Municipality of Anchorage
Declaration of Candidacy
Anchorage Mayor
Term ends 2021.

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 July 1, 2021 consistent with AMC 3.50.030A. I do hereby swear (affirm) that:

(1) I am a resident of the Municipality of Anchorage.
(2) I have been an Anchorage resident for at least two years preceding this election.
(3) I am a qualified voter of the Municipality of Anchorage and the State of Alaska.
(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 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.

Matthew F. Mendonsa
Candidate Name
Matthew Mendonsa
Name as it should appear on ballot

327 E. 13th Ave Apt. 4 Anchorage, AK 99501
Residence Address, City, State, and Zip Code

327 E. 13th Ave Apt. 4 Anchorage, AK 99501
Mailing Address, City, State, and Zip Code

907-268-8957
Phone Number

Office Phone Number & Fax Number

matthewf.mendonsa@hotmail.com
Email Address

Facebook
Website Address

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

Matthew F. Mendonsa
Signature of Candidate
DATED THIS 22nd day of January, 2018

State of Alaska

ISS
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 Matthew Mendonsa, 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

Dora F. Schleifer
Notary Public in and for Alaska

My Commission expires: 2/8/2021
POFD Form

Completed

Submission Date: 01/22/2018

FILER INFORMATION

First Name: Matthew
Last Name: Mendonsa
Address: 327 E.13th Ave, Apt. 4
City, State Zip: Anchorage, Alaska 99501
Contact Phone: 9072688957
Alternate Phone: 907268-8957
Fax (Optional): Nothing to Report
Email: matthewfmendonsa@hotmail.com
Partner Type: None / Not Applicable
Spouse/Domestic Partner Name: Nothing to Report
Dependent Children: 0
Non-Dependent Children: 0

PURPOSE OF FILING

Report Year: 2018

Report Dates: From 01/01/2017 Through 12/31/2017
Filing As: Municipal Candidate
Municipality: Anchorage, City and Borough
Report Type: Candidate

INCOME

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<th>Amount</th>
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<td>Filer</td>
<td>Dividend or Interest</td>
<td>Alaska PFD</td>
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INTERESTS

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LOANS AND DEBTS

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### Leases

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### Close Economic Associations

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<th>Person Disclosing Association</th>
<th>Associated Person</th>
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### Lobbyist Partner Employers

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<th>Name</th>
<th>Address</th>
<th>Compensation</th>
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<tr>
<td></td>
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<td><strong>No Lobbyist Partner Employers / Nothing to Report</strong></td>
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