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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January $120/2$, $120/2$	FORM B For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER of 1:59	No F
Name: FRANK VONDERSAAR Days	Daytime Telephone:	OFFICE OF THE CLERK OFFICE OF REPRESENTATIVES (Office Use Only)	/ES
Filer Candidate for the State: AK House of Representatives District: E Status New officer or Employing Office:	Date of AUGAOIA Amendment	A <i>\$200 penalty</i> shall be asse against any individual who more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THE	EACH OF THESE QUESTIONS		
l. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes 🔀	
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes	₹
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Xi yes, complete and attach Schedule III.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes 🔲	₹ ⊠
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	he appropriate schedule attached for e	each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	I	ANSWER EACH OF THESE QUESTIONS	
TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Ethics and certain other "excepted trusts" need no your spouse, or a dependent child?	Yes 🔲	∑ N
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabilities of a spouse or depaye first consulted with the Committee on Ethics.	Yes 🔲	No

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

FRANK VONDERSAAR

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List the source, type, and amount of earned income from any source (other than the filer's current more during the preceding calendar year. For a spouse, list the source and amount of any honoral exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and Source (include date of receipt for honoraria)		employment by the U.S. Government) totalling \$200 or ria; list only the source for other spouse earned income benefits received under the Social Security Act. Amount	nt) totalling \$200 or use earned income Security Act.
	Salary Director's Fee	\$6,300	\$28,450 \$3.200
Examples: Tilst bark & riust, nouston, r.k. XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools	Honorarium Spouse Salary	NA NA	\$1,000 NA
SALVATION ARMY, HOMER, AK	WAGES	\$11,000	\$12,000

17 Hone Land KPB	AK USA FCU	USAA FSB	WELLS FARGO	AK PERH FUND	ЛТ 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period), any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
X	7	×	×	X	×	Indefinite	X	None	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
X	X	×	X	×	×	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the plans or IRAs), you may check the "lax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disintered as income. Check "None" if the asset generated no income during the reporting period.
X	X	X	X	X	×	×	×	None	Amount of Income Terr assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE III — LIABILITIES

Name TONDERSAAR I

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turniling of you or your spouse. Report *revolving charge accounts (i.e., credit cards)* only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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				SP, DC, JT
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
			-	\$10,001— \$15,000
		 		\$15,001— \$50,000
				\$50,001 \$100,000
			-	\$100,001— \$250,000
				\$250,001— \$500,000 m \$500,001—
			 	\$1,000,001
				\$5,000,000 P
		-		\$25,000,000
			Н	\$50,000,000 — Over
			i	\$50,000,000

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offiany nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
PROPRIETOR	FRANK VONDERSHAR, ATTY+ ENGR.
DIR BRD	KBBI PUB RADIO
DIX BAD.	FRIENDS HOMER PILB. LIB.
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