Disclosure of receipt of GIFT FOR COMPASSIONATE REASONS

NAME OF DISCLOS	ER:	
	Please Print	
ADDRESS:		
PHONE NUMBER (I	Daytime):	
EMPLOYER: (if legisla	ative employee)	
	Disclosure of receipt of a compassiona in accordance with AS 24.60.075	
Legislative Council	Date of Approval	
Ethics Committee	Date of Approval	
Name of donor:		
Occupation of donor ((if any):	
	• • • •	
Description of gift (i.e	e., money, item, services, etc.):	
Reason for compassio	nate gift:	
If gift is for Immediat	e Family Member (specify):	
Approximate value of	gift(s):	
Date(s) of receipt of g	sift(s):	
The above is a	true and accurate representation of the comp in accordance with AS 24.60.075(U
Signa	ture	Date

REPORTING DEADLINE: AS 24.60.075(c)

Within 30 days of receipt

EXPLANATION

A legislator or legislative employee or immediate family member may solicit, receive or accept a gift or gifts from the same person with an aggregate total of less than \$250 in a calendar year for a compassionate reason regardless of whether they have already received a gift or gifts from the same person which were connected to legislative status. The prohibitions relating to lobbyists gifts under AS 24.45.121 and AS 24.60.080 do not apply. Immediate family member is defined as a spouse (or domestic partner) or a dependent parent, sibling, or child.