Municipality of Anchorage
Declaration of Candidacy
Service Area Board of Supervisors
Term ends 2021.

I hereby declare my candidacy for the __________________ Service Area Board of Supervisors, Seat __________, I agree to serve, if elected, for a three year term, expiring upon certification of the April 2021 Election. I do hereby swear (affirm) that:

(1) I am a resident of the Municipality of Anchorage; and I have been a resident of the service area designated above for 90 days immediately preceding the April 3, 2018 Election. (You are certifying that you have been a resident of the service area as of January 3, 2018.)

(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 AMC 28.30.020.

It is further understood that I may withdraw my declaration of candidacy no later than 5:00 p.m. on February 6, 2018, by submitting a written notice of withdrawal to the Municipal Clerk in accordance with AMC 28.30.030D.

The following information will also appear on the Municipal election website.

__________________________  __________________________
    William L. Ennis        William Ennis
    Candidate Name          Name as it should appear on ballot

__________________________  __________________________
  8690 Paine Road, Anchorage, AK 99516  
  Residence Address, City, State, and Zip Code

__________________________  __________________________
  8690 Paine Road, Anchorage, AK 99516  
  Mailing Address, City, State, and Zip Code

__________________________  __________________________
    907 345-5633            Office Phone Number & Fax Number
    Phone Number

__________________________
    bennisak@gmail.com
    Email Address

__________________________

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

__________________________
    Signature of Candidate

DATED THIS 22nd day of January, 2018

__________________________
    State of Alaska

__________________________
    Third Judicial District

THIS IS TO CERTIFY that on this 22nd day of January, 2018, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared __________________________ 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.

__________________________
    Notary Public in and for Alaska

My Commission expires: 2/8/2021

__________________________
    WITNESS my hand and official seal the day and year last

__________________________
    Dora F. Schleusner
    Notary Public in and for Alaska
    Commission expires: 2/8/2021