

# Ethics Disclosure Form

Receipt of Gift from Another Government

**To: Director of Administrative Services, Office of the Governor**

As required by AS 39.52.130(e), this disclosure reports receipt of a gift from another government given to me or a member of my family and accepted on behalf of the state.

The gift is:

\_\_\_\_\_

My estimate of its value is \$ \_\_\_\_\_

I received it from: \_\_\_\_\_  
*(Identify by full name, title, government)*

The date of receipt was \_\_\_\_\_

I received this gift under the following circumstances:

\_\_\_\_\_

I can take or withhold the following official action that affects the giver:

\_\_\_\_\_

The gift was received by a member of my family. Who? \_\_\_\_\_

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Division)*

\_\_\_\_\_  
*(Position Title)*

\_\_\_\_\_  
*(Location)*

\_\_\_\_\_  
*(Department/Agency/Corporation/Board/Commission)*

Designated Ethics Supervisor Review: \_\_\_\_\_  
*(Signature of Ethics Supervisor and Date)*

Office of the Governor

Determination of appropriate disposition: \_\_\_\_\_

\_\_\_\_\_  
Director of Administrative Services, Office of the Governor \_\_\_\_\_  
*(Date)*

*Return a copy of this disclosure showing disposition to the designated ethics supervisor for forwarding to the gift recipient.*