

Municipality of Anchorage Declaration of Candidacy

SCHOOL BOARD SEAT A
Term ends 2025



I hereby declare my candidacy for a School Board Seat for the Municipality of Anchorage, and agree to serve, if elected, for a 3-year term, expiring upon certification of the April 2025 Regular Municipal Election. I do hereby swear (affirm) that:

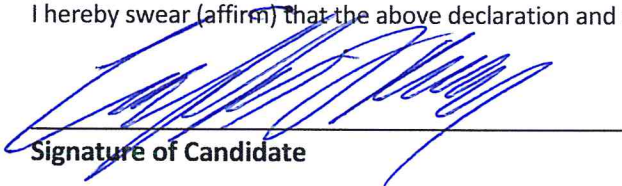
- (1) I am a qualified municipal voter;
- (2) I am a resident of the Municipality of Anchorage; *and*
- (3) I commit to remain a resident of Anchorage while in office.

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 February 1, 2022, 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.

<u>Cliff Murray</u> Candidate Name	<u>Coach Cliff Murray</u> Name as it should appear on ballot
<u>16349 Seville Park Circle, Anchorage, AK 99516</u> Residence Address, City, State, and Zip Code	
<u>16349 Seville Park Circle, Anchorage, AK 99516</u> Mailing Address, City, State, and Zip Code	
<u>907-727-4117</u> Phone Number	<u>907-277-7946; FAX N/A</u> Office Phone Number & Fax Number
<u>coachcliff@gmail.com</u> Email Address	<u>https://www.facebook.com/CoachCliff4ASDSeatA</u> Website Address

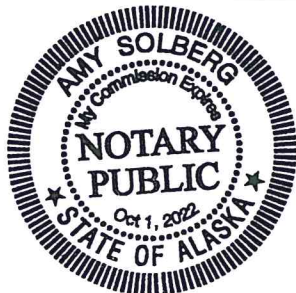
I hereby swear (affirm) that the above declaration and all statements contained herein are true and correct.


Signature of Candidate

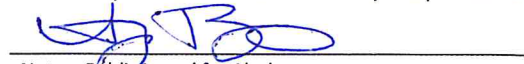
DATED THIS 20th day of January, 2022

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this 20 day of January, 2022, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Clifford murray 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: 10/1/2022

POFD FORM

COMPLETED

Submission Date: **01/09/2022**

FILER INFORMATION

First Name: **Cliff**Last Name: **Murray**Address: **16349 Seville Park Cir**City, State Zip: **Anchorage, Alaska 99516-7564**Contact Phone: **9077274117**Alternate Phone: **Nothing to Report**Fax (Optional): **Nothing to Report**Email: **coachcliff@gmail.com**Partner Type: **Spouse**Spouse/Domestic Partner Name: **Sarah Murray**Dependent Children: **1**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
Spouse	Salaried	Alaska Native Tribal Health Consortium Salaried From: 01/01/2021 Through 12/31/2021 Time Worked: 40 hrs/week, 2080 hours/year	Contracting officer	\$20,000 - \$50,000
Filer	Salaried	Northern Lights Swim Club Salaried From: 01/01/2021 Through 12/31/2021 Time Worked:	I am the head coach.	\$50,000 - \$100,000

Owner	Type	Detail	Description	Amount
Filer	Dividend or Interest	Alaska PFD		\$1,000 - \$2,000
Spouse	Dividend or Interest	Alaska PFD		\$1,000 - \$2,000
Child	Dividend or Interest	Alaska PFD		\$1,000 - \$2,000

INTERESTS

Owner	Type	Detail	Description	Interest
Filer	Business	Business Name: Cook Inlet Aquatics, Inc <hr/> 16349 Seville Park Cir Anchorage, Alaska 99516-7564		Position / Type: Stockholder
Spouse	Beneficial	Managed By: Valic	Retirement Account	Ownership: 100%

LOANS AND DEBTS

Owner	Type	Name
Filer	Lender	Wells Fargo
Filer	Creditor	Alaska USA FCU

LEASES

Owner	Type of Lease	Lease/Contract ID	Interest	Status	Description
Filer	Government	COOPERATIVE USE & RENTAL AGREEMENT MOAPRD AND NLSC	Collaborative Use Agreement	Held	Service Pool Use Agreement

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		