

Steps to file the required Statement of Contribution 15-5 Form with the Alaska Public Offices Commission (APOC)

*If you are an individual, person, nongroup entity, or group that contributes **\$2,000 or more** (in the aggregate in a calendar year) **to an entity that has made, is making, or you have reason to know is likely to make independent expenditures in candidate elections** in the previous or current election cycle, you must file a Statement of Contribution 15-5 Form under AS 15.13.040(r) **no later than 24 Hours after making the contribution**. The 24-Hour True Source Statement of Contribution filer is required to report and certify the **true sources** of the contribution, and any intermediaries as defined by AS 15.13.400(18).

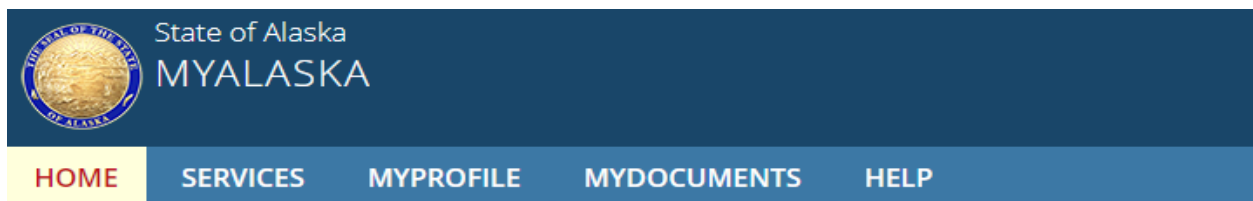
The contributor is also required to **provide the identity of the true source to the recipient of the contribution simultaneously with providing the contribution itself**.

*Instructions to file the **24-Hour True Source** Statement of Contribution 15-5 Form.

1. Go to <https://alaska.gov/>
2. Click on the “myAlaska” link at the top of the page.



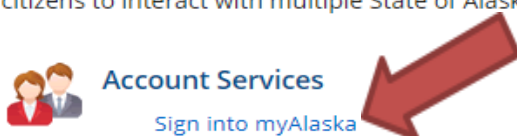
3. Login to myAlaska.



System Notifications

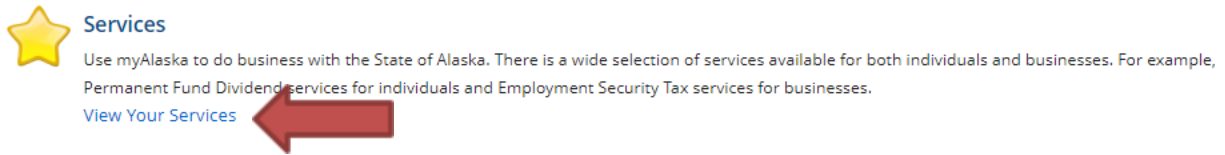
- **WARNING!** Some PFD applicants have received fraudulent emails requesting they login to myAlaska or their Residency verifiers. These emails WERE NOT sent by the State of Alaska. We recommend anyone who clicked their myAlaska password and security question/answer immediately. myAlaska does not send unsolicited emails. They update their passwords or account details.

myAlaska is a system for Secure Single Sign-on and Signature for Citizens, or, an authentication and electronic citizens to interact with multiple State of Alaska services through a single username and password.

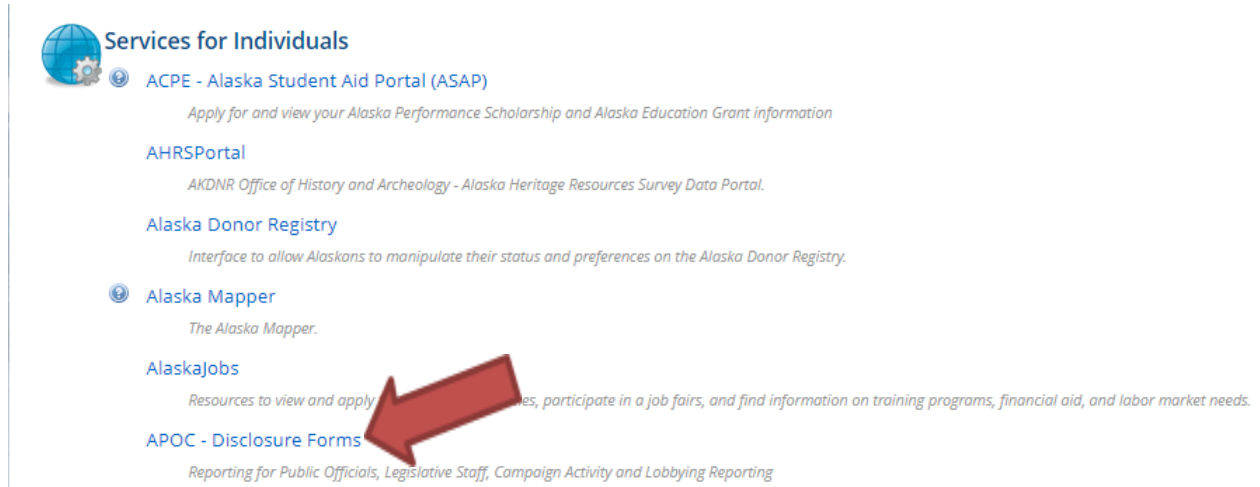


If you're already registered, sign in and begin using applications or manage your profile through the registered user portal.

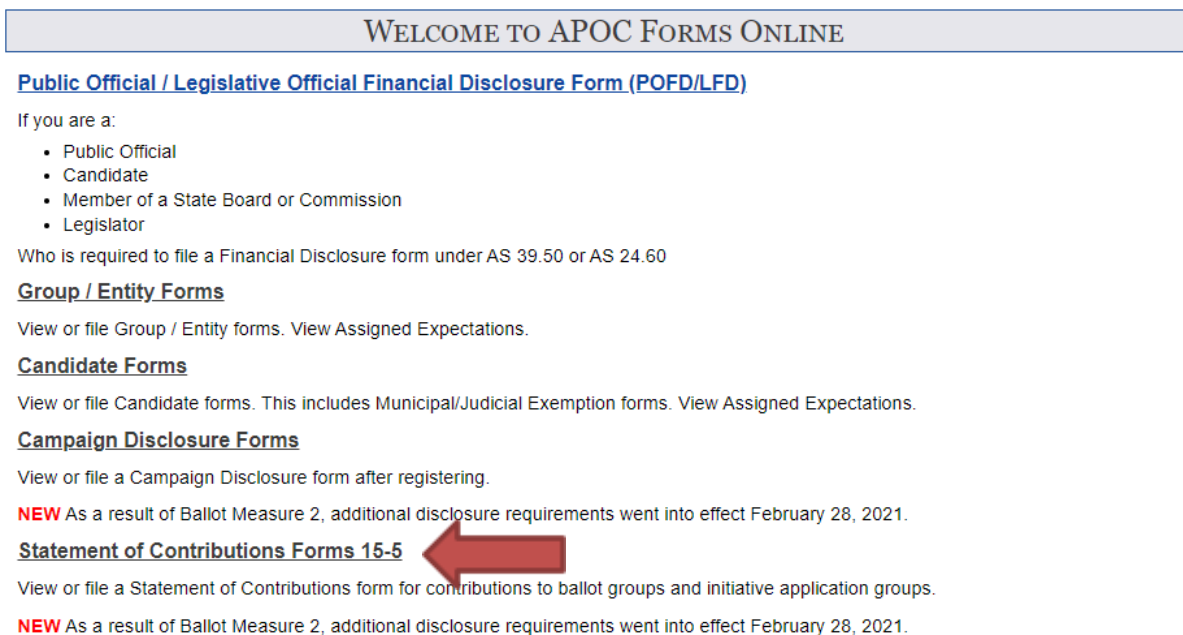
4. Under the “Services” header, click “View Your Services.”



5. Under the “Services for Individuals” header, click “APOC- Disclosure Forms.”



6. This will bring you to the “Welcome to APOC Forms Online” Home Page. Click on “Statement of Contributions Forms 15-5” (5th link down).



7. Click the red button “Start New Form.”

STATEMENT OF CONTRIBUTIONS FORM 15-5

Statement of Contributions Forms

Start New Form

Filter

Year: 2023 Amended: ☐ Any ☐ Amended Only ☒ Not Amended Only

Name	Summary	Status Date Filed	Action
No Forms Found.			

8. When you have completed reading instruction, select “Next” to continue.

STATEMENT OF CONTRIBUTIONS FORM 15-5

INSTRUCTIONS

All Persons, including business entities, must file this report within 30 day of contributing a total of \$500 or more to:

1. Any Group formed for the purpose of filing an initiative proposal application,
2. Any Group that has previously filed an initiative proposal application, or
3. Any Group formed to support or oppose a ballot proposition or initiative proposal application.

NEW Every person, group, or business entity that contributes more than \$2,000 in a calendar year to a group or entity that:

1. Made one or more independent expenditures in one or more candidate elections in the previous election cycle,
2. Is making one or more independent expenditures in one or more candidate elections in the current election cycle, or
3. The contributor knows or has reason to know is likely to make independent expenditures in one or more candidate elections in the current election cycle,

Must file this report within 24 hours of making the contribution.

Late or missing reports are subject to civil penalties.

Please **contact APOC staff** with any questions about this form:

- Email: doa.poc.apocforms_feedback@alaska.gov
- Phone: (800) 478-4176 Statewide Toll Free
(907) 276-4176 Anchorage
(907) 465-4864 Juneau
- In Person: 2221 E. Northern Lights Blvd., Rm. 128, Anchorage, AK 99508
240 Main St., Rm. 201, Juneau, AK 99811

NOTE: All filings submitted to APOC are public records and are available to the public [as submitted](#). DO NOT include any of the following personal information: social security numbers, account numbers, credit card numbers, copies of checks, financial records with account numbers or access codes, or any documents with personal identification numbers.

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

Cancel

Next

9. Under “Filing Reason” select the first toggle button “Contribution exceeding \$2,000.” Select the year in which the contribution was made under “Election Year.” Select “individual” if you are a natural person. If you are not a natural person, select “Other.” Select “Next” to continue.

STATEMENT OF CONTRIBUTIONS FORM 15-5

REPORT TYPE

Filing Reason:

☒ Contribution exceeding \$2,000 to a person who made independent expenditures supporting or opposing candidates in the previous election cycle, the current election cycle, or that you believe will be making such expenditures in the current election cycle, must be filed within 24 hours

☐ Contribution of \$500 or more to ballot or initiative application group

Election Year:

2023 ▾

Are you filing as an Natural Individual or as an Other Entity (Business, Organization, etc.)?

☒ Individual

☐ Other

Cancel Previous Next

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10. Fill in the required information as presented including, your first and last name, phone number and email (if applicable), your occupation and employer, followed by your address. Once completed, select “Next” to continue.

STATEMENT OF CONTRIBUTIONS FORM 15-5

FILER INFORMATION

Filer - The Filer is the individual filling out this form.

Filer First Name: John **Filer Middle Name:** **Filer Last Name:** Doe

Phone: John Doe's Phone **E-Mail:** John Doe's E-Mail

Occupation: John Doe's Occupation **Employer:** John Doe's Employer

Address: John Doe's Address

City: City **State:** Alaska ▾ **Zip Code:** Zip Code

Country: United States ▾

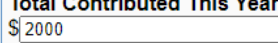
Save & Resume Later Previous Next

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11. Select “Add New” to input information about the contribution you’ve made.

STATEMENT OF CONTRIBUTIONS FORM 15-5					
CONTRIBUTIONS					
Date	Recipient	Type	Amount	Total Annual	Actions
--- No Contributions ---					
Add New 					

12. Fill out the required information as presented including the date the contribution was made, the type of payment utilized, the amount of the contribution, the total amount of contributions you’ve made in the aggregate calendar to that same group or entity. Under “Recipient Type” select. “Group or Entity” (you must determine if the recipient is a group or entity registered with APOC). Locate the name of the group or entity you contributed from the “Name of Group Receiving Contribution” list below. Once completed, select “Add Item” then “Next” to continue.

STATEMENT OF CONTRIBUTIONS FORM 15-5					
CONTRIBUTIONS					
Date	Recipient	Type	Amount	Total Annual	Actions
Date: 6/26/2023  Type: Electronic Funds Transfer  Amount: \$2000 					
Total Contributed This Year: \$2000  * Include value of all (current and past) contributions made in the current calendar year.					
Recipient Type: ☒ Group ☐ Entity					
Year Filter (Optional): Any  Election Type Filter (Optional): Any  Election Filter (Optional): Any 					
Name of Group Receiving Contribution: 2023 - Independent Expenditure Group - TEST  ☐ Not In List					
Note: If the group or entity you contributed to is not in the list with all the filters on 'Any', please contact APOC Staff by phone at (907) 276-4176 or email.					
Add Item Cancel 					

13. The **true source** of a contribution is the person or legal entity whose contribution is funded from wages, investment income, inheritance, or revenue generated from

selling goods or services; or a membership organization funded by dues or contributions of less than \$2,000 per person per year.

If you are the true source of all contributions on this report, check the box above and select “Next” to continue.

STATEMENT OF CONTRIBUTIONS FORM 15-5

TRUE SOURCES

RemoveExportImport

CONTRIBUTION SOURCES

THE CONTRIBUTOR IS THE SOLE TRUE SOURCE ⇒ ☒

- The **True Source** of a contribution is the person or legal entity whose contribution is funded from wages, investment income, inheritance or revenue generated from selling goods or services; or
- A membership organization funded by dues or contributions of less than \$2,000 per person per year. AS 15.13.400(19)
- If you are the **True Source** of all contributions on this report, check the box above and continue to the next page.
- If you are not the sole **True Source**, you are an intermediary and must disclose all **True Source** of the contribution by name, address, amount contributed, principal occupation and employer, and aggregate amount contributed during the current calendar year.
- If funds were received through other intermediaries, you must identify the intermediaries and disclose their True Sources of funding.

Save & Resume LaterPreviousNext

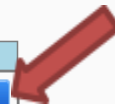
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If you are **not** the sole **true source**, you are an intermediary and must disclose all **true sources** of the contribution by name, address, amount contributed, principal

occupation and employer, and aggregate amount contributed during the current calendar year.

If funds were received through other intermediaries, you must identify the intermediaries and disclose their True Sources of funding. Once all required information has been inputted, select “Add” to add any intermediaries as necessary, then select “Add Item” to enter the true source information. Select “Next” to continue.

ADD ITEM		
Funds Contributed		
Date: 6/26/2023	Amount: \$ 2000	Total Contributed This Year: \$ 2000
Source Information		
Is this funding source an organization, group, or other entity? ☐		
Name Jane Doe		
Address: Jane Doe's Address		
City: City	State: Alaska	Zip Code: Zip Code
Country: United States		
Phone: Jane Doe's Phone Number	E-Mail: Jane Doe's Email	
Fax (Optional): 		
Occupation: Jane Doe's Occupation	Employer: Jane Doe's Employer	
Intermediaries		
Did these funds come from the true source to you through an intermediary?		
☒ This contribution came through one or more intermediaries		
☐ The contribution came directly from the True Source .		
Date 6/26/2023	Name John Smith	Action Add
Add Item Cancel		



14. From the “Review Submission” page, scroll down to the bottom of the page reviewing all the information you have inputted. Select “Next” when you are ready to continue.

STATEMENT OF CONTRIBUTIONS FORM 15-5

REVIEW SUBMISSION

- You **MUST** click **NEXT** and electronically sign this form to submit it to APOC. Otherwise you have **NOT** filed your disclosure and may be subject to civil penalties for a late filing.
- Please carefully review your Statement of Contribution Form below. If corrections are needed use the blue "Previous" and "Next" buttons below to navigate to the appropriate page(s) and make changes before submitting.

STATEMENT OF CONTRIBUTIONS FORM 15-5

INCOMPLETE

Save & Resume Later Previous **Next**

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15. From the “Certification” page, select both acknowledgment check boxes then select “Finish.”

STATEMENT OF CONTRIBUTIONS FORM 15-5

CERTIFICATION

Click "Finish" to sign and submit the form.

I certify that this report identifies the true source, and all intermediaries, if any, of the contribution(s) reported herein.
(Check box to acknowledge ☒ *)

I acknowledge that this report is a sworn statement. My signature on the last page certifies that this disclosure is true, correct, and complete.
(Check box to acknowledge ☒ *)

THIS IS A PUBLIC DOCUMENT

Disclosure forms, guidelines, laws and regulations are online: doa.alaska.gov/apoc or from APOC offices

ALASKA PUBLIC OFFICES COMMISSION

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

JUNEAU OFFICE:
240 Main St. – Rm 201
Mail: P.O. Box 110222
Juneau, AK 99811-0222
907-465-4864 / Fax 907-465-4832

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

Save & Resume Later Previous **Finish**

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16. From the “Signing Ceremony” you will need to check the box that states the following: “I have viewed the document I am about to sign.” Then type in your myAlaska password and select “Sign and Submit” to complete the 24-Hour True Source Statement of Contribution 15-5 Form.

Signing Ceremony

By using your electronic signature to sign this document, you legally bind yourself to it to the same extent as you would by signing a paper copy of the document.

Please take a moment to verify that the document you are about to electronically sign is in a readable format, and is an accurate copy of the electronic document you submitted.

This is important because, under Alaska law, criminal penalties apply for falsely certifying a document. If you submit information that you know is false, you could face imprisonment, fines, or both.

You are legally obligated to protect the security of your myAlaska electronic signature. That means you cannot share your myAlaska password with anyone else - even a family member - or let anyone else use your myAlaska electronic signature. If you discover any evidence that anyone else has used your electronic signature or gained access to your password, you must report it promptly to the [myAlaska Help Center](#).

Document Details

Title: Statement of Contributions Form 15-5
Description: Doe, John
Department: Department of Administration
Division: Public Offices Commission
Size: 9423 bytes
View Document

 ☒ I have viewed the document I am about to sign.

 myAlaska Password:



17. When you see the following page, your 24-Hour True Source Statement of Contribution 15-5 form will be complete.

STATEMENT OF CONTRIBUTIONS FORM 15-5
COMPLETE
Please print the form for your records. Click 'Print' to show a popup with the form just submitted.
Print My Filings

Please remember, this statement **must be filed within 24-hours of making the contribution**. If you have any questions or need assistance, please do not hesitate to contact APOC.

Alaska Public Offices Commission
2221 E Northern Lights Rm 128
Anchorage, AK 99508
(907) 276-4176/ (800) 478-4176