

ARRIVED
AUG 15 2013

ALASKA PUBLIC OFFICES COMMISSION
2013 FINANCIAL DISCLOSURE STATEMENT
Covers the reporting period Jan. 1, 2012- Dec. 31, 2012

APOC - ANCHORAGE
PM FAX FILE

FINANCIAL DISCLOSURE STATEMENT FOR:
PUBLIC OFFICIALS, LEGISLATORS & CANDIDATES

EXECUTIVE BRANCH: Governor, Lt. Gov., commissioners, directors, special assistants and legislative liaisons; state boards and commissions; procurement and investment officers; city/borough officials; candidates.

JUDICIAL BRANCH: Justices, judges and magistrates.

LEGISLATIVE BRANCH: Legislators, legislative directors, Select Committee on Legislative Ethics.

FOR MORE INFORMATION, LAWS AND REGULATIONS: visit APOC online at: doa.alaska.gov/apoc.

Contact APOC directly:

- 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: 800-478-4176 / Online contact info: <http://doa.alaska.gov/apoc/>

THIS IS A PUBLIC DOCUMENT - DO NOT INCLUDE CONFIDENTIAL INFORMATION
(i.e., SOCIAL SECURITY NUMBERS, ACCOUNT NUMBERS)

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

NAME: Sandra (Sandy) Shroyer Beaver ^{AKA}

MAILING ADDRESS: P.O. Box 986, Kotzebue, AK 99752
Street Address or P.O. Box, City, Zip Code

CONTACT PHONE(S): 442-7136 WK, or 412-1353 cell Fax: _____

E-MAIL: Sandy.shroyerbeaver@naniilag.org

SPOUSE / DOMESTIC PARTNER: Allen Beaver

DEPENDENT CHILDREN: 3 NON-DEPENDENT CHILDREN LIVING WITH YOU: 1
Report number of children, including stepchildren, adoptive children. Legislative filers: List non-dependent children living with you.

NAME NON-DEPENDENT CHILDREN LIVING WITH YOU: Lainey Beaver

WHY ARE YOU FILING? OFFICE HOLDER or CANDIDATE

OFFICE HELD OR SOUGHT: ASSEMBLY NWAB, KOTZEBUE, AK
(Municipal Filers: Include the office and the name of your Municipality)

- INITIAL STATEMENT: Due 30 days from appointment for new public officials (and annually thereafter).
- ANNUAL STATEMENT: Due by March 15 - for incumbent officials.
- FINAL STATEMENT: Due 90 days after leaving office - From _____ through _____
(Include all information not reported on a previously filed statement through your last day of office.)
- CANDIDATE STATEMENT: Due when filing declaration of candidacy

NWAB

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

1. SALARIED EMPLOYMENT

NONE: check box →

- Income means anything of value and covers all forms of compensation or benefits received from an employer; compensation or benefits include wages, salary, commissions, tips, bonuses, housing, use of an automobile and deferred compensation.
- Report each employer who paid you, your spouse, domestic partner or children covered by reporting requirements more than \$1,000. Include amount of income, dates of employment, terms of employment, amount of time worked. Describe the work performed in sufficient detail to make it clear to a person of ordinary understanding.
- PLEASE NOTE: 2 AAC 50.685(c) The amount of any income more than \$1,000 that must be reported, or the value of a gift more than \$250 that must be reported, may be stated in a range rather than as an exact amount. The ranges to be used for this purpose are the following: (1) more than \$250 and no more than \$1,000, for gifts only; (2) more than \$1,000 and no more than \$2,000; (3) more than \$2,000 and no more than \$5,000; (4) more than \$5,000 and no more than \$10,000; (5) more than \$10,000 and no more than \$20,000; (6) more than \$20,000 and no more than \$50,000; (7) more than \$50,000 and no more than \$100,000; (8) more than \$100,000 and no more than \$200,000; (9) more than \$200,000 and no more than \$500,000; (10) more than \$500,000 and no more than \$1,000,000; (11) more than \$1,000,000.

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 83,000⁰⁰

Full-time Part-time Seasonal Commission Project Hourly / Dates: _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Employer: MANILLA ASSOCIATION (MHC)

Address: P.O. Box ~~25B~~, Kotzebue (OR MHC BOX 43)

DETAILED DESCRIPTION of SERVICES PROVIDED: BUSINESS OFFICE MANAGER

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ 50,000

Full-time Part-time Seasonal Commission Project Hourly / Dates: _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Employer: State of ALASKA - Kotz. Trial Courts

Address: Kotzebue, AK 99752

DETAILED DESCRIPTION of SERVICES PROVIDED: Deputy Court Clerk

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ _____

Full-time Part-time Seasonal Commission Project Hourly / Dates: _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Employer: _____

Address: _____

DETAILED DESCRIPTION of SERVICES PROVIDED: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE A: SOURCES OF INCOME OVER \$1,000

2. SELF-EMPLOYMENT

NONE: check box →

- List each source of self-employment income over \$1,000 by name and amount. Income means anything of value and covers all forms of compensation, including deferred income and attorney contingency fees. For clarification, see AS 39.50.200(10), "source of income"; 2 AAC 50.799(a), definition of self-employment—if you are actively involved with customers as a business owner you may be required to report each client who paid you over \$1,000; 2 AAC 50.695, reporting deferred income; and 2 AAC 50.704—reporting income from attorney contingency fee agreements.
- Disclose each client, customer or business that paid you, your spouse/domestic partner or child more than \$1,000. Self-employment includes sole proprietors, partnerships, limited liability companies, professional corporations. See 2 AAC 50.700(a)
- Disclose income from corporations in which the filer, alone or in combination with one or more family members, holds a controlling interest as defined under 2 AAC 50.700(b)
- Exemptions: To obtain an exemption, you must qualify under the law, you must file a written request, and you must receive an exemption from the commission. Exemption rules: AS 39.50.035, 2 AAC 50.775, 2 AAC 50.821
- For detailed information on source of income see AS 39.50.200(10) "source of income".

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ _____

Full-time Part-time Seasonal Commission Project Hourly / Dates: _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Business name: _____

Client / Customer name: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

EARNED BY: Filer / Spouse/domestic partner / Child / Total income: \$ _____

Full-time Part-time Seasonal Commission Project Hourly / Dates: _____

If work is not full-time, specify amount of time worked (months/days/hours): _____

Business name: _____

Client / customer name: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

Client / customer address: _____

DETAILED DESCRIPTION of services provided: _____

<p style="text-align: center; font-size: small;">GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p style="text-align: center; font-size: small;">CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p style="text-align: center; font-size: small;">IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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4. RENTAL INCOME

NONE: check box →

- If any person paid more than \$1,000 in rent during the preceding calendar year, report the name of the person and the amount of the rent paid, and, if the property is managed by a person other than the filer or a family member of the filer, additionally report the manager's name. 2 AAC 50.725 Disclose the location of the property under "Real Property Interests"

OWNER:	TENANTS WHO PAID > \$1,000	AMOUNT
<input type="checkbox"/> Filer		0
<input type="checkbox"/> Spouse or domestic partner		0
<input type="checkbox"/> Child		0
<input type="checkbox"/> Co-owner with others		0

5. DIVIDENDS and INTEREST

NONE: check box →

- The 2012 PFD Amount is \$878.00. Please remember to add your PFDs to this section if applicable.
- Disclose source and amount of income over \$1,000 received from dividends, interest and other distributions of earnings from a business or investment
- Include dividends or interest received from bank accounts, capital gains, money market accounts, certificates of deposit, Native corporation dividends, Permanent Fund dividends
- Note: This section refers only to amounts received during the reporting period; there is a separate section for disclosing business interest information.

RECIPIENT	SOURCE	AMOUNT
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	State of AK PFD	
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input checked="" type="checkbox"/> Spouse/ partner	State of AK PFD	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	State of AK PFD (Scarlett Beaman)	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	State of AK PFD (Sally Beaman)	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	State of AK PFD (Mrs Shroyer)	
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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6. OTHER INCOME

NONE: check box →

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

RECIPIENT	SOURCE	AMOUNT
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NANA DIVIDEND / KIC / ASRC DIV	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NANA DIVIDEND	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NANA DIVIDEND	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NANA DIVIDEND	
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NWABSD (only fees)	
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		

7. GIFTS WORTH MORE THAN \$250

NONE: check box →

- Public Official Filers ONLY - Legislative filers are NOT required to fill in this section.
- Legislators must submit more detailed disclosure reports to the Legislative Ethics Committee.
- Report all gifts worth more than \$250 (including gifts from a single source with a cumulative value of more than \$250). Include travel expenses, discounts not available to the public, loans forgiven or loans 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/ partner			0
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE B

BUSINESS INTERESTS

NONE: check box →

Report business interests even if they were NOT a source of income, including businesses in which the filer or family member (spouse, domestic partner, dependent children and, for legislative branch filers ONLY - nondependent children living with the filer):

- 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.
- 3) Had any other ownership interest in a business, including shares in non-publicly traded corporations, sole proprietorships, or limited liability companies. Include options to buy.
- 4) Include non-profit organizations, corporations, businesses, associations, trade groups.

If the business was a source of income over \$1,000, it must also be reported in Schedule A.

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

Filer / Spouse/domestic partner / Child / Position/Type of interest: _____

Business name: _____

Business address: _____

DETAILED DESCRIPTION of business activity: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.

CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners

IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

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SCHEDULE C

REAL PROPERTY INTERESTS

NONE: check box →

- PLEASE NOTE: Report an interest in real property by the address or other legal description of the property, except that 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 and City if this applies to you.)
- Report the nature of the interest that the filer or family member held in the property; the nature of interests to be reported includes fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase. If property is jointly owned, check all boxes that apply

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: House 914

City or Borough / State: Kotzebue, AK 99752

Ownership interest: 100% (Between spouse + Filer)
(Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: 40 ACRES NATIVE ALLOTMENT

City or Borough / State: Kotzebue

Ownership interest: INHERITANCE (FR: mother Mac Jacobson)
(Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

OWNER(S): Filer / Spouse/domestic partner / Child / Other co-owner: _____

Street address or legal description: _____

City or Borough / State: _____

Ownership interest: _____
(Such as fee simple ownership, tenancy in common, general or limited partnership interest, and holder of an option to purchase)

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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SCHEDULE D

TRUSTS, RETIREMENT ACCOUNTS OR OTHER BENEFICIAL INTERESTS OVER \$1,000

NONE

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

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** 100

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: 40 ACRES - NATIVE ALLOTMENT
(NONE - ASK)

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

ASSETS – OWNED BY: Filer / Spouse/domestic partner / Child / **PERCENT:** _____

ASSETS – MANAGED BY: _____

ASSETS – IDENTIFY FUND or COMPANIES: _____

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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SCHEDULE E

1. LOANS, LOAN GUARANTEES & DEBTS OVER \$1,000 NONE: check box →

- Report each creditor or lender to whom more than \$1,000 was owed during the reporting period.
- Report guarantor of each loan.
- List financial obligations, including mortgages on 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/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: Wells Fargo (House)

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: Toyota Financial (TRUCK)

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER / CREDITOR / GUARANTOR / NAME: _____

2. FOR LEGISLATIVE BRANCH FILERS ONLY NONE: check box →

- Legislative branch filers must report additional details: original amount of the obligation, the current balance owed, interest rate, length of the loan and whether a written agreement exists for a creditor or lender who:
- Lobbies or hired lobbyists
 - Had contracts or sought contracts worth more than \$10,000 with any state agency
 - Was a municipal or local government entity
 - Was affected financially - in an amount exceeding \$1,000 - by an act of the legislature or state agency decision, including actions affecting professional or occupational licenses; natural resource permits or quotas; assessments; tax rates; health, safety or environmental standards; insurance or business practices.

DEBTOR: Filer / Spouse/domestic partner / Child

LENDER or CREDITOR / Name: _____

Address: _____

Original loan: \$ _____ Balance owed: \$ _____ Interest rate: _____ %

Term: _____ years _____ months / WRITTEN LOAN AGREEMENT? Yes / No

<p>GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.</p>	<p>CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners</p>	<p>IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"</p>
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SCHEDULE F

1. GOVERNMENT CONTRACTS & OFFERS TO CONTRACT NONE: check box →

- List all 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 members held a controlling interest.

CONTRACTOR: Filer / Spouse/domestic partner / Child / TYPE of INTEREST: _____

Bid / Offer / Held / CONTRACT ID (name/number): _____

CONTRACTING AGENCY: _____

CONTRACT DESCRIPTION: _____

CONTRACTOR: Filer / Spouse/domestic partner / Child / TYPE of INTEREST: _____

Bid / Offer / Held / CONTRACT ID (name/number): _____

CONTRACTING AGENCY: _____

CONTRACT DESCRIPTION: _____

2. NATURAL RESOURCE LEASES NONE: check box →

- List natural resource leases – including mineral, timber, oil and gas leases – held, bid or offered during the reporting period.
- Report lease interests as individual, sole proprietor, family member, partnership, professional corporation, limited liability company, or corporation in which you or family (individually or together) held controlling interest.

LEASEHOLDER: Filer / Spouse/domestic partner / Child / TYPE of INTEREST: _____

Bid / Offer / Held / LEASE ID (name/number): _____

LEASE DESCRIPTION: _____

LEASEHOLDER: Filer / Spouse/domestic partner / Child / TYPE of INTEREST: _____

Bid / Offer / Held / LEASE ID (name/number): _____

LEASE DESCRIPTION: _____

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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SCHEDULE G

1. CLOSE ECONOMIC ASSOCIATIONS

NONE: check box →

- **EXEMPT:**
- Municipal and local officials and members of state boards and commissions are exempt from reporting close economic associations. Check the box for NONE.
- **NOT EXEMPT:**
- **STATE PUBLIC OFFICIALS:** Disclose financial relations with legislators, other public officials and lobbyists.
- **LEGISLATIVE BRANCH:** Disclose financial relations with public officials, lobbyists, other legislators, and legislative employees. Report close economic association detailed information to the Legislative Ethics Committee.
- **DEFINITION:**
- **CLOSE ECONOMIC ASSOCIATION** means a financial relationship between public officials, legislators and lobbyists, including shared interests in a business, property, association, partnership, corporation or LLC.
- **CHANGES:** Report new close economic associations within 60 days.

PERSON DISCLOSING ECONOMIC ASSOCIATION: Filer / Spouse/domestic partner / Child

PERSON with WHOM ASSOCIATION EXISTS: _____

DESCRIPTION of ECONOMIC ASSOCIATION: _____

PERSON DISCLOSING ECONOMIC ASSOCIATION: Filer / Spouse/domestic partner / Child

PERSON with WHOM ASSOCIATION EXISTS: _____

DESCRIPTION of ECONOMIC ASSOCIATION: _____

2. FILERS WITH A LOBBYIST SPOUSE or DOMESTIC PARTNER

NONE: check box →

- **EXEMPT:** Local officials and members of state boards and commissions are exempt. Check NONE.
- **STATE PUBLIC OFFICIALS** with a lobbyist spouse or domestic partner: Report names and addresses of each employer of the lobbyist and the total monetary value received from each of the lobbyist's employers.
- **LEGISLATIVE BRANCH** filers with a lobbyist spouse or domestic partner: Disclose employer of lobbyist and compensation, and report details to the Legislative Ethics Committee.
- **CHANGES:** Report changes in lobbyist's employer within 48 hours of the change.

LOBBYIST'S EMPLOYER: NAME & ADDRESS	COMPENSATION

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. <small>For example, check multiple boxes for joint property owners</small>	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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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 makes a false sworn certification which he or she does not believe to be true is guilty of perjury.

SIGNATURE: Sandra Shroyer Beaver

If you are filing online, you must have an Electronic Filing Agreement with APOC to use an electronic signature.

NAME of FILER Sandra Shroyer Beaver

08/15/13 - Kotzebue
DATE & PLACE SIGNED / FILED

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

WHERE TO FILE THIS STATEMENT

STATE OFFICIALS: File initial, annual and final statements with the Alaska Public Offices Commission.

STATE CANDIDATES: File with the Division of Elections along with Declaration of Candidacy.

BOROUGH / MUNICIPAL / CITY OFFICIALS and CANDIDATES: File with city or borough clerk where you hold or seek office.

FILE ELECTRONICALLY to APOC: doa.apoc.reports@alaska.gov

THIS IS A PUBLIC DOCUMENT

NOTE: Public officials who are required to file this disclosure statement may have additional obligations to disclose conflicts of interest or potential conflicts under state executive, legislative or judicial ethics rules or personnel rules. Legislators who are required to file this disclosure statement have additional disclosure and reporting requirements imposed by the Select Committee on Legislative Ethics. Local officials may also be governed by local ethics ordinances or personnel rules.

Laws and regulations are online at <http://doa.alaska.gov/apoc/> or are available from APOC offices.

ALASKA PUBLIC OFFICES COMMISSION

ANCHORAGE OFFICE:
2221 E. Northern Lights Blvd -- Room 128
Anchorage, AK 99508-4149
907-276-4176 / Toll-free 800-478-4176
Fax 907-276-7018

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

E-mail APOC: doa.apoc@alaska.gov

File electronic disclosure statements to: doa.apoc.reports@alaska.gov

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.

CHECK ALL BOXES THAT APPLY.
For example, check multiple boxes for joint property owners

IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"

AUG 15 2013

ALASKA PUBLIC OFFICES COMMISSION
 2013 FINANCIAL DISCLOSURE STATEMENT
 Covers the reporting period Jan. 1, 2012- Dec. 31, 2012

6. OTHER INCOME

NONE: check box →

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

RECIPIENT	SOURCE	AMOUNT
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NWABSD (mtg fees)	200 ²⁰
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	ASRC DIVIDEND	per mtg
<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner	NANA DIVIDEND (JANIS, LAINEY, SCARLETT, SETH, MAE)	
<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Spouse/ partner MB	KIKIKTAGRUK INUPIAT CORP	200 ⁰⁰
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner		

7. GIFTS WORTH MORE THAN \$250

NONE: check box →

- Public Official Filers ONLY - Legislative filers are NOT required to fill in this section.
- Legislators must submit more detailed disclosure reports to the Legislative Ethics Committee.
- Report all gifts worth more than \$250 (including gifts from a single source with a cumulative value of more than \$250). Include travel expenses, discounts not available to the public, loans forgiven or loans 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/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			
<input type="checkbox"/> Filer <input type="checkbox"/> Child <input type="checkbox"/> Spouse/ partner			

GIVE DETAILED DESCRIPTIONS WHERE REQUESTED. USE EXTRA PAGES IF NECESSARY.	CHECK ALL BOXES THAT APPLY. For example, check multiple boxes for joint property owners	IF YOU HAVE NOTHING TO REPORT or A SECTION DOES NOT APPLY TO YOU, CHECK "NONE"
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