# Municipality of Anchorage Declaration of Candidacy



## Anchorage Mayor

Term ends 2027

I hereby declare my candidacy for the office of Mayor of the Municipality of Anchorage, and agree to serve, if elected, for a 3-year term, expiring upon a successor taking office on or around July 1, 2027, consistent with AMC 3.20.030A. I do hereby swear (affirm) that:

(1) I am a qualified voter of Anchorage;

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- (2) I have been an Anchorage resident for at least two years preceding this election.
- (3) I commit to remain a resident of Anchorage while in office.
- (4) I meet all qualifications as set forth in Anchorage Municipal Charter Section 5.01.

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. PHIL ISLEY

Candidate Name

Name as it should appear on ballot

Residence Address Circles

Residence A Residence Address, City, State, and Zip Code 7.0. Box 190464, ANCHORAGE, AK 99519 Mailing Address, City, State, and Zip Code 907 -248-06 18 Phone Number is/egshilegmail.com Email Address Website Address I hereby wear (affirm) that the above declaration and all statements contained herein are true and correct. DATED THIS 25 day of January 2024 Signature of Candidate State of Alaska Third Judicial District) THIS IS TO CERTIFY that on this 15 day of January , 2024, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Polling known to me and known to be the individual named in and who executed the foregoing instrument and he/shell ne 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. Notary Public in and for Alaska My Commission expires: 1011 27

### POFD FORM

## COMPLETED

Submission Date: 01/25/2024

#### FILER INFORMATION

First Name: **PHILLIP**Last Name: **ISLEY**Address: **Box 190464** 

City, State Zip: Anchorage, Alaska 99519

Contact Phone: 907-248-0018

Alternate Phone: **none** Fax (Optional): **none** 

Email: isleyphil@gmail.com

Partner Type: None / Not Applicable

Spouse/Domestic Partner Name: Nothing to Report

Dependent Children: **o** Non-Dependent Children: **o** 

#### PURPOSE OF FILING

Report Year: 2024

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

Filing As: Municipal Candidate

Municipality: Anchorage, City and Borough

Office: Mayor

Report Type: Candidate

#### INCOME

Owner	Туре	Detail	Description	Amount
Filer	Salaried	Defense Finance and Accounting Service, US Military Retired Pay	Full-time retired.	\$20,000 - \$50,000
		Full-time From: 01/01/2023 Through 12/31/2023 Time Worked:		
Filer	Dividend or Interest	Alaska Permanent Fund Dividend Division.		\$1,000 - \$2,000
Filer	Dividend or Interest	Horizon Trust, Individual Retirement Account Distribution		\$5,000 - \$10,000

Owner	Туре	Detail	Description	Amount
Filer	Self Employment	R & R Saw Shop  Project From: 01/01/2023 Through 12/31/2023 Time Worked: As Required	Aircraft maintenanc e, alterations, and in spections.	\$5,000 - \$10,000
		Client Name	Client Amount	
		Flying Colors LLc		\$1,000 - \$2,000
		Alaska Air Taxi		\$1,000 - \$2,000
		Fly8MA LLC	\$1,000 - \$2,000	
		Ron Eagley		\$1,000 - \$2,000

## **INTERESTS**

Owner	Туре	Detail	Description / Interest
Filer	Real Property	Not Reported, Primary Residence Anchorage, Alaska 99517	Ownership Interest: Other::Private residenc e. Mortgage with Wells Fargo.
Filer	Beneficial	Managed By: Self directed Traditional IRA	Horizon Trust IRA Management P.O. Box 27 068 Newark , New Jersey 07101 Ownership: 100%
Filer	Beneficial	Managed By: Charles Schwab & Co. Inc.	Roth IRA Ownership: 100%

## LOANS AND DEBTS

Owner	Туре	Name
Filer	Lender	Wells Fargo Home Mortgage

## 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 Emplo	yers / Nothing to Report