cost information, contact your Financial Advisor. Estimated Annual Income, when available, reflects the estimated amount you would earn on a security if your current position and its related income remained constant for a year. Estimated Annual Yield, when available, reflects the current estimated annual income divided by the current value of the security as of the statement closing date. The information used to derive these estimates is obtained from various outside vendors; FCC is not responsible for incorrect or missing estimated annual income and yields. Current: How are your securities performing? The "Unrealized gain/loss" column tells you how much each stock has increased or decreased in value since you bought it (based on cost data supplied by you or by outside services, which may not be complete). Revisions to this information (because of corporate mergers, tenders and other reorganizations, for example) may be necessary from time to time. To update your cost information or provide omitted costs, contact Your Financial Advisor.

Bonds

Government bonds

Description
US TREAS STRIPS 05/04
INTEREST PMT
DUE 05/15/04
CUSIP 912833FU9
Acquired 12/16/94

Total Government bonds

Total Bonds

Cost information for one or more se

ATTACHMENT I

Thank you for allowing Wachovia Se

Individual Retirement Account

38,355

Statement for

MARGARET A THOMAS IRA R/O
FCC AS CUSTODIAN

Page 1 of 2

Sub / Branch / Rep Account No.
001 / 87 / 8751 7772-4195

Statement period: July 1 - September 30, 2003



Your Financial Advisor:
LISA DOCHERAY YERKES
20551 N. PIMA ROAD, STE 200
SCOTTSDALE, AZ 85255
800-453-6737
480-419-2015

Current Investment Objective: Growth + Conservative

Account Summary

Statement Period

Year-to-date

Portfolio Summary

Portfolio assets

Cash and money market
Stocks and options
Preferred stocks
Bonds
Certificates of Deposit
Mutual funds
Annuities/Insurance
Unit investment trusts
Total assets
Outstanding margin balance
Net portfolio value

Other assets

These positions reflect purchases for informational purposes only. If you can update this section. These are protected by SIPC.

Direct investments
Special products
Total other assets

Realized Gain/Loss

Short-term
Long-term
Total Realized gain/loss

JAN 12 2004



Account Statement

P.O. Box 60009
 Los Angeles, CA 90060-0009
 1-877-728-4338
 www.scholarshare.com

07/01/2003 to 09/30/2003



GOLDEN STATE SCHOLARSHARE TRUST
 HENRY A LANDSBERGER OWNER
 MAISIE E THOMAS BENEFICIARY
 346 CAROLINA MEADOWS VILLA
 CHAPEL HILL NC 27517-7519

Now It's Even Easier To Save With ScholarShare! Enroll in an Automatic Contribution Plan (ACP) and add/change your banking information - all online at www.scholarshare.com! Automatic contributions are a convenient and effective way to build towards your college-savings-goals. For more information call us 1-877-728-4338. Effective October 1, 2003, accumulations arising from contributions received under the funding agreement for the Guaranteed Option before October 1, 2003 will be credited with an effective annual interest rate of 3.00%, and are guaranteed to earn this rate through September 30, 2004, subject to the claims paying ability of TIAA-CREF Life Insurance Company. Contributions received under the funding agreement for the Guaranteed Option from October 1, 2003 until further notice will be credited with an effective annual interest rate of 3.00%, and are guaranteed to earn this rate through September 30, 2004, subject to the claims paying ability of TIAA-CREF Life Insurance Company. Teachers Personal Investors Services, Inc., distributor.

ACCOUNT VALUE

Trust-Account Number Name and Registration	Total Trust Units Owned	Trust Unit Price	Beginning Balance	Ending Balance
1817-27927525 <i>Age-Based Asset Allocation Option</i> FUND SERIES 1817 GOLDEN STATE SCHOLARSHARE TRUST HENRY A LANDSBERGER OWNER MAISIE E THOMAS BENEFICIARY				
1796-27927525 <i>Aggressive Age-Based Asset Allocation Option</i> FUND SERIES 1796 GOLDEN STATE SCHOLARSHARE TRUST HENRY A LANDSBERGER OWNER MAISIE E THOMAS BENEFICIARY				
1903-27927525 GUARANTEED OPTION GOLDEN STATE SCHOLARSHARE TRUST HENRY A LANDSBERGER OWNER MAISIE E THOMAS BENEFICIARY				

TOTAL NET CONTRIBUTION
\$8,000.00

Trust-Account Number	Trust Name
1817-27927525	<i>Age-Based Asset Allocation Option</i>
	FUND SERIES 1817
1796-27927525	<i>Aggressive Age-Based Asset Allocation Option</i>
	FUND SERIES 1796

ATTACHMENT J

JAN 12 2004





UNIVERSITY OF ALABAMA

PO BOX 1778
BIRMINGHAM AL 35202-1778
800 786 0008
WWW.ACCUMULATIONS.COM

Statement Date: December 30, 20

000000056

U A COLLEGE SAVINGS PLAN
H CONNER THOMAS
FBO MAISIE E THOMAS
PO BOX 865
NOME AK 99762-0865

If this statement reflects a PFD contribution and you have not returned an Account Agreement to T. Rowe Price, you have 90 days from the statement date listed above to make changes to your account or request a refund of your PFD contribution amount.

U A COLLEGE SAVINGS PLAN	Portfolio Number - Name	Account Number
H CONNER THOMAS	502 - Portfolio 2015	521030327
FBO MAISIE E THOMAS		

TRANSACTION ACTIVITY

Trade/Settlement Date	Description of Transaction	Dollar Amount of Transaction	Unit Price	Units This Transaction	Total Units Owned
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ATTACHMENT K

JAN 12 2004

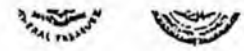
FROM : H. LANDSBERGER

PHONE NO. : 9199293919

Jan. 03 2004 07:16PM P2

CollegeBoundfund

P.O. BOX 100004
San Antonio, TX 78278-6004



MARGARET A THOMAS
H CONNER THOMAS SUCC PARTIC
FBO MAISIE E THOMAS
PO BOX 865
NOME AK 99762-0865

Account Statement Period
July 01, 2003 - September 30, 2003

Page 1 of 1

Primary Beneficiary:
MAISIE E THOMAS
Beneficiary Date of Birth:
08/07/1997

Beneficiary expected
date to attend college:
2015



005998

MORGAN KEEGAN & CO., INC.
3100 TOWER BLVD
SUITE 404
DURHAM NC 27707-2563

Rep. Name:
GOLDFINCH, JOHN
Rep No.: DH20

Market Value as of July 1, 2003: \$205.72
Market Value as of September 30, 2003: \$213.62

419-2500 x 531

CollegeBound Fund News

This holiday season, give a child the Gift of Education and take advantage of your 529 plan's unique, accelerated gifting feature. And, since anyone can contribute to CollegeBoundfund - parents, grandparents, family and friends - it's easy to save for a child's college education. Order a gift card and certificate today.

Account Summary Detail	Fund Number	Beginning Balance	Current Period Withdrawals	Current Period Contributions	Change in Account Value	Closing Market Value
Fund Activity Detail	CBF AG FUND/AC					
	Confirm Date					
	09-30					
	COLLEGE QUARTER YEAR TC					
To Invest By Mail	MARGA H CONN FBO MA					

Make yt above n this stu Third p



JAN 1 2 2004

Annie Rabinowitz
P.O. Box 22528
Juneau, Alaska 99802
Resume Highlights

Work History

Harborview Elementary School 2001-Present
Teacher's Aide
Assistant to head Montessori Teacher. Work with Special Needs children with learning disabilities. Provide support for the lead teacher in implementing the Montessori program.

Big City Books 1995-1998
Salesperson
Ordered books from publishers and sold books to customers.

Woodriver Elementary School 1979-1994
Classroom Teacher
Taught fourth and fifth grade students at an elementary school in Fairbanks. Classroom responsibilities included teaching the curriculum established by the School Board.

Education

University of Alaska Fairbanks
Bachelor of Arts, 1979
Philosophy Major Education Minor

Fairbanks High School
High School Degree, 1954

Community and Volunteer Activities

Alaska State Museum 1997-Present
Volunteer in the Docent Program. Lead tours in the summer for tourists. Lead tours during the school year for school programs.

Friends of the Alaska State Museum Board Member 1997-2001
Assisted with fundraising and advocacy for the Museum. Helped design the Museum education program.

Johnson Youth Center 1996-2000
Provided GED tutoring for incarcerated youth. Taught arts and crafts classes.

ARRIVED

JAN 27 2004

APOC JUNEAU
PM HC FAX

2004 LEGISLATIVE FINANCIAL DISCLOSURE STATEMENT
(AS 24.60.200 - 24.60.260)

INFORMATION ABOUT HOW TO COMPLETE THIS REPORT

- ◆ This report is for incumbent legislators, legislative directors and public members of the Select Committee on Legislative Ethics.
- ◆ This report covers the preceding calendar year, so include only information about financial interests held and business involvement's between January 1, 2003 and December 31, 2003.
- ◆ You must show your own financial interests and those held by your spouse or domestic partner and dependent children living with you during calendar year 2003.
- ◆ If you need additional space to complete this report, use copies of the pages needed.
- ◆ The LFD Manual contains useful information about how to complete this report.
- ◆ If you have any questions or need help completing the form, refer to the instruction manual.
- ◆ If you still need help, call APOC at 907/276-4176.

SIGN THIS REPORT ON THE LAST PAGE. THIS REPORT IS DUE March 15, 2004.

Members of the Select Committee on Legislative Ethics file on January 12, 2004.

BACKGROUND INFORMATION

NAME: Ann M. Rubincowitz (907) 586-2103 _____
Phone Number Fax Number

OCCUPATION: Teacher _____

MAILING ADDRESS: P.O. Box 22528 _____
(Street Address or Post Office Box) E-Mail Address

Juneau AK 99802 _____
(City/Town and Zip Code)

Day Phone Number (907) 463-1875 (mornings) Day Fax Number _____

OFFICE HELD (Check One): Legislator Legislative Director
 Public member of the Select Committee on Legislative Ethics

TITLE: Teacher _____

FAMILY MEMBER INFORMATION (list names):

SPOUSE OR DOMESTIC PARTNER: _____

DEPENDENT CHILDREN: _____

**SCHEDULE A
SOURCES OF INCOME OVER \$5000**

Salaried Employment

If NONE reportable, check box ⇒

Report the name and address of each employer from whom more than \$5000 was received during calendar year 2003.

List your employment as a legislator or legislative director, and each source of salaried income over \$5000 for your spouse, domestic partner and dependent children. You are not required to disclose the amount of salary received by your family members or the salary you received from your state employment.

Provide enough detail when describing the nature of services to tell a reader what work was performed for the salary received.

Report the amount of income you received when your employer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.
See pages 6-8 of the LFD manual for more help with this section.

Name of filer, spouse, domestic partner, or child: Ann M. Rabinowitz
Employer's Name: Juneau School District
Employer's Address: 10014 Crazy Horse Dr. Juneau, AK 99801
Nature of Services Provided: Teacher's Aide
Amount: \$ _____

Name of filer, spouse, domestic partner, or child: _____
Employer's Name: _____
Employer's Address: _____
Nature of Services Provided: _____
Amount: \$ _____

Name of filer, spouse, domestic partner, or child: _____
Employer's Name: _____
Employer's Address: _____
Nature of Services Provided: _____
Amount: \$ _____

JAN 27 2004

**SCHEDULE A
SOURCES OF INCOME OVER \$5000**

Self-Employment

If NONE reportable, check box

Self-employment results when the person whose income is being reported worked for any of the following: a corporation in which you, your spouse, domestic partner or dependent children or a combination of them held a controlling interest, or a sole proprietorship, limited liability company, partnership, or professional corporation in which the person whose income is being reported has an ownership interest.

List the name, address, and nature of services provided for each non-retail source of income from whom more than \$5000 was received as compensation for personal services by you or a family member. Provide enough detail when describing the nature of services to tell a reader what work was performed for the compensation received.

If the business is non-retail, list the nature of services performed and the name and address of each client or customer who paid the business over \$5000 during calendar year 2003.

Report the amount of income you received from a client, patient or customer when the client, or customer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.
See pages 8-10 of the LFD manual for more help with this section.

Name of filer, spouse, domestic partner, or child: _____

Business Name: _____

Retail Non-Retail (If you check non-retail, list clients/customers, and amounts if required, below.)

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

JAN 27 2004

**SCHEDULE A
SOURCES OF INCOME OVER \$5000**

Dividends and Interest

If NONE reportable, check box ⇒

Report the source of all dividends, interest and capital gains over \$5000 earned during calendar year 2003.

- List the financial institutions in which cash accounts or CD's were held.
- List the name(s) of a stock, bond, mutual fund or other entity which paid you a dividend, interest or capital gain of more than \$5000 during last year, whether held directly or through a brokerage account.
- (Report the assets of a retirement account or trust on page 8)

See page 13 of the LFD manual for more help with this section.

Recipient (filer, spouse, domestic partner, or child)

Name of Source of Income

Rental Income

If NONE reportable, check box ⇒

List the first and last name of each tenant from whom over \$5000 was received during calendar year 2003. If property is located outside Alaska and managed by a person other than you, your spouse, domestic partner or dependent child, you may list the managing agent instead of listing each tenant.

See page 14 of the LFD manual for more help with this section.

Owner (filer, spouse, domestic partner, or child)

Tenant(s)

Other Income

If NONE reportable, check box ⇒

List each source of income over \$5000 not listed elsewhere on this statement, including income from the sale of real property; social security; longevity bonus; retirement; the assets of an IRA cash-out; the name of the person who paid alimony or child support; government entitlements; honoraria and shared living expenses.

See page 14 of the LFD manual for more help.

Recipient (filer, spouse, domestic partner, or child)

Name of Source

JAN 27 2004

**SCHEDULE B
BUSINESS INTERESTS**

Business Interests

If NONE reportable, check box

Report all business relationships even if they were not sources of income to you, your spouse, domestic partner, or dependent children during calendar year 2003.

- List ownership interests of more than \$5000 as a shareholder in publicly traded stocks, regardless of income, that are not listed elsewhere on this Statement. (A list of the names of publicly traded stocks such as IBM or Microsoft may be listed by name only on a separate page.)
- List interests as a sole proprietor, shareholder, owner, partner, officer, or director including native corporations.
- List involvements in profit and non-profit corporations as a director or officer.

Describe the business's activity with enough detail to tell a reader what the organization actually does.

See page 16 of the LFD manual for more help.

Name of filer, spouse, domestic partner, or child: Ann M. Rabinowitz
Business Name: "2395 Palisade Ave"
Business Address: 2395 Palisade Ave Bronx, New York
Nature of Interest: Shareholder
Description of Business's Activity: Apartment ownership

Name of filer, spouse, domestic partner, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

Name of filer, spouse, domestic partner, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

Name of filer, spouse, domestic partner, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

Name of filer, spouse, domestic partner, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

**SCHEDULE B
REAL PROPERTY INTERESTS**

Real Property Interests

If NONE reportable, check box

Report all real property interests, including real-estate held through a trust or sold during calendar year 2003.

Include a street address, city and state or complete legal description for each piece of property listed.

List the name of Limited Partnerships in the "Business Interests" section on page five.

Use copies of this page if you need additional space to complete this section.

See page 17 of the LFD manual for more help.

Name of filer, spouse, domestic partner, or child: Ann M. Rabinowitz
Street Address or Legal Description: 909 Goldbelt
City or Borough and State: Juneau, AK 99801
Nature of Interest: Ownership Residence
(Option to Buy, Ownership, Leasehold) Current Use

Name of filer, spouse, domestic partner, or child: Ann M. Rabinowitz
Street Address or Legal Description: Egg Harbor Road
City or Borough and State: Friday Harbor, WA
Nature of Interest: Ownership None
(Option to Buy, Ownership, Leasehold) Current Use

Name of filer, spouse, domestic partner, or child: Ann M. Rabinowitz
Street Address or Legal Description: 27 Mile Elliott Highway
City or Borough and State: Fairbanks, AK
Nature of Interest: Ownership None
(Option to Buy, Ownership, Leasehold) Current Use

Name of filer, spouse, domestic partner, or child: _____
Street Address or Legal Description: _____
City or Borough and State: _____
Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use

Name of filer, spouse, domestic partner, or child: _____
Street Address or Legal Description: _____
City or Borough and State: _____
Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use

JAN 27 2004

**SCHEDULE C
LOANS, LOAN GUARANTEES, AND DEBTS
Of More Than \$5000**

Loans, Loan Guarantees, and Debts

If NONE reportable, check box

Report the name of each creditor or lender to whom more than \$5000 was owed during any part of the prior calendar year by you, your spouse, domestic partner or dependent children.

List financial obligations including mortgages on property sold during calendar year 2003; loans that have been guaranteed, delinquent taxes, alimony, child support payments; medical bills; mortgage, boat and auto loans; business and personal loans; escrow's; 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.

See page 18 of the LFD manual for more information about the reporting requirements.

Ann M Rabinowitz
Name of Debtor (filer, spouse, domestic partner or child)

Wells Fargo Bank
Name of Lender/Creditor/Guarantor

Annon. Rabinowitz
Name of Debtor (filer, spouse, domestic partner or child)

ACS Company P.O. Box 7057
Name of Lender/Creditor/Guarantor Utica NY 13504-7057

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

LOANS, and LOAN GUARANTEES, Of More Than \$1000

Report the address of the creditor or lender, the original amount of the obligation, current balance owed, interest rate, length of the loan, and whether a written loan agreement exists for a creditor or lender who:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

See page 18 of the LFD manual for more information about the reporting requirements.

Source of a loan or loan guarantee that had a substantial interest in legislative, administrative or political actions.

Name of Debtor (filer, spouse, domestic partner, or child)

Name of Lender/Creditor

\$ _____
Original Amount Owed

\$ _____
Balance Owed

Address of Lender/Creditor

_____% _____ Years
Interest Rate Length of Loan

Does written loan agreement exist? YES NO

SCHEDULE C
BENEFICIAL INTEREST IN RETIREMENT ACCOUNTS/TRUSTS
Exceeding \$5000

Retirement Accounts Trusts

If NONE reportable, check box

Report each beneficial interest in a retirement account or trust during calendar year 2003 for you, your spouse, domestic partner or dependent children. Trusts include employee benefit accounts (pension and profit-sharing accounts), retirement accounts (IRA, 401K, SEP, Keogh) and family trust funds. Assets of a trust include stocks, bonds, mutual funds, cash accounts, CD's, real property, and interests in limited partnerships.

- Name the trustor (the person who provided the funds or assets for the trust).
- List the assets by name such as IBM stock or Templeton Growth Fund

See page 20 of the LFD manual for more help.

Ann Rabinowitz 100%
 Name of filer, spouse, domestic partner or child: Extent of Interest (Percent)
State of Alaska (Teacher Retirement)
 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

Ann-M. Rabinowitz 100% of spousal benefit
 Name of filer, spouse, domestic partner, or child: Extent of Interest (Percent)
Judicial Retirement System (Spouse Jay A. Rabinowitz)
 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

Ann M. Rabinowitz 100%
 Name of filer, spouse, domestic partner, or child: Extent of Interest (Percent)
Merrill Lynch IRA
 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 domestic partner, 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 domestic partner, 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

JAN 27 2004

**SCHEDULE C
GOVERNMENT CONTRACTS AND LEASES
CERTIFICATION**

Contracts and Offers to Contract

If NONE reportable, check box

List all contracts and offers to contract with the state or instrumentality of the state during calendar year 2003 held, bid or offered. Report this information for yourself, your spouse, domestic partner or, dependent child who was a sole proprietor, a 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.
See page 21 of the LFD manual for more help.

Name(s) of Contractor

Contracting Agency/Department

Indicate: Bid, held or offer made

Contract number and description

Natural Resource Leases

If NONE reportable, check box

List all natural resource leases, including mineral, timber, or oil leases bid held or offered during calendar year 2003. Report this information for yourself, your spouse, domestic partner or dependent child who was a sole proprietor, a 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.
See page 22 of the LFD manual for more help.

Leaseholder

Nature of Lease

Indicate: Bid, held or offer made

Identity of Lease and 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.

Anna Robinson

SIGNATURE

1/27/04

DATE

Anna Robinson

Printed Name of Filer

Place

File this Statement with the

ALASKA PUBLIC OFFICES COMMISSION
2221 E. Northern Lights #128
Anchorage, AK 99508-4149
Telephone 907/276-4176
FAX 907/276-7018

OR

ALASKA PUBLIC OFFICES COMMISSION
PO Box 110222
Juneau, AK 99811-0222
240 Main, Rm. 201
Telephone 907/465-4864
FAX 907/465-4832

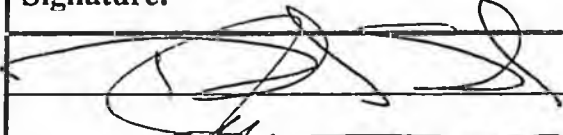
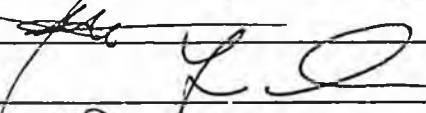
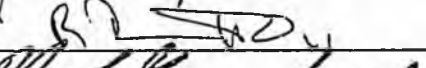
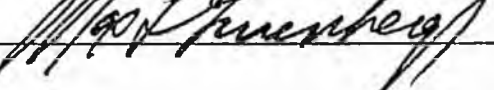

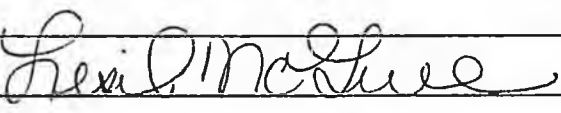

JAN 27 2004

CONFIRMATION COMMITTEE REPORT

Action date: May 12, 2003

In accordance with AS 24.60.130, the Judiciary Committee has reviewed the qualifications of the following Chief Justice's appointee and recommends that this name be forwarded to the House for confirmation:

Select Committee on Legislative Ethics
Marianne Stillner - Juneau

Signature:	Printed Last Name
	SAMUELS
	Holm
	Gara
	Ogg
	Greenberg
Chair: 	McEneaney
Chair: 	

Please return to the Chief Clerk's office.



Official Business

Alaska State Legislature

House of Representatives

Office of the Chief Clerk

State Capitol, Room 216
Juneau, AK 99801-1182
Phone: (907) 465-3725
Fax: (907) 465-5334

MEMORANDUM

Date: May 6, 2003

To: Representative McGuire, Chair
Judiciary Committee

From: Suzi Lowell *sl*
Chief Clerk

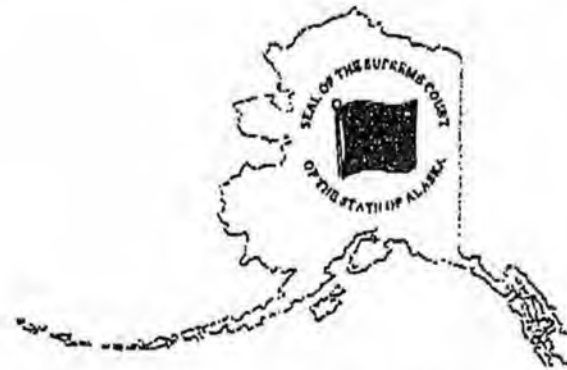
Subject: Chief Justice's Appointment

Speaker Kott referred the following appointment by Chief Justice Dana Fabe to the Judiciary Committee:

Select Committee on Legislative Ethics
Marianne Stillner - Juneau

The committee report is attached for your use.

Attachment as noted



Chambers of
Dana Fabe
Chief Justice

Supreme Court
State of Alaska

303 K Street
Anchorage, Alaska
99501-2083
(907) 284-0622
FAX (907) 284-0554

May 6, 2003

Jud.

The Honorable Gene Therriault
Senate President
State Capitol, Room 111
Juneau, Alaska 99801-1182

The Honorable Pete Kott
Speaker of the House
State Capitol, Room 208
Juneau, Alaska 99801-1182

Dear President Therriault
and Speaker Kott:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Marianne Stillner to a term as a public member of the Select Committee on Legislative Ethics.

Ms. Stillner is an Assistant Professor of Nursing Education at the University of Alaska Southeast. For purposes of determining compliance with AS 24.60.130(c), Ms. Stillner is non-partisan.

Ms. Stillner can be reached at (907) 789-7807 (home) or (907) 465-8775 (work). Her mailing address is P.O. Box 211433, Auke Bay, Alaska 99821. Please let me know if I can provide you with any other information on this matter.

Sincerely,

Dana Fabe
Chief Justice

DF:jd

cc: Marianne Stillner
Joyce Anderson

MARIANNE KOCH STILLNER
PO BOX 211433
AUKE BAY, AK 99823
907-789-7807

Objective: To provide skilled professional nursing and nurse aide education to the Juneau, AK area in order to address the increasing need for nursing at all skill levels.

Education:

Post-graduate Pediatric Nurse Practitioner Program <i>University of Kentucky</i>	1997
Master of Science in Child Psychiatric Nursing <i>Boston University</i>	1972
Bachelor of Science in Nursing <i>Mercy College of Detroit</i>	1965

Professional Responsibilities:

Develop, prepare and present the didactic information needed for training certified nurse aides. Organize and supervise the nursing clinical experiences in two long-term care facilities and one general hospital. Setup laboratory space and equipment for practice of the various nurse aide and registered nursing skills. Perform the advisory and administrative functions of an assistant professor in a university system. Participate in the development of the UAS/UAA nursing education partnership in Southeast Alaska.

Perform screening physical exams and evaluations, and provide ambulatory adolescent care to male youths admitted to a juvenile justice system.

Prepare lectures/clinical experience and examinations for courses on Physical Assessment of Adults and Children and Adaptation to Acute and Chronic Illness for a BSN program.

Serve as a public health field nurse for home visits to assess child growth and development and provide counseling; to promote elderly health through health maintenance clinics; to provide peri-natal education and newborn assessment; to provide TB case finding, medication supervision and education.

Perform triage, therapeutic intervention, referral and consultation to Alaskan village schools. Participate in training of Yupik Mental Health Aids in areas of child development, therapeutic techniques with children and consultation the school systems.

Serve as primary field worker responsible for clinical case finding and assessment of homes and child rearing practices; collaborate with psychologists and nutritionists in an inner-city failure-to-thrive study.

Provide general school nursing duties in a summer program for Boston elementary school children needing remedial education.

Provide health education and assessment through home and school visits as a public health nurse in two large inner cities and for a community of Arapaho and Shoshone Indians.

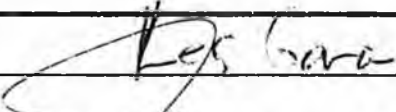

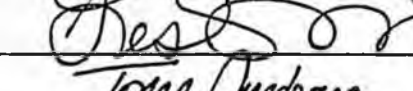
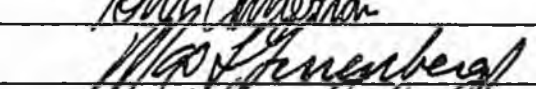
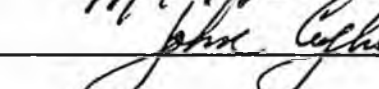
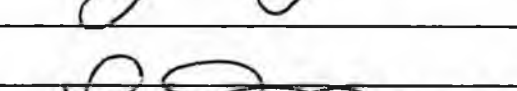
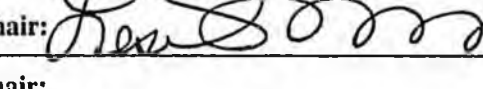
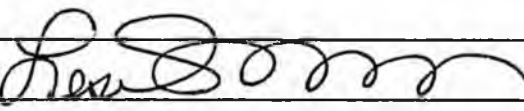
Employment:	<i>University of Alaska Southeast</i> Assistant Professor of Nursing	1/00 -- current
	<i>Kentucky Department of Juvenile Justice</i> Pediatric Nurse Practitioner	1998-1999
	<i>Midway College</i> Instructor, BSN program	1997-1998
	<i>Lexington Fayette Co Health Department</i> Public Health Nurse, Field Services	1993-1998
	<i>Yukon-Kuskokwim Health Corp.</i> Child Psychiatric Nurse specialist	1973-1975
	<i>Massachusetts Institute of Technology</i> Research Assistant, Dept. of Nutrition	1972-1973
	<i>Boston School System</i> School Nurse	summer '71
	<i>Wind River Indian Reservation</i> Public Health Nurse	1967-1968
	<i>Alameda Co. Health Dept.</i> Public Health Nurse	1966-1967
Professional Activities:	<i>Alaska Nurses Association, member</i>	2000-current
	<i>National Association of Pediatric Nurse Practitioners, member</i>	1997-2002
	<i>Kentucky Nurses Association, District 2 KNA secretary</i>	1992-1999 1995-1997
Volunteer Activities:	<i>UAS Faculty Liaison, Native Education</i>	current
	<i>University of Kentucky Hospital Auxiliary member & president</i>	
	<i>Fayette County Medical Auxiliary</i>	
	<i>Christ Church Cathedral Choir Guild founding member & president</i>	
	<i>Christ Church Cathedral Music Committee</i>	
	<i>The Lexington School Parents' Committee member & president</i>	
	<i>Lexington Youth Soccer Association</i>	

CONFIRMATION COMMITTEE REPORT

Action date: March 5, 2003

In accordance with AS 24.60.130, the Judiciary Committee has reviewed the qualifications of the following Chief Justice's appointee and recommends that this name be forwarded to the House for ratification:

Select Committee on Legislative Ethics
Herman G. Walker, Jr. of Anchorage

Signature:	Printed Last Name
	Les Gara
	Holm
	SAMUELS
	McGuire
	ANDERSON
	Gruenberg
	Coghill
Chair: 	McGuire
Chair:	

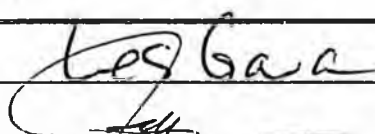
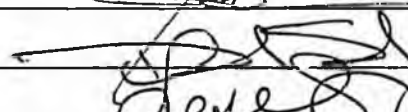
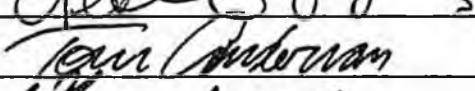
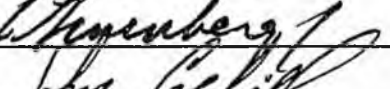
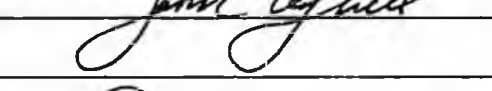

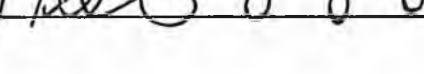

Please return to the Chief Clerk's office.

CONFIRMATION COMMITTEE REPORT

Action date: March 5, 2003

In accordance with AS 24.60.130, the Judiciary Committee has reviewed the qualifications of the following Chief Justice's appointee and recommends that this name be forwarded to the House for ratification:

Select Committee on Legislative Ethics
Dennis "Skip" Cook

Signature:	Printed Last Name
	Les Gara
	HOLM
	SAMUELS
	McGUIRE
	ANDERSON
	BRUNHAG
	Coghill
Chair: 	McGuire
Chair:	

Please return to the Chief Clerk's office.



JUD

Chambers of
Dana Fabe
Chief Justice

Supreme Court
State of Alaska
June 13, 2002

303 K Street
Anchorage, Alaska
99501-2083
(907) 264-0622
FAX (907) 264-0554

The Honorable Rick Halford
Senate President
P.O. Box 670190
Chugiak, Alaska 99567-0190

The Honorable Brian Porter
Speaker of the House
716 West 4th Avenue, Suite 300
Anchorage, Alaska 99501

Dear President Halford
and Speaker Porter:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Herman G. Walker, Jr. to a term as a public member of the Select Committee on Legislative Ethics.

Mr. Walker is a highly respected attorney and businessman in Anchorage, and for purposes of determining compliance with AS 24.60.130(c), Mr. Walker is non-partisan.

Mr. Walker can be reached at (907) 279-2889. His mailing address is 606 E Street, Suite 203, Anchorage, Alaska 99501. Please let me know if I can provide you with any other information on this matter.

Sincerely,

Dana Fabe
Chief Justice

DF:jd

cc: Herman G. Walker, Jr.
Joyce Anderson



Chambers of
Dana Fabo
Chief Justice

Supreme Court
State of Alaska

303 K Street
Anchorage, Alaska
99501-2083

(907) 264-0822
FAX (907) 264-0554

January 22, 2003

The Honorable Gene Therriault
Senate President
State Capitol, Room 111
Juneau, AK 99801-1182

The Honorable Pete Kott
Speaker of the House
State Capitol, Room 208
Juneau, AK 99801-1182

Dear President Therriault
and Speaker Kott:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Shirley McCoy to a term as a public member of the Select Committee on Legislative Ethics.

Ms. McCoy has served on the Select Committee since 1993. For purposes of determining compliance with AS 24.60.130(c), Ms. McCoy is a Republican.

Sincerely,

Dana Fabo
Chief Justice

cc: Shirley McCoy
Joyce Anderson (faxed)



Chambers of
 Dana Fabo
 Chief Justice

Supreme Court
 State of Alaska

303 K Street
 Anchorage, Alaska
 99501-2083
 (907) 264-0622
 FAX (907) 264-0554

January 22, 2003

The Honorable Gene Therriault
 Senate President
 State Capitol, Room 111
 Juneau, AK 99801-1182

The Honorable Pete Kott
 Speaker of the House
 State Capitol, Room 208
 Juneau, AK 99801-1182

Dear President Therriault
 and Speaker Kott:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Dennis "Skip" Cook to a term as a public member of the Select Committee on Legislative Ethics.

Mr. Cook has served on the Select Committee since 1998. For purposes of determining compliance with AS 24.60.130(c), Mr. Cook is a Non-Partisan.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dana Fabo".

Dana Fabo
 Chief Justice

cc: Dennis "Skip" Cook
 Joyce Anderson (faxed)

Alaska State Legislature

Select Committee on Legislative Ethics

716 W. 4th, Suite 230
Anchorage AK
(907) 269-0150
FAX: 269-0152

Mailing Address:
P.O. Box 101468
Anchorage, AK.
99510 - 1468

January 22, 2003

Representative Lesil McGuire
Chair, Judiciary Committee
State Capitol, Room 118
Juneau AK 99801

Vanessa

Dear Representative McGuire:

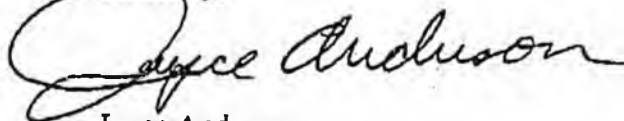
The Select Committee on Legislative Ethics has three public members whose terms will expire in 2003. Chief Justice Dana Fabe has forwarded the names of three nominees: Shirley McCoy, a committee member since 1993 from Juneau, realtor, republican; Dennis "Skip" Cook, a committee member since 1998 from Fairbanks, attorney, non-partisan; and Herman G. Walker Jr., appointed during the interim on June 13, 2002 to fill a vacancy, is from Anchorage, an attorney and non-partisan. All three public members will require confirmation during the 2003 legislative session. The term of office is two years. To serve on the committee, public members must be ratified by two-thirds of the full membership of each body, under AS 24.60.130(b).

I respectfully ask you to consider assisting us by scheduling confirmation hearings during the second week of the session. The ethics committee hopes to hold its first meeting of 2003 sometime in early February.

Resumes and the required Financial Disclosures for each nominee will be forwarded to your office later this week. Attached is a copy of the applicable statutes.

Should you have any questions, I can be reached at 269-0150.

Sincerely,



Joyce Anderson
Administrator, Ethics Committee

Cc: Chief Justice Letters

JAN-22-2003 WED 03:01 PM

FAX NO.

P. 02

JAN-22-2003 WED 11:42 AM

FAX NO. 907 264 0881

P. 02



Chambers of
Dana Fabe
Chief Justice

Supreme Court
State of Alaska

909 K Street
Anchorage, Alaska
99501-2083

(907) 264-0822
FAX (907) 264-0664

January 22, 2003

The Honorable Gene Theriault
Senate President
State Capitol, Room 111
Juneau, AK 99801-1182

The Honorable Pete Kott
Speaker of the House
State Capitol, Room 208
Juneau, AK 99801-1182

Dear President Theriault
and Speaker Kott:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Shirley McCoy to a term as a public member of the Select Committee on Legislative Ethics.

Ms. McCoy has served on the Select Committee since 1993. For purposes of determining compliance with AS 24.60.130(c), Ms. McCoy is a Republican.

Sincerely,

Dana Fabe
Chief Justice

cc: Shirley McCoy
Joyce Anderson (faxed)



Chambers of
Dana Fabe
Chief Justice

Supreme Court
State of Alaska

303 K Street
Anchorage, Alaska
99501-2083

(907) 264-0622
FAX (907) 284-0884

January 22, 2003

The Honorable Gene Therriault
Senate President
State Capitol, Room 111
Juneau, AK 99801-1182

The Honorable Pete Kott
Speaker of the House
State Capitol, Room 208
Juneau, AK 99801-1182

Dear President Therriault
and Speaker Kott:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Dennis "Skip" Cook to a term as a public member of the Select Committee on Legislative Ethics.

Mr. Cook has served on the Select Committee since 1998. For purposes of determining compliance with AS 24.60.130(c), Mr. Cook is a Non-Partisan.

Sincerely,

Dana Fabe
Chief Justice

cc: Dennis "Skip" Cook
Joyce Anderson (faxed)



Chambers of
Dana Fabe
Chief Justice

Supreme Court
State of Alaska
June 13, 2002

303 K Street
Anchorage, Alaska
99501-2083

(907) 264-0822
FAX (907) 264-0554

The Honorable Rick Halford
Senate President
P.O. Box 670190
Chugiak, Alaska 99567-0190

The Honorable Brian Porter
Speaker of the House
716 West 4th Avenue, Suite 300
Anchorage, Alaska 99501

Dear President Halford
and Speaker Porter:

In my capacity as Chief Justice, and pursuant to AS 24.60.130(b)(3), I am nominating Herman G. Walker, Jr. to a term as a public member of the Select Committee on Legislative Ethics.

Mr. Walker is a highly respected attorney and businessman in Anchorage, and for purposes of determining compliance with AS 24.60.130(c), Mr. Walker is non-partisan.

Mr. Walker can be reached at (907) 279-2889. His mailing address is 606 E Street, Suite 203, Anchorage, Alaska 99501. Please let me know if I can provide you with any other information on this matter.

Sincerely,

Dana Fabe
Chief Justice

DF:jd

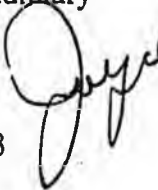
cc: Herman G. Walker, Jr.
Joyce Anderson

Alaska State Legislature

Select Committee on Legislative Ethics

716 W. 4th, Suite 230
Anchorage AK
(907) 269-0150
FAX: 269-0152

Mailing Address:
P.O. Box 101468
Anchorage, AK.
99510 - 1468

TO: Senate/House Judiciary
FROM: Joyce Anderson 
DATE: January 27, 2003
RE: Ethics Committee Nominees

Enclosed are the resumes and financial disclosure statements for the three public member nominees for the Select Committee on Legislative Ethics:

Herman G. Walker, Jr
Shirley McCoy
Dennis "Skip" Cook

I have also included an explanation of why the financial disclosure statements are being provided for the confirmation hearings. This legislative session is the first time these reports have been provided for the confirmation hearings. Additionally, Herman G. Walker Jr has filed a disclosure of Membership on a Board of Directors. I have included this disclosure as well.

If you have any questions, please give me a call.

NOTE: Legislation passed in 2002 requires public members of the Select Committee on Legislative Ethics to file the annual financial disclosure by the second Monday of January of each year.

The intent of the legislation was to allow for legislators to have the opportunity to review not only the public member nominee's resume but also their financial disclosure statement at the time of the confirmation hearings.

Sec. 24.60.210. Deadlines for filing of disclosure statements.

(a) A person required to file a disclosure statement under AS 24.60.200 shall file an annual report with the Alaska Public Offices Commission, covering the previous calendar year, containing the disclosures required by AS 24.60.200 , on or before March 15 of each year.

(b) Notwithstanding (a) of this section, a public member and a public member nominee of the committee shall file an annual report with the Alaska Public Offices Commission, covering the previous calendar year, containing the disclosures required by AS 24.60.200 on or before the second Monday of January of each year.

H E R M A N G E N E W A L K E R , J R .

3306 Doris Street # 1 Anchorage, Alaska 99517-2076 907(274-9003) e-mail: hermanjr@alaska.net

E D U C A T I O N

- UNIVERSITY OF WYOMING Laramie, Wyoming. May, 1992
J.D. Degree.
- ARIZONA STATE UNIVERSITY Tempe, Arizona. May, 1988
B.S. Political Science. Tempe, Arizona. May, 1988.

L A W E X P E R I E N C E

- REX LAMONT BUTLER AND ASSOCIATES *Anchorage, Alaska. November, 1993-Present*
Associate Attorney

Responsibilities include representing felony and misdemeanor clients in all phases of their criminal proceedings from arraignment to trial
- LAW OFFICE OF REX LAMONT BUTLER *Anchorage, Alaska. March, 1993- October, 1993*
Law Clerk

Prepared case files, client conferences and research and writing.
- OFFICE OF PUBLIC ADVOCACY *Anchorage, Alaska. July, 1992 - January, 1993*
Legal Intern

Represented clients at change of pleas, sentencing and bail hearings. Research and writing appellate briefs and motions.
- DEFENDER ASSOCIATION OF PHILADELPHIA *Philadelphia, Pennsylvania. Summer, 1991*
Legal Intern

Represented clients at arraignments and bench warrant hearings. Provided legal and factual analysis of new and pending cases. Performed initial client interviews. Research and writing appellate briefs and motions.
- MARICOPA COUNTY SUPERIOR COURT *Phoenix, Arizona. February - August, 1989*
Pre-Trial Services Officer

Interviewed defendants and recommended conditions of release to the judge. Supervised drug monitoring program.

M E M B E R S H I P S A N D A F F I L I A T I O N S

Alaska Bar Association, United States District Court of Alaska, Anchorage Bar Association, American Bar Association, National Association of Criminal Defense Lawyers, Young Lawyer Section Board, Alaska Academy of Trial Lawyers

FAX: 269-0152 Mail: P.O. Box 101468, Anch. AK 99510 Pouch: Anchorage

Disclosure of
Membership on a Board of Directors
of any organization that has a substantial interest in the
legislative activities of the legislator or legislative employee.

NAME OF DISCLOSER: Norman Walker, JR.
ADDRESS: 606 E S. Suite 203
PHONE NUMBER (Daytime): 279-2889
EMPLOYER (if legislative employee): N/A

Disclosure of membership on a board of directors
in accordance with AS 24.60.030(f)

Name of Organization or Entity	Address	Date of Board Membership
1. <u>Alaska Academy of Trial Lawyers</u>	<u>P.O. Box 102323 Anchorage, AK</u>	<u>2000</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The above is a true and accurate representation of my membership on boards of directors in accordance with AS 24.60.030(f)

[Signature]
Signature

1-21-03
Date

Reporting Deadlines:

Within 30 days of becoming a director on a board or, if during the last 30 days of session or during the interim between regular sessions, by March 15 of the following year.

Explanation

A legislator or legislative employee may serve on a board of an organization, including a governmental entity, that regularly has a substantial interest in the legislative activities of the legislator or employee, if the legislator or employee discloses the board membership to the committee. A legislative employee may not serve in a position that requires confirmation by the legislature.

APPENDIX H 2003

Select Committee on
Legislative Ethics

Rec'd Page H-2 7-22-03

By Joint

Via fax

ARRIVED

JAN 16 2003

2003 LEGISLATIVE FINANCIAL DISCLOSURE STATEMENT
(AS 24.60.200 - 24.60.260)

APOC - ANCH
PM HC FAX

INFORMATION ABOUT HOW TO COMPLETE THIS REPORT

no postmark

- ◆ This report is for incumbent legislators, legislative directors and public members of the Select Committee on Legislative Ethics.
- ◆ This report covers the preceding calendar year, so include only information about financial interests held and business involvement's between January 1, 2002 and December 31, 2002.
- ◆ You must show your own financial interests and those held by your spouse or spousal equivalent, dependent children, and non-dependent children living with you during calendar year 2002.
- ◆ If you need additional space to complete this report, use copies of the pages needed.
- ◆ The LFD Manual contains useful information about how to complete this report.
- ◆ If you have any questions or need help completing the form, refer to the instruction manual.
- ◆ If you still need help, call APOC at 907/276-4176.

SIGN THIS REPORT ON THE LAST PAGE. THIS REPORT IS DUE March 15, 2003.
Members of the Select Committee on Legislative Ethics file on January 13, 2003.

BACKGROUND INFORMATION

NAME: Herman G. Walker, Jr. (907) 279-2889 (907) 258-4428
Phone Number Fax Number

OCCUPATION: Attorney, Business Owner

MAILING ADDRESS: 9314 Strathmore Drive hermanjr@ab.net
(Street Address or Post Office Box) E-Mail Address

Anchorage, Alaska 99515
(City/Town and Zip Code)

DAY PHONE NUMBER _____ FAX NUMBER _____

OFFICE HELD (Check One): Legislator Legislative Director
 Public member of the Select Committee on Legislative Ethics Victim's Advocate

TITLE: _____

FAMILY MEMBER INFORMATION (list names):

SPOUSE OR SPOUSAL EQUIVALENT: Lynda A. Lincoln

DEPENDENT CHILDREN: 2

NON-DEPENDENT CHILDREN LIVING WITH YOU: 0

SCHEDULE A
SOURCES OF INCOME OVER \$1000

Salaried Employment

If NONE reportable, check box ⇒

Report the name and address of each employer from whom more than \$1000 was received during calendar year 2002.

List your employment as a legislator or legislative director, and each source of salaried income over \$1000 for your spouse, dependent children and non-dependent children living with you. You are not required to disclose the amount of salary received by your family members or the salary you received from your state employment. Provide enough detail when describing the nature of services to tell a reader what work was performed for the salary received.

Report the amount of income you received when your employer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.
See pages 7-8 of the LFD manual for more help with this section.

Name of filer, spouse, spousal equivalent, or child: Herman G. Walker, Jr

Employer's Name: Law Office of Lynda A. Limon

Employer's Address: 606 E Street, Suite 203

Nature of Services Provided: Legal

Amount: \$ 60,000.00

Name of filer, spouse, spousal equivalent, or child: Lynda A. Limon

Employer's Name: Self Employed

Employer's Address: Self Employed, Same as Above

Nature of Services Provided: Legal

Amount: \$ Have not filed 2002 Taxes

Name of filer, spouse, spousal equivalent, or child: _____

Employer's Name: _____

Employer's Address: _____

Nature of Services Provided: _____

Amount: \$ _____

JAN 16 2003

SCHEDULE A
SOURCES OF INCOME OVER \$1000

Self-Employment

If NONE reportable, check box

Self-employment results when the person whose income is being reported worked for any of the following: a corporation in which you, your spouse or spousal equivalent, dependent children and non-dependent children living with you or a combination of them held a controlling interest, or sole proprietorship, limited liability company, partnership, or professional corporation in which the person whose income is being reported has an ownership interest.

List the name, address, and nature of services provided for each non-retail source of income from whom more than \$1000 was received as compensation for personal services by you or a family member. Provide enough detail when describing the nature of services to tell a reader what work was performed for the compensation received.

If the business is non-retail, list the nature of services performed and the name and address of each client or customer who paid the business over \$1000 during calendar year 2002.

Report the amount of income you received from a client, patient or customer when the client, patient or customer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

Name of filer, spouse, spousal equivalent, or child: Herman G. Walker, Jr.

Business Name: The Body Shop

Business Address: 606 E Street, Suite 203, Anchorage, Alaska 99501/Administrative Office

Retail Non-Retail (If you check non-retail, list clients/customers, and amounts if required, below.)

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: Bath & Body Products

Amount: \$ 50,000.00

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

JAN 16 2003

**SCHEDULE A
SOURCES OF INCOME OVER \$1000**

Dividends and Interest

If NONE reportable, check box

Report the source of all dividends, interest and capital gains over \$1000 earned during calendar year 2002.

- List the financial institutions in which cash accounts or CD's were held.
- List the name(s) of a stock, bond, mutual fund or other entity which paid you a dividend, interest or capital gain of more than \$1000 during last year, whether held directly or through a brokerage account.
- (Report the assets of a retirement account or trust on page 8)

See page 14 of the LFD manual for more help with this section.

Recipient (filer, spouse, spousal equivalent, or child)

Name of Source of Income

Rental Income

If NONE reportable, check box

List the first and last name of each tenant from whom over \$1000 was received during calendar year 2002. If property is located outside Alaska and managed by a person other than you, your spouse, dependent child or non-dependent child living with you, you may list the managing agent instead of listing each tenant.

See page 15 of the LFD manual for more help with this section.

Owner (filer, spouse, spousal equivalent, or child)

Tenant(s)

Lynda A. Limon

Bridgeman Realty

Other Income

If NONE reportable, check box

List each source of income over \$1000 not listed elsewhere on this statement, including income from the sale of real property; Permanent Fund Dividend; social security; longevity bonus; retirement; the assets of an IRA cash-out; the name of the person who paid alimony or child support; government entitlements; honoraria and shared living expenses.

See page 16 in the LFD manual for more help.

Recipient (filer, spouse, spousal equivalent, or child)

Name of Source

Herman G. Walker, Jr.
Lynda A. Limon
DuPre L. Walker
Lucero L. Walker

Permanent Fund Dividend
Permanent Fund Dividend
Permanent Dividend
Permanent Fund Dividend

JAN 16 2003

SCHEDULE B
BUSINESS INTERESTS

Business Interests

If NONE reportable, check box XXX

Report all business relationships even if they were not sources of income to you, your spouse, spousal equivalent, or dependent children and non-dependent children living with you during calendar year 2002.

- List ownership interests as a shareholder, regardless of income, that are not listed elsewhere on this Statement. (A list of the names of publicly traded stocks such as IBM or Microsoft may be listed only by the name on a separate page.)
- List interests as a shareholder owner, partner, officer, or director including native corporations.
- List involvements in profit and non-profit corporations as a director or officer.

Describe the business's activity with enough detail to tell a reader what the organization actually does.

See page 19 of the LFD manual for more help.

Name of filer, spouse, spousal equivalent, or child: Herman G. Walbok, Jr.
Business Name: The Body Shop
Business Address: 606 E Street, Suite 203, Anchorage, Alaska 99501/Administrative Office
Nature of Interest: LLC Member
Description of Business's Activity: Sell Bath & Body Products, Aromatherapy & Cosmetics

Name of filer, spouse, spousal equivalent, or child: Lynda A. Limon
Business Name: The Body Shop
Business Address: 606 E Street, Suite 203, Anchorage, Alaska 99501/Administrative Office
Nature of Interest: LLC Member
Description of Business's Activity: Sell Bath & Body Products, Aromatherapy & Cosmetics

Name of filer, spouse, spousal equivalent, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

Name of filer, spouse, spousal equivalent, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

Name of filer, spouse, spousal equivalent, or child: _____
Business Name: _____
Business Address: _____
Nature of Interest: _____
Description of Business's Activity: _____

**SCHEDULE B
REAL PROPERTY INTERESTS**

Real Property Interests

If NONE reportable, check box

Report all real property interests, including real estate held through a trust or sold during calendar year 2002.

Include a street address, city and state or complete legal description for each piece of property listed.

Do not list an interest in real property held through a limited partnership here. List the name of the limited partnership in the "Business Interests" section on page six.

Use copies of this page if you need additional space to complete this section.

See page 20 of the LFD manual for more help.

Name of filer, spouse, spousal equivalent, or child: Herman G. Walker, Jr.

Street Address or Legal Description: 9314 Strathmore Drive

City or Borough and State: Anchorage, Alaska 99515

Nature of Interest: Ownership
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: Lynda A. Limon

Street Address or Legal Description: 2440 E 5th Place

City or Borough and State: Tempe, Arizona 85281

Nature of Interest: Ownership
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

JAN 16 2003

SCHEDULE C

LOANS, LOAN GUARANTEES, AND DEBTS

Loans, Loan Guarantees, and Debts

If NONE reportable, check box =>

Report the name of each creditor or lender to whom more than \$1000 was owed during any part of the prior calendar year by you, your spouse, spousal equivalent, dependent children and non-dependent children living with you.

List financial obligations including mortgages on property sold during calendar year 2002; delinquent taxes, alimony, child support payments; medical bills; mortgage, boat and auto loans; business and personal loans; escrow's; student loans; signature loans; and promissory notes. Loans include secured, unsecured and contingent loans. Do not report credit card obligations or revolving charge accounts.

Report the address of the creditor or lender, the original amount of the obligation, current balance owed, interest rate, length of the loan, and whether a written loan agreement exists for a creditor or lender who:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

See page 22 of the LFD manual for more information about the reporting requirements.

Herman G. Walker, Jr.
Name of Debtor (filer, spouse, spousal equivalent or child)

Northrim Bank
Name of Lender/Creditor/Guarantor

Lynda A. Limon
Name of Debtor (filer, spouse, spousal equivalent or child)

Northrim Bank/Credit Union One
Name of Lender/Creditor/Guarantor

Herman G. Walker, Jr.
Name of Debtor (filer, spouse, spousal equivalent or child)

Wells Fargo
Name of Lender/Creditor/Guarantor

Herman G. Walker, Jr.
Name of Debtor (filer, spouse, spousal equivalent or child)

Wyoming Student Loan Corp.
Name of Lender/Creditor/Guarantor

Source of a loan or loan guarantee that had a substantial interest in legislative, administrative or political actions.

Name of Debtor (filer, spouse, spousal equivalent, or child)

Name of Lender/Creditor

\$ _____
Original Amount Owed

\$ _____
Balance Owed

Address of Lender/Creditor

_____% _____ Years
Interest Rate Length of Loan

Does written loan agreement exist? YES NO

SCHEDULE C
BENEFICIAL INTEREST IN RETIREMENT ACCOUNTS/TRUSTS
Exceeding \$1000

Retirement Accounts Trusts

If NONE reportable, check box

Report each beneficial interest in a trust during calendar year 2002 for you, your spouse, spousal equivalent, dependent children and non-dependent children living with you. Trusts include employee benefit accounts (pension and profit-sharing accounts), retirement accounts (IRA, 401K, SEP, Keogh) and family trust funds. Assets of a trust include stocks, bonds, mutual funds, cash accounts, CD's, real property, and interests in limited partnerships.

- Name the trustor (the person who provided the funds or assets for the trust).
- List the assets (by name, not type)

See page 23 of the LFD manual for more help.

Herman G. Walker, Jr. 20%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

Herman G. Walker, Sr., Trustor Is Living
Name of the person or entity who provided the funds or assets (Trustor)

Various Properties Around The Country. No Properties In Alaska
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Lynda A. Limon 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

North Western, Prudential
Name of the person or entity who provided the funds or assets (Trustor)

Simple, Sep, IRA
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Herman G. Walker, Jr. 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

State of Alaska
Name of the person or entity who provided the funds or assets (Trustor)

PERS
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Herman G. Walker, Jr. 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

Northwestern, Prudential
Name of the person or entity who provided the funds or assets (Trustor)

Simple, IRA
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

JAN 16 2003

**SCHEDULE C
GOVERNMENT CONTRACTS AND LEASES
CERTIFICATION**

Contracts and Offers to Contract

If NONE reportable, check box ⇒

List all contracts and offers to contract with the state or instrumentality of the state during calendar year 2002 held, bid or offered by you, your spouse or spousal equivalent, dependent children and non-dependent children living with you, a 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.
See page 24 of the LFD manual for more help.

State Of Alaska
Name(s) of Contractor

Office Of Public Advocacy Administration
Contracting Agency/Department

\$122,880.00
Indicate: Bid, held or offer made

2001-0200-1856
Contract number and description

Natural Resource Leases

If NONE reportable, check box ⇒

List all natural resource leases, including mineral, timber, or oil leases held or offered during calendar year 2002 by you, your spouse or spousal equivalent, dependent children and non-dependent children living with you; a partnership, professional corporation of which you are a member; or a corporation in which you, your spouse, spousal equivalent, or children (or combination of them) held a controlling interest. See page 25 of the LFD manual for more help.

Leaseholder

Nature of Lease

Indicate: Bid, held or offer made

Identity of Lease and 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.

Herman G. Walker, Jr.
SIGNATURE

1-14-03
DATE

Herman G. Walker, Jr.
Printed Name of Filer

Anchorage, AK
Place

File this Statement with the

ALASKA PUBLIC OFFICES COMMISSION
2221 E. Northern Lights #128
Anchorage, AK 99508-4149
Telephone 907/276-4176
FAX 907/276-7018

OR

ALASKA PUBLIC OFFICES COMMISSION
PO Box 110222
Juneau, AK 99811-0222
240 Main, Rm. 201
Telephone 907/465-4864
FAX 907/465-4832

Bean, Robert
Cowles, Daniel and Ebony
Cox, Elaine
Curran, Sheila
Davis, Denise (Wurth)
Degenstein, Felicia
Ferguson, Victoria
Fleenor, Carrol
Foland, Mary Ann
Gamache, Christie
Gower, Judy
Klein & McClung
Levine, Howard
Raelson, Zona
Repp, Stephen
Safranek, Kelly
Sandel, Thomas
Sept, Bob
Sines, Minda
Stevens, Richard
Sullivan, Karen
Symonds, Cathy
Thomas, Dale
Waldron, David
Warth, Dennis

JAN 16 2003

Adair, Tammie
Alessi, Robert
Allison, Tracy (Appeal)
Belarde, Pat
Bowen, Jennifer A.
Brandon, Richard
Cross, Bruce
Davis, Corey
DeRoche, Nina
Easley, Gevonte
Friend, Mary Lou
Gale, Karen
Gust, Mathew
Halliday, Linda
Hendrickson, Timothy
Holzheimer, Fred
Hughes, Theresa
Johnston, Forrest
Kinegak, Theresa
Lythgoe, Leanne
McCoskey, Billy
McGhee, Lamar
Moses, Kirk
Noel, Keith
Pierce, Michael (PCR)
Reyes, Julio
Ridgway, Jim
Robinson, Darrel Keith Jr.
Simon, Geraldine
Talamaivao, Ropati

JAN 16 2003

Shirley A. McCoy
P.O. Box 33475
Juneau, AK 99803
1-907-790-2705

BACKGROUND SUMMARY

As OFFICE & GENERAL MANAGER for ALPHA DIVERSIFIED, LLC I maintain and operate a one-person office for the primary purpose of purchasing contracts on real estate throughout southeast Alaska. Related areas of expertise are:

Negotiations

Collections

Public Relations

EXPERIENCE

ALPHA DIVERSIFIED, LLC (formerly Alpha Investments, Inc.)

Manager, Juneau, AK since 1990 with extensive experience in real estate, marketing, sales, and proposals. The company was a DBA of Dawson Construction, Company until 1998.

DAWSON CONSTRUCTION CO.

Office Manager 1990 to 1998

I managed the Alaska office for this commercial contractor, who main office is based in Bellingham, WA. As such I was responsible for turning in job quotes, negotiating for the buying and selling of real estate, property management, and in general representing the company. I served as assistant to J.R. Dawson, President of the company.

SITKA READY-MIX/BIRCH EQUIPMENT RENTALS

OFFICE/CREDIT MANAGER 1979 to 1990

SRM delivers ready-mix concrete, aggregate and related supplies. Birch is a full equipment rental company that specializes in commercial rental equipment. I was hired as secretary/bookkeeper with full responsibilities of the office. I moved into management of the companies in 1985 and worked directly under the supervision of J.R. Dawson, the owner until my move to Juneau in 1990.

EDUCATION

Robert E. Lee High School, Dallas, TX 1963. Sitka Community College, Sitka, AK 1971-74
Business Administration, Accounting and Liberal Arts

PERSONAL

Was Married 31 yr. and have 3 sons and 6 grandchildren. Enjoy skiing, singing, softball, bowling, art, reading and trips to sunny climates.

CIVIC & COMMUNITY

Elected and served on Sitka School Board for 6 yr. Appointed and served on Legislative Ethics Committee since 1993. Was Executive Director of the Miss American Pageant while in Sitka. Currently serve as Government Relations Officer for AK Moose Lodge, President of the Juneau Emblem Club, President of the Jordan Creek Office Assoc., member of the Juneau Eagles Lodge.

1/11/03

2003 LEGISLATIVE FINANCIAL DISCLOSURE STATEMENT
(AS 24.60.200 - 24.60.260)

INFORMATION ABOUT HOW TO COMPLETE THIS REPORT

- ◆ This report is for incumbent legislators, legislative directors and public members of the Select Committee on Legislative Ethics.
- ◆ This report covers the preceding calendar year, so include only information about financial interests held and business involvement's between January 1, 2002 and December 31, 2002.
- ◆ You must show your own financial interests and those held by your spouse or spousal equivalent, dependent children, and non-dependent children living with you during calendar year 2002.
- ◆ If you need additional space to complete this report, use copies of the pages needed.
- ◆ The LFD Manual contains useful information about how to complete this report.
- ◆ If you have any questions or need help completing the form, refer to the instruction manual.
- ◆ If you still need help, call APOC at 907/276-4176.

SIGN THIS REPORT ON THE LAST PAGE. THIS REPORT IS DUE March 15, 2003.

Members of the Select Committee on Legislative Ethics file on January 13, 2003.

BACKGROUND INFORMATION

NAME: SULLIVAN A. McCoy ⁷⁹⁰⁻²⁴⁰⁰ ^{789-6909 office}
₇₉₀₋₂₀₀₅ _{790-4059 home}
OCCUPATION: Office Manager
MAILING ADDRESS: P.O. Box 33475 Sullivan@907.net
_(Street Address or Post Office Box) _{E-Mail Address}
Juneau AK 99803
_(City/Town and Zip Code)

DAY PHONE NUMBER 907-790-2400 FAX NUMBER 1-907-789-6909

OFFICE HELD (Check One): Legislator Legislative Director
 Public member of the Select Committee on Legislative Ethics Victim's Advocate

TITLE: CO-CHAIR (PUBLIC MEMBER)

FAMILY MEMBER INFORMATION (list names):

SPOUSE OR SPOUSAL EQUIVALENT: —

DEPENDENT CHILDREN: —

NON-DEPENDENT CHILDREN LIVING WITH YOU: —

SCHEDULE A
SOURCES OF INCOME OVER \$1000

Salaried Employment

If NONE reportable, check box

Report the name and address of each employer from whom more than \$1000 was received during calendar year 2002.

List your employment as a legislator or legislative director, and each source of salaried income over \$1000 for your spouse, dependent children and non-dependent children living with you. You are not required to disclose the amount of salary received by your family members or the salary you received from your state employment. Provide enough detail when describing the nature of services to tell a reader what work was performed for the salary received.

Report the amount of income you received when your employer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.
See pages 7-8 of the LFD manual for more help with this section.

Name of filer, spouse, spousal equivalent, or child: _____

Employer's Name: DAWSON CONT. Co / ALPHA DIVERSIFIED

Employer's Address: P.O. Box 34297 JUNEAU, AK 99803

Nature of Services Provided: purchase contracts on Real Estate

Amount: \$ 75,000 -

Name of filer, spouse, spousal equivalent, or child: _____

Employer's Name: _____

Employer's Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of filer, spouse, spousal equivalent, or child: _____

Employer's Name: _____

Employer's Address: _____

Nature of Services Provided: _____

Amount: \$ _____

**SCHEDULE A
SOURCES OF INCOME OVER \$1000**

Self-Employment

If NONE reportable, check box

Self-employment results when the person whose income is being reported worked for any of the following: a corporation in which you, your spouse or spousal equivalent, dependent children and non-dependent children living with you or a combination of them held a controlling interest, or sole proprietorship, limited liability company, partnership, or professional corporation in which the person whose income is being reported has an ownership interest.

List the name, address, and nature of services provided for each non-retail source of income from whom more than \$1000 was received as compensation for personal services by you or a family member. Provide enough detail when describing the nature of services to tell a reader what work was performed for the compensation received.

If the business is non-retail, list the nature of services performed and the name and address of each client or customer who paid the business over \$1000 during calendar year 2002.

Report the amount of income you received from a client, patient or customer when the client, patient or customer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

Name of filer, spouse, spousal equivalent, or child: _____

Business Name: _____

Business Address: _____

Retail Non-Retail (If you check non-retail, list clients/customers, and amounts if required, below.)

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

**SCHEDULE A
SOURCES OF INCOME OVER \$1000**

Dividends and Interest

If NONE reportable, check box ⇒

Report the source of all dividends, interest and capital gains over \$1000 earned during calendar year 2002.

- List the financial institutions in which cash accounts or CD's were held.
- List the name(s) of a stock, bond, mutual fund or other entity which paid you a dividend, interest or capital gain of more than \$1000 during last year, whether held directly or through a brokerage account.
- (Report the assets of a retirement account or trust on page 8)

See page 14 of the LFD manual for more help with this section.

Recipient (filer, spouse, spousal equivalent, or child)

Name of Source of Income

Rental Income

If NONE reportable, check box ⇒

List the first and last name of each tenant from whom over \$1000 was received during calendar year 2002. If property is located outside Alaska and managed by a person other than you, your spouse, dependent child or non-dependent child living with you, you may list the managing agent instead of listing each tenant.

See page 15 of the LFD manual for more help with this section.

Owner (filer, spouse, spousal equivalent, or child)

Tenant(s)

~~Diana Gonzalez~~
SHIRLEY A. McCoy
" "
" "

DIANA GONZALEZ
CLINT SONGER
JOHN MACKINNON

Other Income

If NONE reportable, check box ⇒

List each source of income over \$1000 not listed elsewhere on this statement, including income from the sale of real property; Permanent Fund Dividend; social security; longevity bonus; retirement; the assets of an IRA cash-out; the name of the person who paid alimony or child support; government entitlements; honoraria and shared living expenses.

See page 16 in the LFD manual for more help.

Recipient (filer, spouse, spousal equivalent, or child)

Name of Source

SHIRLEY A. McCoy
" "
" "

KURT BURNS E
SONJA DUNCAN
AK PFD

**SCHEDULE B
BUSINESS INTERESTS**

Business Interests

If NONE reportable, check box

Report all business relationships even if they were not sources of income to you, your spouse, spousal equivalent, or dependent children and non-dependent children living with you during calendar year 2002.

- List ownership interests as a shareholder, regardless of income, that are not listed elsewhere on this Statement. (A list of the names of publicly traded stocks such as IBM or Microsoft may be listed only by the name on a separate page.)
- List interests as a shareholder owner, partner, officer, or director including native corporations.
- List involvements in profit and non-profit corporations as a director or officer.

Describe the business's activity with enough detail to tell a reader what the organization actually does.

See page 19 of the LFD manual for more help.

Name of filer, spouse, spousal equivalent, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, spousal equivalent, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, spousal equivalent, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, spousal equivalent, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, spousal equivalent, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

**SCHEDULE B
REAL PROPERTY INTERESTS**

Real Property Interests

If NONE reportable, check box

Report all real property interests, including real estate held through a trust or sold during calendar year 2002.

Include a street address, city and state or complete legal description for each piece of property listed.

Do not list an interest in real property held through a limited partnership here. List the name of the limited partnership in the "Business Interests" section on page six.

Use copies of this page if you need additional space to complete this section.

See page 20 of the LFD manual for more help.

Name of filer, spouse, spousal equivalent, or child: SHIRLEY A. McCoy
Street Address or Legal Description: 8580 DURAN ST
City or Borough and State: SUNNEAU, AK 99801
Nature of Interest: OWNER HOME
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: SHIRLEY A. McCoy
Street Address or Legal Description: #51 GLACIER VIEW MOBILE HOME PARK
City or Borough and State: SUNNEAU AK 99801
Nature of Interest: OWNER RENTAL
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____
Street Address or Legal Description: _____
City or Borough and State: _____
Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____
Street Address or Legal Description: _____
City or Borough and State: _____
Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____
Street Address or Legal Description: _____
City or Borough and State: _____
Nature of Interest: _____
(Option to Buy, Ownership, Leasehold) Current Use (Optional)

SCHEDULE C

LOANS, LOAN GUARANTEES, AND DEBTS

Loans, Loan Guarantees, and Debts

If NONE reportable, check box =>

Report the name of each creditor or lender to whom more than \$1000 was owed during any part of the prior calendar year by you, your spouse, spousal equivalent, dependent children and non-dependent children living with you.

List financial obligations including mortgages on property sold during calendar year 2002; delinquent taxes, alimony, child support payments; medical bills; mortgage, boat and auto loans; business and personal loans; escrow's; student loans; signature loans; and promissory notes. Loans include secured, unsecured and contingent loans. Do not report credit card obligations or revolving charge accounts.

Report the address of the creditor or lender, the original amount of the obligation, current balance owed, interest rate, length of the loan, and whether a written loan agreement exists for a creditor or lender who:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

See page 22 of the LFD manual for more information about the reporting requirements.

SHIRLEY A. McCoy
Name of Debtor (filer, spouse, spousal equivalent or child)

WELLS FARGO
Name of Lender/Creditor/Guarantor

" "
Name of Debtor (filer, spouse, spousal equivalent or child)

JAMES MONTAUCE
Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, spousal equivalent or child)

Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, spousal equivalent or child)

Name of Lender/Creditor/Guarantor

Source of a loan or loan guarantee that had a substantial interest in legislative, administrative or political actions.

Name of Debtor (filer, spouse, spousal equivalent, or child)

Name of Lender/Creditor

\$ _____
Original Amount Owed

\$ _____
Balance Owed

Address of Lender/Creditor

_____ % _____ Years
Interest Rate Length of Loan

Does written loan agreement exist? YES NO

SCHEDULE C
BENEFICIAL INTEREST IN RETIREMENT ACCOUNTS/TRUSTS
Exceeding \$1000

Retirement Accounts Trusts

If NONE reportable, check box

Report each beneficial interest in a trust during calendar year 2002 for you, your spouse, spousal equivalent, dependent children and non-dependent children living with you. Trusts include employee benefit accounts (pension and profit-sharing accounts), retirement accounts (IRA, 401K, SEP, Keogh) and family trust funds. Assets of a trust include stocks, bonds, mutual funds, cash accounts, CD's, real property, and interests in limited partnerships.

- Name the trustor (the person who provided the funds or assets for the trust).
- List the assets (by name, not type)

See page 23 of the LFD manual for more help.

SHIRLEY A. McCoy 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

DAWSON CONSTRUCTION Co.
Name of the person 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

SHIRLEY A. McCoy 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

PUTNAM INVESTMENTS / IRA
Name of the person 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

SHIRLEY A. McCoy 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

PUTNAM INVESTMENTS / ROTH IRA
Name of the person 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

SHIRLEY A. McCoy 100%
Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

PUTNAM /
Name of the person or entity who provided the funds or assets (Trustor)

T. ROWE PRICE / ROTH IRA
Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

**SCHEDULE C
GOVERNMENT CONTRACTS AND LEASES
CERTIFICATION**

Contracts and Offers to Contract

If NONE reportable, check box

List all contracts and offers to contract with the state or instrumentality of the state during calendar year 2002 held, bid or offered by you, your spouse or spousal equivalent, dependent children and non-dependent children living with you, a 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. See page 24 of the LFD manual for more help.

Name(s) of Contractor

Contracting Agency/Department

Indicate: Bid, held or offer made

Contract number and description

Natural Resource Leases

If NONE reportable, check box

List all natural resource leases, including mineral, timber, or oil leases held or offered during calendar year 2002 by you, your spouse or spousal equivalent, dependent children and non-dependent children living with you; a partnership, professional corporation of which you are a member; or a corporation in which you, your spouse, spousal equivalent, or children (or combination of them) held a controlling interest. See page 25 of the LFD manual for more help.

Leaseholder

Nature of Lease

Indicate: Bid, held or offer made

Identity of Lease and 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.

Shirley A. McCoy

SIGNATURE

01-10-03

DATE

SHIRLEY A. MCCOY

Printed Name of Filer

JUNEAU AK

Place

File this Statement with the

ALASKA PUBLIC OFFICES COMMISSION
2221 E. Northern Lights #128
Anchorage, AK 99508-4149
Telephone 907/276-4176
FAX 907/276-7018

OR

ALASKA PUBLIC OFFICES COMMISSION
PO Box 110222
Juneau, AK 99811-0222
240 Main, Rm. 201
Telephone 907/465-4864
FAX 907/465-4832



Attorneys at Law

COOK SCHUMANN & GROSECLOSE, INC.

714 Fourth Avenue, Suite 200 • Post Office Box 70810 • Fairbanks, Alaska 99707-0810 • 907 / 452-1855 • Fax 907 / 452-8154
Tok (907) 885-8439 • Delta Junction (907) 895-4439 • Toll Free Number 800-550-1855 (Alaska Only)
Email csg@alaskalaw.com • www.alaskalaw.com

DENNIS E. "SKIP" COOK

Home Address: 431 Birch Hill Road
Fairbanks, Alaska 99712
(907) 456-6994

Business Address: Cook Schumann & Groseclose, Inc.
714 Fourth Avenue, Suite 200
P. O. Box 70810
Fairbanks, Alaska 99707-0810
(907) 452-1855 - FAX (907) 452-8154

PERSONAL

Date of Birth: February 8, 1940
Place of Birth: Fairbanks, Alaska
Marital Status: Married to Olga B. Cook
Children: Tyler Cook, Born April 16, 1964
Bret D. Cook, Born July 19, 1966
Danz B. Cook, Born May 3, 1968
Zachary B. Cook, Born June 15, 1972
Katherine M. Cook, Born January 31, 1976
Eliza N. Cook, Born July 10, 1980
Whitney D. Cook, Born May 1, 1984

EDUCATION

1962 Graduated with a Bachelor of Science in Economics, Politics and Engineering from Massachusetts Institute of Technology

1963 Received Master of Arts in Political Science from Northwestern University

1970 Received Juris Doctor Degree from Willamette University

Dennis E. "Skip" Cook
Barbara L. Schumann
Robert B. Groseclose

Jo A. Kuchic
Zane D. Wilson
Bret D. Cook

Michael C. Kramer
of Counsel
Grace Berg Schable

EMPLOYMENT

- 5/70 - Present
COOK SCHUHMAN & GROSECLOSE, INC.,
and its predecessors, P. O. Box 70810,
Fairbanks, Alaska 99707-0810 (907) 452-1855
Became a partner in 1972. Practice concentrates on personal
injury, workers' compensation defense, domestic
relations and commercial law.
- 8/69-5/70
Alaskan Adventures, Minneapolis, MN, worked in
Salem, OR as western states distributor of movie
"This is My Alaska"
- 1968-69
Horton, Geib & O'Rourke, Salem, Oregon, licensed
securities dealer
- 1967-68
State of Oregon, state police, part-time clerk
- 2/65 - 8/67
Alaska 67 Centennial Exposition (commemorating the
U. S. purchase of Alaska from Russia), General Manager
- 10/63 - 1/65
State of Alaska, Office of the Governor, Local Affairs Agency,
Juneau, Alaska, Assistant Director and Director
- 5/63 - 9/63
State of Alaska, Election Director for organizational election of
Fairbanks North Star Borough

PROFESSIONAL ASSOCIATIONS

The American Bar Association, Alaska Bar Association,
Tanana Valley Bar Association

PUBLIC SERVICE POSITION

Tanana Valley State Fair Association -
Director 1971-1985; President 1976-1985

Church of Jesus Christ of Latter-day Saints -
Bishop, 1970 - 1974; District President 1977 - 1979;
Stake President 1979-1989; Regional Representative
1992 - 1995; Scoutmaster 1995 - Present

Rotary Club of Fairbanks - 1977 - Present;
Director 1986-1990; Secretary 1991; President
1993-1994; District 5010 Rotary Youth Leadership
Conference Co-Chair 1995-1997

Midnight Sun Council, Boy Scouts of America -
Merit Badge Counselor 1970 - Present; Executive
Board 1989 - Present; Executive Committee 1993 -
Present; President 1998; Silver Beaver Award 1997

ARRIVED

JAN 22 2003

2003 LEGISLATIVE FINANCIAL DISCLOSURE STATEMENT
(AS 24.60.200 - 24.60.260)

APOC - ANCH
PM HC FAX

1-17

INFORMATION ABOUT HOW TO COMPLETE THIS REPORT

- ◆ This report is for incumbent legislators, legislative directors and public members of the Select Committee on Legislative Ethics.
- ◆ This report covers the preceding calendar year, so include only information about financial interests held and business involvement's between January 1, 2002 and December 31, 2002.
- ◆ You must show your own financial interests and those held by your spouse or spousal equivalent, dependent children, and non-dependent children living with you during calendar year 2002.
- ◆ If you need additional space to complete this report, use copies of the pages needed.
- ◆ The LFD Manual contains useful information about how to complete this report.
- ◆ If you have any questions or need help completing the form, refer to the instruction manual.
- ◆ If you still need help, call APOC at 907/276-4176.

SIGN THIS REPORT ON THE LAST PAGE. THIS REPORT IS DUE March 15, 2003.
Members of the Select Committee on Legislative Ethics file on January 13, 2003.

BACKGROUND INFORMATION

NAME: Dennis E. "Skip" Cook 907-452-1855(W) 907-457-6994(H) 907-452-8154
Phone Number Fax Number

OCCUPATION: Attorney

MAILING ADDRESS: P.O. Box 70810 Skip@alaskalaw.com
(Street Address or Post Office Box) E-Mail Address

Fairbanks AK 99707-0810
(City/Town and Zip Code)

DAY PHONE NUMBER _____ FAX NUMBER _____

OFFICE HELD (Check One): Legislator Legislative Director
 Public member of the Select Committee on Legislative Ethics Victim's Advocate

TITLE: Senate Subcommittee Chair

FAMILY MEMBER INFORMATION (list names):

SPOUSE OR SPOUSAL EQUIVALENT: Olya B. Cook

DEPENDENT CHILDREN: Eliza N. Cook Whitney D. Cook

NON-DEPENDENT CHILDREN LIVING WITH YOU: N/A

SCHEDULE A
SOURCES OF INCOME OVER \$1000

Salaried Employment

If NONE reportable, check box

Report the name and address of each employer from whom more than \$1000 was received during calendar year 2002.

List your employment as a legislator or legislative director, and each source of salaried income over \$1000 for your spouse, dependent children and non-dependent children living with you. You are not required to disclose the amount of salary received by your family members or the salary you received from your state employment. Provide enough detail when describing the nature of services to tell a reader what work was performed for the salary received.

Report the amount of income you received when your employer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

See pages 7-8 of the LFD manual for more help with this section.

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
Employer's Name: Cook Schuhmann & Groseclose, Inc.
Employer's Address: P.O. Box 70810 Fairbanks AK 99701-0810
Nature of Services Provided: Staff Attorney
Amount: \$ 72,000

Name of filer, spouse, spousal equivalent, or child: _____
Employer's Name: _____
Employer's Address: _____
Nature of Services Provided: _____
Amount: \$ _____

Name of filer, spouse, spousal equivalent, or child: _____
Employer's Name: _____
Employer's Address: _____
Nature of Services Provided: _____
Amount: \$ _____

JAN 22 2003

SCHEDULE A
SOURCES OF INCOME OVER \$1000

Self-Employment

If NONE reportable, check box

Self-employment results when the person whose income is being reported worked for any of the following: a corporation in which you, your spouse or spousal equivalent, dependent children and non-dependent children living with you or a combination of them held a controlling interest, or sole proprietorship, limited liability company, partnership, or professional corporation in which the person whose income is being reported has an ownership interest.

List the name, address, and nature of services provided for each non-retail source of income from whom more than \$1000 was received as compensation for personal services by you or a family member. Provide enough detail when describing the nature of services to tell a reader what work was performed for the compensation received.

If the business is non-retail, list the nature of services performed and the name and address of each client or customer who paid the business over \$1000 during calendar year 2002.

Report the amount of income you received from a client, patient or customer when the client, patient or customer:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook

Business Name: Cook Schumann & Groseckse, Inc.

Business Address: P.O. Box 70810 Fairbanks Ak 99701-0810

Retail Non-Retail (If you check non-retail, list clients/customers, and amounts if required, below.)

Name of client/customer: Clients of law firm CS + G. Inc.

Client/Customer Address: Various

Nature of Services Provided: Legal

Amount: \$ see attached list

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

Name of client/customer: _____

Client/Customer Address: _____

Nature of Services Provided: _____

Amount: \$ _____

**SCHEDULE A
SOURCES OF INCOME OVER \$1000**

Dividends and Interest

If NONE reportable, check box

Report the source of all dividends, interest and capital gains over \$1000 earned during calendar year 2002.

- List the financial institutions in which cash accounts or CD's were held.
- List the name(s) of a stock, bond, mutual fund or other entity which paid you a dividend, interest or capital gain of more than \$1000 during last year, whether held directly or through a brokerage account.
- (Report the assets of a retirement account or trust on page 8)

See page 14 of the LFD manual for more help with this section.

Recipient (filer, spouse, spousal equivalent, or child)

Name of Source of Income

Dennis E. Cook

Polar Cache Corporation

Dennis E. Cook

GTA & K Partnership

Rental Income

If NONE reportable, check box

List the first and last name of each tenant from whom over \$1000 was received during calendar year 2002. If property is located outside Alaska and managed by a person other than you, your spouse, dependent child or non-dependent child living with you, you may list the managing agent instead of listing each tenant.

See page 15 of the LFD manual for more help with this section.

Owner (filer, spouse, spousal equivalent, or child)

Tenant(s)

Dennis E. Cook

Dehisio Moran Geregity + Zobel

(Tenants of GTA & K Partnership)

(Dennis E. Cook owned a
1/3 interest through part of
2002)

Other Income

If NONE reportable, check box

List each source of income over \$1000 not listed elsewhere on this statement, including income from the sale of real property; Permanent Fund Dividend; social security; longevity bonus; retirement; the assets of an IRA cash-out; the name of the person who paid alimony or child support; government entitlements; honoraria and shared living expenses.

See page 16 in the LFD manual for more help.

Recipient (filer, spouse, spousal equivalent, or child)

Name of Source

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**SCHEDULE B
BUSINESS INTERESTS**

Business Interests

If NONE reportable, check box

Report all business relationships even if they were not sources of income to you, your spouse, spousal equivalent, or dependent children and non-dependent children living with you during calendar year 2002.

- List ownership interests as a shareholder, regardless of income, that are not listed elsewhere on this Statement. (A list of the names of publicly traded stocks such as IBM or Microsoft may be listed only by the name on a separate page.)
- List interests as a shareholder owner, partner, officer, or director including native corporations.
- List involvements in profit and non-profit corporations as a director or officer.

Describe the business's activity with enough detail to tell a reader what the organization actually does.

See page 19 of the LFD manual for more help.

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
 Business Name: Cook Schuhmann + Groseclose Inc.
 Business Address: P.O. Box 70810, Fairbanks AK 99701-0810
 Nature of Interest: 1/5 owner
 Description of Business's Activity: Law Firm

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
 Business Name: 6th & K Partnership
 Business Address: 943 W 6th Ave. Anchorage AK 99501-2033
 Nature of Interest: 1/9 owner
 Description of Business's Activity: owns + rents commercial office building

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
 Business Name: Polar Cache Corporation
 Business Address: P.O. Box 72134 Fairbanks AK 99707
 Nature of Interest: 1/6 interest
 Description of Business's Activity: Family corporation with siblings - owns real property interests

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
 Business Name: Midnight Sun Council, Boy Scouts of America
 Business Address: 1400 Gilliam Way, Fairbanks AK 99701
 Nature of Interest: Past President, Executive Committee, VP for Program
 Description of Business's Activity: Board of Directors Non-profit youth organization

Name of filer, spouse, spousal equivalent, or child: _____
 Business Name: _____
 Business Address: _____
 Nature of Interest: _____
 Description of Business's Activity: _____

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**SCHEDULE B
REAL PROPERTY INTERESTS**

Real Property Interests

If NONE reportable, check box

Report all real property interests, including real estate held through a trust or sold during calendar year 2002.

Include a street address, city and state or complete legal description for each piece of property listed.

Do not list an interest in real property held through a limited partnership here. List the name of the limited partnership in the "Business Interests" section on page six.

Use copies of this page if you need additional space to complete this section.

See page 20 of the LFD manual for more help.

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook + Olga B. Cook
 Street Address or Legal Description: 431 Birch Hill Rd., Fairbanks AK 99712
 City or Borough and State: Fairbanks North Star
 Nature of Interest: Own as JTWRos Home
 (Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook + Olga B. Cook
 Street Address or Legal Description: Salchaket Drive, Harding Lake AK
 City or Borough and State: Fairbanks North Star
 Nature of Interest: Own as JTWRos Recreational Cabin
 (Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
 Street Address or Legal Description: Polar Cache Corp P.O. Box 72134 FbRS AK
 City or Borough and State: Fairbanks North Star 99707
 Nature of Interest: 1/6 Interest Investment Properties
 (Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: Dennis E. Cook
 Street Address or Legal Description: Gth + K Partnership 943 W 6th Ave
 City or Borough and State: Municipality of Anchorage Anchorage AK 99501
 Nature of Interest: 1/4 Ownership Rental office Building
 (Option to Buy, Ownership, Leasehold) Current Use (Optional)

Name of filer, spouse, spousal equivalent, or child: _____
 Street Address or Legal Description: _____
 City or Borough and State: _____
 Nature of Interest: _____
 (Option to Buy, Ownership, Leasehold) Current Use (Optional)

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SCHEDULE C

LOANS, LOAN GUARANTEES, AND DEBTS

Loans, Loan Guarantees, and Debts

If NONE reportable, check box

Report the name of each creditor or lender to whom more than \$1000 was owed during any part of the prior calendar year by you, your spouse, spousal equivalent, dependent children and non-dependent children living with you.

List financial obligations including mortgages on property sold during calendar year 2002; delinquent taxes, alimony, child support payments; medical bills; mortgage, boat and auto loans; business and personal loans; escrow's; student loans; signature loans; and promissory notes. Loans include secured, unsecured and contingent loans. Do not report credit card obligations or revolving charge accounts.

Report the address of the creditor or lender, the original amount of the obligation, current balance owed, interest rate, length of the loan, and whether a written loan agreement exists for a creditor or lender who:

- Hired a lobbyist or was a lobbyist;
- Had or sought contracts with the legislature or agency of the state that exceeded \$10,000;
- Was a municipality or local government entity; or
- Was affected financially by an action of the legislature or any other state agency in an amount exceeding \$5,000 including actions concerning professional or occupational licenses, natural resource permits or quotas, rates of assessment or taxation, health, safety or environmental standards and insurance or business practices.

Use copies of this page if you need additional space to complete this section.

See page 22 of the LFD manual for more information about the reporting requirements.

Dennis E. Cook & Olga B. Cook
Name of Debtor (filer, spouse, spousal equivalent or child)

Mt. McKinley Bank
Name of Lender/Creditor/Guarantor

Dennis E. Cook & Olga B. Cook
Name of Debtor (filer, spouse, spousal equivalent or child)

Kear Bank
Name of Lender/Creditor/Guarantor

Dennis E. Cook
Name of Debtor (filer, spouse, spousal equivalent or child)

ABA Retirement Plan
Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, spousal equivalent or child)

Name of Lender/Creditor/Guarantor

Source of a loan or loan guarantee that had a substantial interest in legislative, administrative or political actions.

Name of Debtor (filer, spouse, spousal equivalent, or child)

Name of Lender/Creditor

\$ _____
Original Amount Owed

\$ _____
Balance Owed

Address of Lender/Creditor

_____ % _____ Years
Interest Rate Length of Loan

Does written loan agreement exist? YES NO

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SCHEDULE C
BENEFICIAL INTEREST IN RETIREMENT ACCOUNTS/TRUSTS
 Exceeding \$1000

Retirement Accounts Trusts

If NONE reportable, check box

Report each beneficial interest in a trust during calendar year 2002 for you, your spouse, spousal equivalent, dependent children and non-dependent children living with you. Trusts include employee benefit accounts (pension and profit-sharing accounts), retirement accounts (IRA, 401K, SEP, Keogh) and family trust funds. Assets of a trust include stocks, bonds, mutual funds, cash accounts, CD's, real property, and interests in limited partnerships.

- Name the trustor (the person who provided the funds or assets for the trust).
- List the assets (by name, not type)

See page 23 of the LFD manual for more help.

Dennis E. Cook 100% of my account
 Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)
American Bar Assn. Retirement Plan via State Street Bank of Boston
 Name of the person or entity who provided the funds or assets (Trustor)
Cook Schuchmann + Groseclose - pension, profit sharing, 401(k)
 Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Dennis E. Cook 100%
 Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)
Ragan Mackenzie Division, Wells Fargo Investments
 Name of the person or entity who provided the funds or assets (Trustor)
Dennis E. Cook IRA - Various stocks
 Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Oleg B. Cook 100%
 Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)
Ragan Mackenzie Division, Wells Fargo Investments
 Name of the person or entity who provided the funds or assets (Trustor)
Oleg B. Cook IRA - Various stocks
 Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

 Name of filer, spouse or spousal equivalent, or child: Extent of Interest (Percent)

 Name of the person 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

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**SCHEDULE C
GOVERNMENT CONTRACTS AND LEASES
CERTIFICATION**

Contracts and Offers to Contract

If NONE reportable, check box

List all contracts and offers to contract with the state or instrumentality of the state during calendar year 2002 held, bid or offered by you, your spouse or spousal equivalent, dependent children and non-dependent children living with you, a 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.
See page 24 of the LFD manual for more help.

Name(s) of Contractor

Contracting Agency/Department

Indicate: Bid, held or offer made

Contract number and description

Natural Resource Leases

If NONE reportable, check box

List all natural resource leases, including mineral, timber, or oil leases held or offered during calendar year 2002 by you, your spouse or spousal equivalent, dependent children and non-dependent children living with you; a partnership, professional corporation of which you are a member; or a corporation in which you, your spouse, spousal equivalent, or children (or combination of them) held a controlling interest. See page 25 of the LFD manual for more help.

Leaseholder

Nature of Lease

Indicate: Bid, held or offer made

Identity of Lease and 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.

Dennis E. Cook
SIGNATURE

1/14/03
DATE

Dennis E. Cook
Printed Name of Filer

Fairbanks AK
Place

File this Statement with the

ALASKA PUBLIC OFFICES COMMISSION
2221 E. Northern Lights #128
Anchorage, AK 99508-4149
Telephone 907/276-4176
FAX 907/276-7018

OR

ALASKA PUBLIC OFFICES COMMISSION
PO Box 110222
Juneau, AK 99811-0222
240 Main, Rm. 201
Telephone 907/465-4864
FAX 907/465-4832

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2003 ADUC Reporting

107.02M	TRANSPORTATION & MARKETING SYSTEMS	1207.10M	UNIVERSITY OF ALASKA FAIRBANKS
107.10M	CRAWFORD & COMPANY	1207.11II	UNIVERSITY OF ALASKA FAIRBANKS
107.11M	CRAWFORD & COMPANY	1207.12II	UNIVERSITY OF ALASKA FAIRBANKS
118.02M	GREY/JANE	1218.07II	CARLIN/MATTHEW & BARBARA
137.05II	BLANC/DONALD & AFTON	1239.01C	LINTELMAN/JEFFERY
144.26M	FAIRBANKS/CITY OF	1259.06M	VORISEK/KEN
162.05M	DESIGN ALASKA, INC.	1284.68I	BONHAM: PARIKAN, CHRISTOPHER C.
162.06M	DA INVESTMENTS LLC	1290.02M	LUCIEN/WAYNE
162.07M	WILBUR/JACK B.	1329.02M	COOK/MRS. PAT
174.12M	FAIRBANKS NORTH STAR BOROUGH	1444.02II	JOHNSON/RICHARD & KIM
174.21M	FAIRBANKS NORTH STAR BOROUGH	1449.03M	WILKEN/GARY
176.10M	WARBELOW/ESTATE OF CHARLES	1456.05M	TANANA CHIEFS CONFERENCE
176.11M	WARBELOW/NETTIE	1461.01M	CASTOR/STEPHEN & BONNIE
176.12M	WARBELOW/NETTIE	1480.01II	MILLIRON/TOM W.
176.13DI	WARBELOW/NETTIE	1536.02M	SCIBOR/MICHAEL
176.15M	CHARLIE INC.	1547.01M	KNAPMAN/SUSAN S.
197.04II	THOMPSON/STEVE	1579.01M	ROCKSTAD/RON
209.02II	FINCH/JACK G.	1579.03II	MT. HAYES PROPERTIES, LLC
213.03M	DINEEGA FUEL CO.	1592.01H	WEBB/SAMUEL
235.03M	GALLAGHER/MARY ANN	622.02II	MARTIAN/GABRIEL
239.11M	MURRAY INSURANCE/KENNETH A.	1683.04II	VINTON/WILLARD & WILMA
239.13M	MURRAYINSURANCE/KENNETH A. re: BLOOD A	1685.02II	BEERS/CLARENCE GEORGE
242.07M	ANTRIM/AMANDA	1697.03II	RICKARDS/VALERIE
247.06M	SILVERADO MINES (US) INC.	1699.02II	WASHBURN/NITA
255.02M	DINEEGA CORP.	1706.01C	RYMAN/TIM
274.11M	SPORTSMEDICINE	1720.02M	GREGERSEN/REYHAUM R.
274.12M	SPORTSMEDICINE	1736.03II	KRUCKENBERG/DEAN
303.01M	CATHOLIC BISHOP	1741.02M	CRAMER/DAVID
306.11M	BOYLES/RHONDA	1747.01M	BRENNER/RUSSELL, H.
306.12M	BOYLES/RHONDA	1769.02Q	FAIRBANKS MEMORIAL HOSPITAL
317.06M	HOLADAY-PARKS, INC.	1769.06Q	FAIRBANKS MEMORIAL HOSPITAL
354.07M	DRISCOLL/PAT	1771.01M	MCGOWAN/GLENN J.
367.02MI	COLBERT/BEN & BARBARA	1776.01M	MOBLEY/DIANNE L.
422.02H	PLAQUET/BRANDON	1780.01HI	ROGERS/KATHY L.
454.01M	LASELL/DEBBIE	1801.02M	NORTHTRIM BANK
508.02M	SCHROADER/TIMOTHY	1824.01M	ARTER/RONALD W.
514.14II	NORTH POLE/CITY OF	1835.01C	TIMOFEEVA/OLGA H.
514.99M	NORTH POLE/CITY OF	1846.04M	COBB/LES & NORMA
549.02M	NAPOLILLI/NOEL & NANCY	1846.99M	COBB/LES & NORMA
551.02M	GREAT NORTHWEST, INC.	1851.01M	KOWALSKI/M. KAREN
573.02M	BOUSE/FRED	1852.02M	NAVACHAI/TERAPCNG
641.04M	GRIEME/WAYNE	1853.01M	KLEPASKI/CYNTHIA M.
670.03M	FULLFORD/JIM	1855.02II	CIT GROUP
686.01M	RUSSELL DUBIA/LYNETT	1900.04Q	FAIRBANKS COMMUNITY MENTAL HEALTH CENT
724.04M	STOCK/RICHARD J.	1932.03M	FRANUS/JOANN
832.01II	CARTER/THOMAS & DENISE	1939.01M	WELLS FARGO BANK
832.03M	CARTER/THOMAS (Tom)	1953.04II	EARTH SCIENCE & TECHNOLOGY ORGANIZATIO
840.04M	PORTWINE/DANIEL & JOANNE	1953.05II	EARTH SCIENCE & TECHNOLOGY ORGANIZATIO
848.02M	CAMPBELL/STEPHEN C. RE: ESTATE OF BOBB	1953.06M	ADVANCED EARTH SCIENCE & TECHNOLOGY OR
898.02E	GREEN/WILLIAM	1953.07M	ADVANCED EARTH SCIENCE & TECHNOLOGY OR
905.01H	GENZ/ERIC A.	1965.02M	BOYER/JOHN C.
966.09II	SCHOOLEY/LORETTA	2000.02M	NORTH STAR COUNCIL ON AGING
1029.01CI	LEMETA PAINTING CONTRACTORS	2064.02MI	NOVA GOLD RESOURCES, INC.
1071.02C	AH SA WAN	2070.03M	BEISTEL/SUN HUI
1071.04II	AH SA WAN	2070.04M	BEISTEL/SUN HUI
1183.19M	TORTORELLA/KEVIN	2070.06M	BEISTEL/SUN HUI
1183.20M	TORTORELLA/KEVIN		
1183.21M	TORTORELLA/KEVIN		
1197.01H	DAMITZ/JAIME D.		
1207.08M	UNIVERSITY OF ALASKA FAIRBANKS		

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2072.0111	TKKO, INC.	2569.0111	SHARRAH/JOSEPH L.
2093.01M	RUSSELL/DEBORAH	2572.01M	SMITH/CHRISTINE
2096.02M	CENTAC MOBILE SYSTEMS, LLC	2570.0111	HOLT/JEFF
2100.02M	ICE BROTHERS LLC	2585.0111	SANFORD/MILDRED
2120.03M	SAFEMAY, INC.	2586.0111	GRIFFIN/BETH & LOUIS
2155.01M	R & M ENGINEERING	2587.01M	MILLER/DANIEL G
2156.0411	GOODHAND/JOHN	2595.01M	GHEZZI/MARY E
2187.03H	HIGGINS/DR. PETE B. & CHRISTINE	2602.01M	SHEILS/KEVIN R
2201.01M	HELD/STEPHANIE	2603.01M	MORGAN/DONNA J.
2200.01M	BURTON/DIANA	2605.01D	VIALE/NANCY J.
2208.02M	BURTON/DIANA	2605.0211	VIALE/NANCY J.
2243.01M	KENNEDY/ALBERT	2606.01M	SNOW/FRANK R.
2243.01M	KENNEDY/ALBERT	2611.01M	HURST/JIM & CASSIE
2252.0111	CALLOS/TRACIE	2612.01M	NICOLL/JEREMY & CATRINA
2255.01E	PRECHTEL/ANTON & HERTA	2614.01M	BALSTER/JENNIFER R.
2256.01M	WALKER/ANNE	2615.01M	SHEPPARD/SHANE
2259.26M	COMMUNITY ADVOCACY PROJECT OF ALASKA,	2619.01M	WILSON/THOMAS H.
2260.0111	BECKER/TAMMY	2623.01M	WIREN/SUSAN
2279.02M	KRODSEN/DAN	2623.02M	WIREN/SUSAN
2318.02M	OFFICE OF PUBLIC ADVOCACY	2626.01M	HANNA/TRICIA
2322.01M	CHILDERS/THELMA	2628.01M	WATSON JR./WILLIAM
2322.02M	CHILDERS/THELMA	2628.02H	WATSON JR./WILLIAM & MARY SUE
2346.01M	WESTERN STAR TRUCKS, INC.	2629.01M	KING/PEGGY SUE O.
2350.01M	SHARP/KATHERIN	2631.01M	CRAWFORD/ROY L.
2352.01M	OLDHAM/TCHMY	2635.03M	FINNERTY/RONALD
2382.01M	ROSS/DAVID	2636.01M	ALLEN/WANDA F.
2390.0111	JONES/CHI	2640.01M	KUDRALUK SR/ESTATE OF BARTLETT
2401.01H	STENBERG/HIKKEL	2643.01M	BOLDEN/JOEY R.
2408.01M	PROBERT/JENNIFER	2645.01M	STONE/JAMES W & ANN
2420.0211	CLERC/PHILIPPE	2646.01M	GARDNER/CRAIG L. & MARY BETH
2424.01M	VILLENEUVE/GLENN	2647.01M	ALASKA WEST COAST SALES
2425.01M	FAULKNER/KIMBERLY	2648.0111	ELLSWORTH/JOANNE
2425.02M	FAULKNER/KIMBERLY	2648.02M	ELLSWORTH/JOANNE & DICK
2426.01M	TRIOLO/DEBORAH	2649.01M	SINGH/BALJINDER
2427.01M	MAENG/SUN R & SOO	2650.01M	NATION-CRUIKSHANK/CYNTHIA
2427.02M	EBADPOOR/SYMYO L.	2665.01M	WATSON/JAMES & KIMBERLY
2437.02M	O'CONNELL/KEVIN	2670.01M	CRONK/MICHAEL L.
2437.03M	O'CONNELL/KEVIN	2671.01M	MENABB/JEFFREY
2438.01M	BURTON/BETHANY	2672.01M	BOYD/BEN L.
2442.01E1	CAPPS & DURRENBERGER	2675.01M	SCHOK/RICHARD
2443.01M	KETCHAM/COLLEEN	2675.02M	SCHOK/RICHARD
2444.01M	HELDER/JOHN	2675.03M	SCHOK/RICHARD
2445.01M	FOSTER/DANIEL	2677.01M	NOLAND/LAURA
2446.01.1	BAST/ALICIA	2678.01M	DUBAY/CONNIE
2447.02M	RANCHOFF/THOMAS	2679.0111	GREENWOOD/JOSEPH D.
2449.01M	WARD/RAYMOND E.	2680.01M	ERICKSON/KAREN
2450.0111	MCINTYRE/EDWARD	2682.0111	WINFRED/DAN
2453.01M	HAGAN/LENORA	2686.0111	BECK/JOHN
2457.01M	EDWARDS/ALICE	2688.01M	SOURS/ROBERT A.
2461.01M	CHESSER/MICHAEL	2691.01M	FATH/JOSEPH A.
2467.01M	WETTERHALL/SUZANNE	2693.01M	HU/JIAN
2474.0111	ADAMS/DONNA	2695.0111	YRJANA/HENRY M. & JILL L.
2487.02M	MCINTYRE/ANN	2698.02M	O'CONNOR/JIM (REFINERY LOUNGE)
2489.01M	EDIE/DALE E.	2699.01M	WALLEY/SHANNON R
2511.01M	AMENT/JULIANA B.	2700.01M	HOEWISCH/CAROL A.
2511.02E	AMENT/JULIANA B., SUEANN RUEGNER	2702.01M	LAMBERT/SHERI L.
2512.0111	HARDING/LINDA	2703.01M	CULVER/CRAIG S.
2518.01M1	WIEHL/KIMBERLY	2707.0111	BUCKLER/JANICE
2519.01M	WENSLCW/JAMES	2710.01M	MUTTON/ELIZABETH
2520.0111	MCGOWAN/MICHAEL	2711.01M	DENAMIEL/SARAH
2529.01M	PIERSON/MARGO L	2717.01M	WILLIAMS, JIM
2530.01M	HUBER/JOHN T	2719.01M	HEIN/GARY D.
2532.01H	QATMAN/LLOYD A.	2719.02M	HEIN/GARY D. & URSULA
2532.02M	QATMAN/LLOYD A.	2720.01M	HOLLINGSWORTH/ELIZABETH
2532.03M	QATMAN/LLOYD A.	2721.01M	GLAZE/MICHAEL B.
2535.0111	LAKIN/NATALIE	2722.0111	TEW/CHING CHU
2539.01M	OLSON/CAROLYN	2724.01M	EVANS/LISA M.
2546.01M	PRESTON/TRACEY	2725.01M	CHAMBERS/MARK
2551.01M	MARTINEZ/PABLO	2725.02M	CHAMBERS/MARK
2558.01M	BACHMAN/LOUISE	2729.0111	CHURKEY/MARK & EDITHA
2564.02M	BCHNET/CHUNGHEE	2735.01M	WILLIAMS/JANE N.
		2736.01M	GOTHRIS/CHEN B.
		2737.01M	MELCHERT/TER. L.
		2739.01M	SINGSON/ERICK A.
		2739.01M	AMNCNCSN/JAN & ALAN
		2741.01E	POLLEN/MIKE & PEGGY
		2742.01M	CRONES/IGNACIO
		2744.01M	RICHARDSON/DAVID
		2746.01M	CARTIER/LAURA
		2748.01M	STEVENS/ROBERT W.
		2751.01E	LINCK/GERTRUDE
		2753.01M	EATON/NATALIE L.
		2754.01M	LAZERATICH/HELEN
		2755.01M	TAUSCHEK, DDS/DR. TERRENCE A.
		2757.01M	STRAATMAN/RYAN T.
		2758.01M	MCKEEHAN/MANUS
		2759.01M	FERNANDEZ/BARBARA & MEDO

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2764.01E WOOD/VIRGINIA & JAMES
 2765.01M FOURMONT/COURTNEY
 2766.01M STAHLHUT/KARIN L.
 2767.01M FIEL/ALLAN
 2768.01M GREEN/KAREN
 2771.01M BURNS/CYRESE
 2772.01M CHO/LEELAND P., DDS
 2773.01MI HARTSHORN/KIRT
 2774.01M PANKRATZ/FRED
 2780.01II BROWN/KEVIN
 2781.01II ADVANCED CONSTRUCTION TECHNOLOGIES
 2782.01M ALLSTATE INSURANCE COMPANY
 2784.01M FIELDS/ED
 2786.01II LESTENKOF/MARVIN
 2788.01M BAKER/ANNE
 2791.01M DENNEY/CHUN MAE
 2792.01M ALASKA TOOL COMPANY
 2793.01M LANGSTAFF/DIANE
 2794.01M STIMS/MICHAEL
 2795.01M LIXON/RICHARD
 2795.02M LIXON/RICHARD
 2797.01M THE OTHER LLC
 2798.01M TEEL/VELVIE
 2799.01M ODEN/NATALIE
 2799.02M ODEN/NATALIE
 2800.01M BAYSINGER/JENIFER
 2803.01M INFORMATION LEASING CORPORATION
 2803.02M INFORMATION LEASING CORPORATION
 2804.01Q UTICA NATIONAL INSURANCE GROUP
 2805.01M GOODWIN/BRETT E.
 2808.01M MARTIN/DARRELL E.
 2811.01MI HALL/DIANNA
 2813.02M AARON PLUMBING & HEATING
 2816.01II BOSWELL/ROBERT & ELLUCIA
 2817.01M CRAMER/JOHN
 2819.01M WARD NORTH AMERICA
 2822.01M VANBORG/VERONICA
 2823.01M NOLAN/JOHN
 2825.01M DAVIS WRIGHT TREMAINE
 2828.01M ROACH/CRAIG A.
 2832.01M MOORE/BARRY G.
 2833.01M CARR/SHIRLEY
 2835.01M O'DONNOGHUE/SHAWN
 2836.01M MCCOLLUM/DOUG & CATHIE
 2840.01M ALLEE/RITA
 2841.01M FOUNTAINHEAD DEVELOPMENT
 2842.01M FLOWMAN/TOM
 2846.01M FLEWELLING/TRAVIS
 2847.01M LOESCHE-CARTER/MARY
 2848.01M CORNWELL/ANNIKA
 2849.01M ERICKSON/CARL & FRANCES
 2850.01M HAGGARD/MARIE
 2851.01M TEXAS FARM BUREAU INS. CO.
 2853.01MI TOMS/SAMUEL
 2854.01M ALLEN/MIKE
 2856.01M FACE/RICHARD & DONNA
 2857.01M KNAPP/MARK & ANGEL
 2858.01II ESLEY/JEFF & CHARLENE K.
 2859.01M CHO/HYUNJOO
 2860.01M SAUNDERS/PETER
 2861.01M DRAKE/DWAYNE
 2862.01M O'RCCK/JUNE T.
 2864.01M ROUSSEAU/CHARLENE
 2866.01EI REGAR, JR/JASON W.
 2869.01M RUTLAND/EUGENE
 2870.01MI BOSWOOD/KRISTINA
 2871.01E KOWALCZYK/TOM & DEDRA
 2872.01M BERTZ/KATHERINE
 2874.01M ALASKA RAILROAD CORPORATION
 2879.01M NELSON/DONALD
 2881.01M HASERT/ELIZABETH N.
 2883.01M KENNEDY/NANCI
 2884.01M PERRY/JAMES E.
 2891.01M MEIEROTTO/DOMINIQUE C.
 2892.01M NORVELLE/DEBORAH S.
 2893.01M DRESSER/ROBLYN L.
 2894.01E DARO/EDWARD & HAZEL
 2896.01M EVANS/DAVID L.
 2897.01M WISWAR/LAURA
 2898.01M SWEARINGEN/TRCY
 2901.01M KEYS/DR. BARBARA
 2902.01E BUSS/CLARKE & MARGARET
 2903.01M KENNEDY/MARY
 2904.01M WEBWEAVERS, INC.
 2906.01M MULLER/DAISY D.
 2917.01M KING/MIKE & GRETCHEN
 2920.01M WRIGHT/LEONARD & TAWNY
 2921.01M PERUSICH/JOE
 2924.01M GUENZLER/ROBERT C
 2926.01M CHAPPELL/JANICE & IRA
 2929.01M CONGER/ARTHUR "TERRY"
 2935.01M RAMSEY/DAVID G.
 2942.01M UPICKSOUN/CHARLES
 2944.01M CORNWALL/BARBARA
 2946.01M HARRISON/DUSTIN
 2963.01M FORD/NANCY
 5003.07M HEBERT/TROKELL

JAN 22 2003

ALASKA PUBLIC OFFICES COMMISSION
2221 E. NORTHERN LIGHTS, #128
ANCHORAGE, AK 99508
907/276-4176
FAX 907/276-7018

LEGISLATIVE FINANCIAL DISCLOSURE STATEMENT
AMENDMENT FORM

Name of filer: Dennis E. Cook

1. Make the appropriate changes. Use additional pages as needed.
2. Sign and date this form and return it to APOC. It will be added to your original LFD statement as an amendment.

OTHER INCOME

If no changes are needed, check box

List the sources of income over \$1000 received from the sale of real property, Permanent Fund Dividend, money from a campaign account transferred to your legislative office account or to you in excess of the amount of your personal contributions or loans to the campaign, general social security retirement, shared living expenses, and all other income over \$1000 not reported elsewhere on the LFD statement. For more help, see pages 14-15 of the LFD manual.

RECIPIENT:
(Filer, spouse, spousal equivalent, or child)

NAME OF SOURCE:

Dennis E. Cook

Alaska Permanent Fund Dividend

Dennis E. Cook

Sale of interest in 6th + K
Partnership to
6th + K, LLC Buyer

CERTIFICATION	
I certify under penalty of perjury that the information in this Statement is to the best of my knowledge true, correct and complete.	
<u>Dennis E. Cook</u>	<u>1/22/03</u>
Signature	Date

JAN-27-2003 MON 02:25 PM

FAX NO.

P. 03

JAN-22-2003 WED 03:30 PM

FAX NO.

P. 04

ALASKA PUBLIC OFFICES COMMISSION
2221 E. NORTHERN LIGHTS, #172
ANCHORAGE, AK 99508
(907) 276-4176 - FAX (907) 276-7018

**LEGISLATIVE FINANCIAL DISCLOSURE STATEMENT
AMENDMENT FORM**

NAME OF FILER: Dennis E. Cook

1. Make the appropriate changes. Use additional pages as needed.
2. Sign and date this form and return it to APOC. It will be added to your original LFD statement as an amendment.

Self-Employment

If no changes are needed, check box

Report the amount of income received from self-employment when the client

On a careful re-reading of the instructions concerning self-employment, filer has discovered that he does not fall into the definition of self-employment for the following reasons:

Filer is employed by Cook Schuhmann & Groseclose, Inc., a C-Corporation. (See attached Certificate of Incorporation) Filer's interest in the corporation is 1/6 or 16.67%.

Filer is a salaried employee of Cook Schuhmann & Groseclose, Inc. This is the only source of salaried employment of filer.

ARRIVED

JAN 27 2003

**APOC-ANCI
PM HC FAX**

CERTIFICATION

I certify under penalty of perjury that the information in this Statement is, to the best of my knowledge, true, correct and complete.

Signature

Date

Dennis E. Cook 1/22/03

Subject: Ethics Procedures

Date: Fri, 31 Jan 2003 09:20:20 -0900







From: Ethics Committee <Ethics_Committee@legis.state.ak.us>

To: Brian Hove <Brian_Hove@legis.state.ak.us>,
 Vanessa Tondini <Vanessa_Tondini@legis.state.ak.us>

Brian and Vanessa:

I received a request from Brian concerning procedures used by the Ethics Committee during the complaint process. I have attached several documents from the 2003 Standards of Conduct Handbook (of which you should have a copy) and also a copy of the Committee's procedures which are adopted by the full committee. If you have any questions, please give me a call.

Joyce Anderson
 Administrator, Ethics Committee

 Committee Procedures 7-00.doc	<p>Name: Committee Procedures 7-00.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
 03 Handbook - Complaints.doc	<p>Name: 03 Handbook - Complaints.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
 03 Handbook - Complaints2.doc	<p>Name: 03 Handbook - Complaints2.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
 AS 24.60.170 complaints.doc	<p>Name: AS 24.60.170 complaints.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
 AS 24.60.176 & 78.doc	<p>Name: AS 24.60.176 & 78.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
 H complaint 2000.doc	<p>Name: H complaint 2000.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>

Joyce Anderson <Ethics_Committee@legis.state.ak.us>
Administrator
Legislative Ethics Committee