

ALASKA PUBLIC OFFICES COMMISSION
2017 Public Official Financial Disclosure
Covering Jan. 1– Dec. 31, 2016

ARRIVED

8/17/17

RECEIVED
Clerk Received Date

AUG 14 2017

MUNICIPALITY
OF SKAGWAY

APOC - ANCH
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POFD for Municipal Officers and Candidates

You may file this paper POFD if you are a municipal officer or municipal candidate and serving or seeking office in a municipality with a population less than 15,000.

All other filers must file electronically via myAlaska: <https://my.alaska.gov/>

If you are a municipal candidate and already have a current POFD on file you do not need to file a candidate POFD (AS 15.13.030)

Contact APOC

Anchorage: 2221 E. Northern Lights Blvd., Room 128, Anchorage, AK 99508 / 907-276-4176 / Fax 907-276-7018. Juneau: 240 Main St., Room 500 / P.O. Box 110222, Juneau, AK 99811 / 907-465-4864 / Fax 907-465-4832. Toll-free in-state: 800-478-4176 Online: <http://doa.alaska.gov/apoc/> E-mail: doa.apoc@alaska.gov

This document is public– Do not include information such as social security or account numbers.

If you have nothing to report in a section, check NONE. Attach additional pages where needed.

Filing as Municipal: Office Holder Candidate

Candidate POFD: Due when filing declaration of candidacy or nominating petition.

Initial POFD: Due 30 days from appointment.

Annual POFD: Due by March 15 each year after appointment.

Final POFD: Due 90 days after leaving office (Include information not reported on previous POFDs).

Municipality: SKAGWAY

Position: Borough/City Mayor Assembly member Councilmember School Board Member

Elected Utility Board Member Borough/City Manager Planning or Zoning Commission

NAME: DANIEL J. HENRY

E-MAIL: SFCALASKA@HOTMAIL.COM

FAX PHONE: 907-983-3474

PHONE 907-983-2010
FAX

MAILING ADDRESS: P.O. BOX 279 SKAGWAY, AK. 99840

SPOUSE'S NAME: EILEEN M. HENRY

NUMBER OF DEPENDENT CHILDREN: 0

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SALARIED EMPLOYMENT

NONE:

Income is anything of value and covers all forms of compensation or benefits from an employer including wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation. Report each employer who paid you, your spouse, or children more than \$1,000. Include amount, dates and terms of employment, and time worked.

Amounts of income may be stated in these ranges: (1) \$250 - \$1,000 gifts only; (2) \$1,000 - \$2,000; (3) \$2,000 - \$5,000; (4) \$5,000 - \$10,000; (5) \$10,000 - \$20,000; (6) \$20,000 - \$50,000; (7) \$50,000 - \$100,000; (8) \$100,000 - \$200,000; (9) \$200,000 - \$500,000; (10) \$500,000 - \$1,000,000; (11) \$1,000,000 plus.

Earned By: Filer Spouse Child

Full-time Part-time Seasonal Commission Project Hourly

Income Amount: \$ _____

Dates and amount of time worked: _____

Employer: _____

Address: _____

Description: _____

Earned By: Filer Spouse Child

Full-time Part-time Seasonal Commission Project Hourly

Income Amount: \$ _____

Dates and amount of time worked: _____

Employer: _____

Address: _____

Description: _____

Earned By: Filer Spouse Child

Full-time Part-time Seasonal Commission Project Hourly

Income Amount: \$ _____

Dates and amount of time worked: _____

Employer: _____

Address: _____

Description: _____

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SELF-EMPLOYMENT

NONE:

List each source of self-employment income over \$1,000. See AS 39.50.200(10), source of income, 2 AAC 50.799(a), definition of self-employment, 2 AAC 50.695, reporting deferred income; and 2 AAC 50.700 for details. Disclose each client, customer or business that paid you and/or your family members more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies and professional corporations. Disclose income from corporations in which the filer and/or family members, hold a controlling interest (2 AAC 50.700(b)). **Exemptions:** To obtain an exemption you must file a written request and receive an exemption from the commission (2 AAC 50.775, 2 AAC 50.821).

Earned By: Filer Spouse Child

Full-time Part-time Seasonal Commission Project Hourly

Income Amount: \$ 125 K

Dates worked: 4-1 THRU 11-1 Amount of time worked: DING TO DONG

Business name: SKAGWAY FISH COMPANY

Client name and address: NONE - I HAVE NO CUSTOMERS

Client name and address: PAYING 1000.00 OR MORE

Description of services: FOOD AND BEVERAGE

Earned By: Filer Spouse Child

Full-time Part-time Seasonal Commission Project Hourly

Income Amount: \$ _____

Dates worked: _____ Amount of time worked: _____

Business name: _____

Client name and address: _____

Client name and address: _____

Description of services: _____

RENTAL INCOME

NONE:

If any person paid you and/or your family members more than \$1,000 in rent during the preceding calendar year, report the name of the person and amount paid. If the property is managed by a person other than the filer or a family member, list the manager's name. Disclose the location of the property under Real Property Interests.

OWNER:	TENANT NAMES	AMOUNT
<input checked="" type="checkbox"/> Filer	KIRSTEN SHELLIN	1600.00
<input type="checkbox"/> Spouse	PETER METZER	1400.00
<input type="checkbox"/> Child	ALEX MARTIN	1200.00
<input type="checkbox"/> Co-owners	SAL CAMPAGNA	1200.00

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DIVIDENDS and INTERESTS

NONE:

If more than \$1,000, disclose dividends, interest and other distributions of earnings from a business or investment. Include dividends or interest from bank accounts, capital gains, money market accounts, certificates of deposit, and Native corporation dividends. PFDs are only applicable if more than \$1,000.

RECIPIENT	SOURCE	AMOUNT
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse	ALASKA PFD	1022.00
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

OTHER INCOME

NONE:

List source and amount of income over \$1,000 not listed elsewhere on this form, including sale of goods or property, taxable capital gains, pensions, retirement cash-outs, government entitlements, alimony or child support payments, honoraria and any other payments not otherwise accounted for.

RECIPIENT	SOURCE	AMOUNT
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse		

GIFTS WORTH MORE THAN \$250

NONE:

Include travel expenses, discounts not available to the public, loans forgiven or paid by a third party. Do not report gifts from spouse, domestic partner, parent, dependent child, sibling, grandparent, aunt, uncle, niece or nephew.

RECIPIENT	DESCRIPTION	SOURCE	VALUE
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse			

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BUSINESS INTERESTS

NONE:

Report businesses in which the filer or family member: 1) Served as stockholder, owner, officer, director, partner, proprietor, employee, or held an interest. 2) Had ownership interests of more than \$1,000 in a publicly traded corporation, a business, shares in non-publicly traded corporations, sole proprietorships, or limited liability companies. Include options to buy, non-profit organizations, corporations, businesses, associations, and trade groups.

Filer Spouse Child

Position/Type of interest: OWNER

Business name: SKAGWAY FISH COMPANY

Address: 201 CONGRESS WAY SKAGWAY, AK. 99840

Description: RESTAURANT

Filer Spouse Child

Position/Type of interest: _____

Business name: _____

Address: _____

Description: _____

Filer Spouse Child

Position/Type of interest: _____

Business name: _____

Address: _____

Description: _____

REAL PROPERTY INTERESTS

NONE:

A primary residence or recreational property held for personal use may be described only by zip code (2 AAC 50.720). (Enter 'Not Reported' for address if this applies to you.) Report the nature of the interest held in the property; including fee simple ownership, tenancy in common, general or limited partnership, and holder of an option to purchase. If property is jointly owned, check applicable boxes.

Owner(s): Filer Spouse Child Co-owner: THE YELLOW HOUSE

Address or description and zip-code: 13TH & MAIN ST. SKAGWAY, AK. 99840

Ownership interest: SUB-LEASE FOR EMPLOYEES

Owner(s): Filer Spouse Child Co-owner: EILEEN M. HENRY

Address or description and zip-code: 560 11TH AVE SKAGWAY, AK. 99840

Ownership interest: CO-OWNER

Owner(s): Filer Spouse Child / Co-owner: _____

Address or description and zip-code: _____

Ownership interest: _____

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TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL INTEREST

NONE:

Report each trust, retirement account or beneficial interest that exceeded \$1,000 during the reporting period, including a retirement plan, employee pension plans, profit-sharing, family, or education trusts, deferred compensation plans, annuity plans or any other similar arrangements intended to provide future income for the filer and/or family member. Identify individual investments accounts if you and/or family members manage or personally control the investments.

Owned By: Filer Spouse Child Percent Owned: _____

Managed By: _____

Fund or Companies: _____

Owned By: Filer Spouse Child Percent Owned: _____

Managed By: _____

Fund or Companies: _____

Owned By: Filer Spouse Child Percent Owned: _____

Managed By: _____

Fund or Companies: _____

LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000

NONE:

Report each creditor, lender or guarantor to whom more than \$1,000 was owed during the reporting period. List financial obligations, including property owned or sold during the reporting period; loans that have been guaranteed; delinquent taxes; alimony; child support payments; medical bills; boat and vehicle loans; business and personal loans; escrows; student loans; signature loans and promissory notes. Loans include secured, unsecured and contingent loans. Do not list credit card obligations or revolving charge accounts.

Debtor: Filer Spouse Child

Type: Lender Creditor Guarantor and Name: _____

Debtor: Filer Spouse Child

Type: Lender Creditor Guarantor and Name: _____

Debtor: Filer Spouse Child

Type: Lender Creditor Guarantor and Name: _____

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GOVERNMENT CONTRACTS & OFFERS TO CONTRACT

NONE:

List contracts, bids and offers to contract with the state or any state or municipal agency or entity. Report contract interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or through a corporation in which filer or family member/s held a controlling interest.

Contractor: Filer Spouse Child Type of Interest: _____

Bid Offer Held Contract ID: _____

Contracting Agency: _____

Description: _____

NATURAL RESOURCE LEASES

NONE:

List mineral, timber, oil and gas leases – held, bid or offered. Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or corporation in which you and/or a family member held a controlling interest.

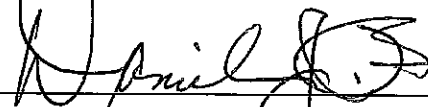
Leaseholder: Filer Spouse Child Type of Interest: _____

Bid Offer Held Lease ID: _____

Description: _____

CERTIFICATION

I certify under penalty of perjury that the foregoing is true and the information in this disclosure statement is, to the best of my knowledge, true, correct and complete. A person who knowingly makes a false sworn certification is guilty of perjury.

SIGNATURE: 

DANIEL J. HENRY
NAME

8/14/17
DATE SIGNED

Public Officials and Candidates required to file POFDs are solely responsible for filing complete, accurate and truthful forms by the deadlines.

File this POFD with the municipal clerk where you hold or seek office.

THIS IS A PUBLIC DOCUMENT