Municipality of Anchorage
Declaration of Candidacy
District 2 - Seat A - Eagle River/Chugiak
Term end 2022

I hereby declare my candidacy for the Assembly for the Municipality of Anchorage, and agree to serve, if elected, for a 3-year term, expiring upon certification of the April 2022 Regular Municipal Election. I do hereby swear (affirm) that:

(1) I am a qualified voter of Anchorage, and
(2) I have been a resident of Assembly District 2 for at least one year, and
(3) I am committed to remain a resident of Assembly District 2 while in office.

It is further understood that I may request to withdraw my declaration of candidacy no later than 5:00 p.m. on February 5, 2019, by submitting a written notice of withdrawal to the Municipal Clerk in accordance with AMC 28.30.030D.

The following information will appear on the municipal election website.

**Oliver Schiess**
Candidate Name

**19912 Grant Circle**
Residence Address, City, State, and Zip Code

**Eagle River AK 99577**
Mailing Address, City, State, and Zip Code

**540 850 0483**
Home Telephone Number

**oliverforAlaska@gmail.com**
Email Address

**907 691 4920**
Office Telephone & FAX Numbers

**oliverforassembly.com**
Website Address

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

**Signature of Candidate**

DATED THIS 24th day of January, 2019

State of Alaska  
}  
SS
Third Judicial District

THIS IS TO CERTIFY that on this 24th day of January, 2019, before me, the undersigned, a Notary Public in and for the State of Alaska, personally appeared **Oliver Peter Schiess**,  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.

Notary Public in and for Alaska

My Commission expires: Jan 23, 2022

Rev. 12/2018
POFD FORM

COMPLETED

Submission Date: 01/24/2019

FILER INFORMATION

First Name: Oliver
Last Name: Schiess
Address: 19912 Grant Circle
City, State Zip: Eagle River, Alaska 99577
Contact Phone: 5408500433
Alternate Phone: Nothing to Report
Fax (Optional): Nothing to Report
Email: opysqliess@gmail.com
Partner Type: Spouse
Spouse/Domestic Partner Name: Natelie Schiess
Dependent Children: 4
Non-Dependent Children: 0

PURPOSE OF FILING

Report Year: 2019

Report Dates: From 01/01/2018 Through 12/31/2018
Filing As: Municipal Candidate
Municipality: Anchorage, City and Borough
Report Type: Candidate

INCOME

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Detail</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filer</td>
<td>Salaried</td>
<td>Lynxnet LLC</td>
<td>Senior Logistician.</td>
<td>$50,000 - $100,000</td>
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<tr>
<td></td>
<td></td>
<td>13873 Park Center Road, Suite 400N Herndon, Virginia 20171</td>
<td>Full-time From: 05/02/2016 Through</td>
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### Interests

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Detail</th>
<th>Description</th>
<th>Interest</th>
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<tbody>
<tr>
<td>Filer</td>
<td>Real Property</td>
<td>Not reported</td>
<td>Ownership Interest: Primary residence</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Not reported, Alaska 99577</td>
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<td></td>
</tr>
<tr>
<td>Filer</td>
<td>Real Property</td>
<td>12904 Infantry Dr Spotsylvania, Virginia 22551</td>
<td>Ownership Interest: Personal rental property</td>
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</tr>
</tbody>
</table>

### Loans and Debts

https://myalaska.state.ak.us/apoc/form/POFD/View.aspx?ID=17802
### Leases

<table>
<thead>
<tr>
<th>Owner</th>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filer</td>
<td>Lender</td>
<td>Navy Federal Credit Union</td>
</tr>
<tr>
<td>Spouse</td>
<td>Lender</td>
<td>Federal Stafford Sub/Unsub</td>
</tr>
<tr>
<td>Spouse</td>
<td>Lender</td>
<td>Navy Federal Credit Union</td>
</tr>
<tr>
<td>Filer</td>
<td>Lender</td>
<td>Wells Fargo</td>
</tr>
</tbody>
</table>

**No Leases / Nothing to Report**

### Close Economic Associations

<table>
<thead>
<tr>
<th>Person Disclosing Association</th>
<th>Associated Person</th>
<th>Description</th>
</tr>
</thead>
</table>

**No Associations / Nothing to Report**

### Lobbyist Partner Employers

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Compensation</th>
</tr>
</thead>
</table>

**No Lobbyist Partner Employers / Nothing to Report**
This message was sent to you by a computer program, DO NOT REPLY to this message.

This email is being sent to notify you that your electronically signed document was successfully received.

**Document Confirmation Code:** 7910F07063D609725D69F7CD7E095A26

**Title:** POFD Form  
**Department:** Department of Administration  
**Division:** Public Offices Commission  
**Certified Date:** 1/24/2019 8:42 AM  
**Attachments:** 0

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