

Municipal Clerk's Office

632 West Sixth Avenue, Suite 250 Anchorage, Alaska 99501

Phone: (907) 343-4311

Mailing Address: P.O. Box 196650 Anchorage, AK 99519-6650

Municipal Clerk's Office Use Only

Date Paid: _____

Amount Paid: _____

Receipt #: _____

Municipal Clerk: Jamie Heinz

2025 Lobbyist Registration Statement

See, AMC Chapter 2.35 Regulations of Lobbying

1. You must file a lobbyist registration statement before you volunteer services or receive compensation for communicating directly or through your agent with public officials for the purpose of influencing legislative or administrative actions. *AMC 2.35.020; AMC 2.35.050.*
2. **(Part 1, page 2):** A separate notarized lobbyist registration statement must be completed and submitted for each client or employer on whose behalf you serve as a lobbyist. *AMC 2.35.050C.*
3. **(Part 2, page 3):** The person who retains or employs the lobbyist must independently verify the relationship and the verification must be notarized. *AMC 2.35.050B2.*
4. Each lobbyist registration statement, except forms filed by volunteer lobbyists, must be accompanied by:
 - a. \$50 registration fee, required for each client or employer who you represent as a lobbyist. *AMC 2.35.050D.*
 - b. Criminal justice information of conviction statement current as of the month and year of registration, available from the Department of Public Safety pursuant to AS 12.62.160. (For Lobbyists registering more than one client or employer at the same time, a single record is sufficient.)
5. Annual registration is required. Lobbyist registration is valid for the current calendar year only and expires on December 31. Current registration must be completed before you engage in services covered by AMC Chapter 2.35.

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

PART 1: (Page 1)

General Information (* Must provide information.)

*Full Name: _____

Email Address: _____

*Business Address: _____

*Phone Number: _____ Fax Number: _____

*Residence Address: _____

*Phone Number: _____ Fax Number: _____

Temporary Address: _____

Phone Number: _____ Fax Number: _____

Household Information

Name of public official, including Anchorage Assembly or School Board Member, or any municipal employee to whom you are married or who is your spousal equivalent:

Full Name: _____

Position: _____

2025 Lobbyist Registration Statement

PART 1: (Page 2)

Client/Employer Information (* Must provide information.)

(Lobbyist must provide a separate statement for each client/employer.)

*Full Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

*Mailing Address: _____

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

If yes, describe the other services you provide:

Yes No

Please check the applicable box(es).

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

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

Are you compensated with public funds? (If you are not receiving public funds, it is not necessary to provide your compensation.) Yes No

If so, indicate the nature of your compensation by checking the applicable box(es) and disclosing the dollar amounts.

Salaried Employee, hourly wage: _____

Contract Lobbyist, annual fee: _____

Contract Lobbyist, hourly fee: _____

Reimbursement of Expenses: _____

Other Compensation (describe): _____ No Compensation

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

(Attach additional pages if necessary.)

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

(Attach additional pages if necessary.)

Lobbyist's Certification

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

Print Name of Lobbyist

Lobbyist Signature

Date

State of Alaska)
) ss:
Third Judicial District)

The foregoing instrument was subscribed and sworn to before me this _____ day of _____, 2025.

Notary Public

My commission expires: _____

2025 Lobbyist Registration Statement

PART 2: (Page 3)

Phone: (907) 343-4311 Email: wwmasmc@anchorageak.gov

Municipal Clerk: Jamie Heinz

Verification of Lobbyist by Client/Employer

The signature below certifies that the **attached, signed** *Lobbyist Registration Statement* (Part 1, pages 1-2) is true, complete, and correct; and that the named lobbyist is authorized to lobby on my/our behalf.

Print Name of Client or Employer

Print Name of Person Providing Verification

Title of Person Providing Verification

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

Client/Employer Name

Signature of Client/Employer

Date

State of Alaska)
) ss:
Third Judicial District)

The foregoing instrument was subscribed and sworn to before me this _____ day of _____, 2025.

Notary Public

My commission expires: _____