

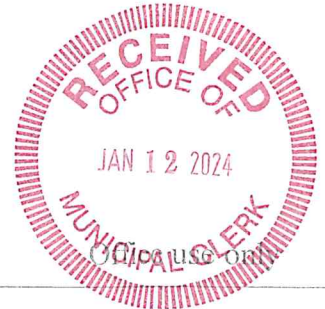
Municipality of Anchorage

Declaration of Candidacy

School Board – SEAT F

Term ends 2027

JAN 12 24 10:51 AM



I hereby declare my candidacy for a School Board Seat for the Municipality of Anchorage, and agree to serve, if elected, for the remaining portion of the 3-year term, expiring upon certification of the April 2027 Regular Municipal Election. I do hereby swear (affirm) that:

- (1) I am a resident of the Municipality of Anchorage.
- (2) I am a qualified voter of the Municipality of Anchorage and the State of Alaska.
- (3) I meet all qualifications as set forth in Anchorage Municipal Charter Section 6.02.

It is further understood that I may withdraw my declaration of candidacy at any time by filing a statement under oath with the Municipal Clerk in accordance with AMC 28.30.030D. I understand that if I file my request to withdraw after 5:00 p.m. on January 30, 2024, the Municipal Clerk has the sole discretion to remove my name from subsequent notices and the ballot.

The following information will appear on the municipal election website. Please write legibly.

Dora Wilson

Candidate Name

Dora Wilson

Name as it should appear on ballot

1111 Nelchina Street, Anch AK 99501

Residence Address, City, State, and Zip Code

PO Box 240074, Anch. AK 99524

Mailing Address, City, State, and Zip Code

907-~~600-8846~~ 884-8584

Phone Number

Office Phone Number & Fax Number

dora.wilson.for.schools@gmail.com

Email Address

dora.wilson.for.school.board.com

Website Address

I hereby swear (affirm) that the above declaration and all statements contained herein are true and correct.

[Signature]

Signature of Candidate

DATED THIS 12 day of January, 2024

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this 12 day of January, 2024, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Dora Wilson known to me and known to be the individual named in and who executed the foregoing instrument and he/she acknowledged to me that he/she signed the same freely and voluntarily for the uses and purposes therein stated.



WITNESS my hand and official seal the day and year last written above.

[Signature]

Notary Public in and for Alaska

My Commission expires: January 25, 2025

POFD FORM

AMENDMENT



Amendment Description: Forgot to add a retirement account and non-profit affiliations

COMPLETED

Submission Date: 01/11/2024

FILER INFORMATION

First Name: Dora

Last Name: Wilson

Address: PO Box 240074

City, State Zip: Anchorage, Alaska 99524

Contact Phone: 907-884-8584

Alternate Phone: 907-351-8993

Fax (Optional): Nothing to Report

Email: dorawilsonforschools@gmail.com

Partner Type: Spouse

Spouse/Domestic Partner Name: Marcus Wilson

Dependent Children: 0

Non-Dependent Children: 0

PURPOSE OF FILING

Report Year: 2024

Report Dates: From 01/01/2023 Through 12/31/2023

Filing As: Municipal Office Holder

Municipality: Anchorage, City and Borough

Report Type: Annual

INCOME

Owner	Type	Detail	Description	Amount
Filer	Salaried	IBEW Local 1547	Community Outreach Manager	\$100,000 - \$200,000
		Full-time		

		From: 01/01/2023 Through 12/31/2023 Time Worked:		
Spouse	Salaried	Anchorage School District <hr/> Full-time From: 01/01/2023 Through 12/31/2024 Time Worked:	Principal	\$100,000 - \$200,000
Filer	Salaried	Anchorage School District <hr/> Part-time From: 01/01/2023 Through 12/31/2023 Time Worked:	School Board Compensation	\$20,000 - \$50,000
Filer	Dividend or Interest	Permanent Fund Dividend		\$1,000 - \$2,000
Spouse	Dividend or Interest	Permanent Fund Dividend		\$1,000 - \$2,000
Filer	Other	Source: Recipients are both filer and spouse combined. Foster care stipend received from OCS for youth in home.		\$5,000 - \$10,000
Filer	Other	Source: Recipients are both filer and spouse combined. Stipends received from Denali Family Services for Therapeutic Home Services for youth in group home.		\$50,000 - \$100,000

INTERESTS

Owner	Type	Detail	Description / Interest
Filer	Business	Business Name: AK Hopes and Dreams Project <hr/> PO Box 242072 Anchorage, Alaska 99524	Position / Type: Other: Board Member
Spouse	Business	Business Name: AK Hopes & Dreams Project <hr/> PO Box 242072 Anchorage, Alaska 99524	Position / Type: Other: Board Member

Filer	Business	Business Name: Anchorage School Business Parnterships 5530 E Northern Lights Blvd. Anchorage, Alaska 99504	Position / Type: Other: Honorary Board Member
Spouse	Business	Business Name: Omega Psi Phi Fraternity, Inc. PO Box 201547 Anchorage, Alaska 99520	Position / Type: Other: Member
Filer	Business	Business Name: Wilson Garcia Logistics, LLC 3101 N. Central Ave. Ate 183 #2458 Phoenix, Arizona 85012	Position / Type: Owner
Filer	Beneficial	Managed By: Alaska Electrical Health and Welfare	Defined Benefit Pension Ownership: 100%
Spouse	Beneficial	Managed By: Vanguard	Retirement Account Ownership: 100%
Spouse	Beneficial	Managed By: PERS & TERS	Retirement Ownership: 100%

LOANS AND DEBTS

Owner	Type	Name
Filer	Lender	NuVision
Spouse	Lender	AK Airlines Employees Federal Credit Union
Filer	Lender	AK Airlines Employees Federal Credit Union
Spouse	Lender	NuVision

LEASES

Owner	Type of Lease	Lease/Contract ID	Interest	Status	Description
No Leases / Nothing to Report					

CLOSE ECONOMIC ASSOCIATIONS

Associated Person	Description
No Associations / Nothing to Report	

LOBBYIST PARTNER EMPLOYERS

Name	Address	Compensation
No Lobbyist Partner Employers / Nothing to Report		

Municipality of Anchorage

Candidate Information for Publication

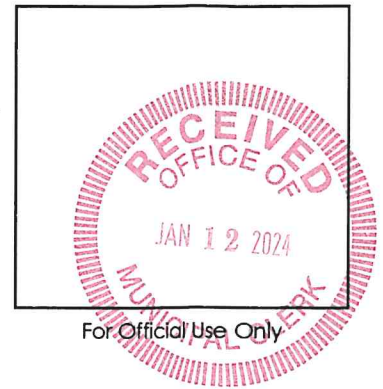
MOA Election Center
619 East Ship Creek Avenue, Door D, Anchorage, Alaska 99501

or
Office of the Municipal Clerk
632 West 6th Avenue, Suite 250, Anchorage, Alaska 99501

(PO Box 196659, Anchorage, Alaska 99519)

Email: elections@anchorageak.gov Telephone: 907-243-VOTE (8683) Fax: 907-343-4313

Forms may be submitted in-person or via email.



This candidate statement form must be received by no later than **Tuesday, January 30, 2024 at 5:00 p.m.**

[NOTE: Candidate information will be published on the MOA's Election website and in the Voter Pamphlet.]

CANDIDATE PROFILE

Name: Dora Wilson

Office Sought: Anchorage School Board Seat F

Email: dorawilsonforschools@gmail.com

Phone No.: 907-884-8584

Education: Masters, Business Organizational Management

ELECTED EXPERIENCE

Elected and/or appointed positions held and dates of service – List no more than 3

1. Anchorage School Board Seat F 2021-2024

2.

3.

OTHER PROFESSIONAL EXPERIENCE

List no more than 3

Elected and/or appointed positions held and dates of service – list no more than 3.

1. Anchorage School Business Partnerships - Board Member 2001-Present

2. Resource Family Advisory Board 2016-Present

3. AK Hopes & Dreams ~~Office~~ 2016-Present

COMMUNITY SERVICE

List no more than 3

1. Foster Parent 18 years

2.

3.