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POFD FORM

COMPLETED

Submission Date: 01/14/2022

FILER INFORMATION

First Name: Nial
 Last Name: Williams
 Address: P.O. BOX # 190353.
 City, State Zip: Anchorage, Alaska 99519
 Contact Phone: 907-231-9753
 Alternate Phone: Nothing to Report
 Fax (Optional): Nothing to Report
 Email: nial.williams@gmail.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: 2022
 Report Dates: From 01/01/2021 Through 12/31/2021
 Filing As: Municipal Candidate
 Municipality: Anchorage, City and Borough
 Report Type: Candidate

INCOME

Owner	Type	Detail	Description	Amount
No Income / Nothing to Report				

INTERESTS

Owner	Type	Detail	Description	Interest
No Interests / Nothing to Report				

LOANS AND DEBTS

Owner	Type	Name
No Debt / Nothing to Report		

LEASES

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

CLOSE ECONOMIC ASSOCIATIONS

Person Disclosing Association	Associated Person	Description
No Associations / Nothing to Report		

LOBBYIST PARTNER EMPLOYERS

Name	Address	Compensation
No Lobbyist Partner Employers / Nothing to Report		

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