

**RETURN TO:**

AK Public Offices Commission  
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Phone: 907-465-4864  
In-State Toll Free: 866-465-4864

**Physical Address for Deliveries:**

Court Plaza Building  
240 Main Street, Suite 201  
Juneau, AK 99801  
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**2021 EMPLOYER/REIMBURSER OF REPRESENTATIONAL LOBBYIST REPORT**

General Information - Cover Page (Form 24-4R)

THIS REPORT MUST BE FILED FOR EACH REPORTING PERIOD DURING WHICH YOU HAVE AN ACTIVELY REGISTERED REPRESENTATIONAL LOBBYIST, **EVEN IF THE REPORT IS ZERO**. The APOC manual for lobbyists and employers of lobbyists provides detailed instructions for completing this form and Schedules A and B. Additional copies of the forms and manual are available on our website: <http://doa.alaska.gov/apoc/> . For a hard copy or to request assistance, call the Juneau office at 907-465-4864 or 1-866-465-4864.

Employer Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REPORTING PERIOD:** Check the box for the period this report covers

- 1st QUARTER REPORT: Due 04/30/21     2nd QUARTER REPORT: Due 08/02/21     3rd QUARTER REPORT: Due 11/01/21  
 4th QUARTER REPORT: Due 01/31/22     AMENDED REPORT for \_\_\_\_\_ Quarter

List the names of all representational lobbyists whom this report covers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Add additional sheets as necessary.)

**SHORT FORM FOR SCHEDULE B ZERO REPORT**

If **no** expenses were incurred in support of lobbying activities this reporting period (i.e., employee expenses or vendor expenses), check the zero report box. If the box is checked, do not submit Schedule B. (See Page 4 for Schedule B.)

Zero Report for Schedule B Expenses

**GIFTS**

Report date and nature of any gift exceeding \$100 made to any public official during this reporting period.  
AS 24.45.061(b)(4)

Date	Name & Position of Public Official	Nature of Gift	Value

COMPLETE BOTH PAGES OF THIS FORM

**LOBBYING INTERESTS**

Provide a general description of the legislative and administrative action the employer of lobbyist attempted to influence during the period. Report specific bill numbers when possible. AS 24.45.061(b)(5).

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**NATURE AND INTEREST OF EMPLOYER**

Describe the nature and interest of the entity employing or retaining lobbying services.

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**NOTICE OF TERMINATION**

List the name and last date of lobbying activities for any lobbyist who terminated lobbying activities on your behalf during the reporting period.

NAME OF LOBBYIST	LAST DATE OF LOBBYING

**CERTIFICATION**

This report **MUST** be signed to be complete. If the report was prepared by someone other than the signer, the preparer must also sign the report and provide his/her name, title, business address and telephone number. The signature(s) below certify that this report and its attachments are true, complete and correct.

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Preparer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

**BOTH SCHEDULE A & SCHEDULE B MUST BE ATTACHED  
UNLESS THIS IS A ZERO REPORT**

# EMPLOYER/REIMBURSER OF REPRESENTATIONAL LOBBYIST REPORT

## Schedule A

Summary of Payments to Your Representational Lobbyist

(Attach additional Schedule A's as necessary.)

This form discloses payments made to your representational lobbyist as required by AS 24.45.061(b)(6). You must attach a separate Schedule A (APOC Form 24-4AR) for each representational lobbyist registered on your behalf unless you are filing a zero report. In column (1), disclose payments for this quarter in the categories provided; in column (2) print the totals from column (3) of your **last** report (except for the year's 1<sup>st</sup> quarter report where column (2) will be blank); **add** columns (1) and (2); put those amounts in column (3), new totals year-to-date. You must fill out all three columns. (AS 24.45.081) **Attach this form to the Employer/Reimbursor of Representational Lobbyist Report** (Form 24-4R).

Employer's Name: \_\_\_\_\_

### REPRESENTATIONAL LOBBYIST EXPENSES PAID TO LOBBYIST

Lobbyist's Name: \_\_\_\_\_

	<b>Amount this Reporting Period (1)</b>	<b>Year-to-Date Totals from Last Report (2)</b>	<b>New Totals Year-to-Date (1) + (2) = (3)</b>
Food & Beverage			
Living Accommodations			
Travel			
Other Expenses			
<b>TOTAL EXPENSES</b>			

Describe "Other Expenses": \_\_\_\_\_

### REPRESENTATIONAL LOBBYIST EXPENSES PAID TO LOBBYIST

Lobbyist's Name: \_\_\_\_\_

	<b>Amount this Reporting Period (1)</b>	<b>Year-to-Date Totals from Last Report (2)</b>	<b>New Totals Year-to-Date (1) + (2) = (3)</b>
Food & Beverage			
Living Accommodations			
Travel			
Other Expenses			
<b>TOTAL EXPENSES</b>			

Describe "Other Expenses": \_\_\_\_\_

# EMPLOYER/REIMBURSER OF REPRESENTATIONAL LOBBYIST REPORT

## Schedule B

### Summary of Payments Made in Support of Lobbying Activities

This form discloses expenses incurred in support of lobbying activities but **not** paid to or on behalf of your registered representational lobbyist. AS 24.45.061(b)(3). See the Instruction Manual for examples of Schedule B expenses. The first table is for reporting in-house expenses such as employee travel and compensation. The second table is for reporting expenses incurred with vendors, such as the cost of airline tickets, hotel rooms, and other support of lobbying costs. Use additional sheets if necessary. Attach this form to the Employer of Lobbyist Report (APOC Form 24-4R).

Employer's Name: \_\_\_\_\_

#### IN-HOUSE LOBBYING COSTS

Date	Employee Name	Compensation or Purpose of Expenditure	Amount
TOTAL In-House Lobbying Costs			

#### OUTSOURCED LOBBYING COSTS

Date	Payee / Vendor Name & Address	Purpose of Expenditure	Amount
TOTAL Outsourced Lobbying Costs			

<b>Total this period</b>	\$
<b>Total from last report</b>	\$
<b>Cumulative total to date</b>	\$

**This form must be attached to your Employer/Reimbursing of Representational Lobbyist Report.**