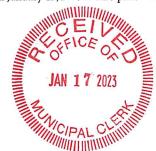
# Municipality of Anchorage Declaration of Candidacy

DISTRICT 5 - SEAT H - East Anchorage Term ends 2025



I hereby declare my candidacy for an Assembly Seat for the Municipality of Anchorage, and agree to serve, if elected, for the remaining two (2) years of 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 voter of Anchorage;

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- (2) I have been a resident of Assembly District 5 for at least one year; and
- (3) I commit to remain a resident of Assembly District 5 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 January 31, 2023, the Municipal Clerk has the sole discretion to remove my name from subsequent notices and the ballot.

The following information will appear on the munic	ipal election website. Please write legibly.
Baren Bronga Candidate Name	Name as it should appear on ballot
8060 Resurrect Residence Address, City, State, and Zip Code	ion Dr. Anchorage, AK 9950
_Same	<u> </u>
Mailing Address, City, State, and Zip Code	
901 441 8338	
Phone Number	Office Phone Number & Fax Number
Drongatoranchorage@g Email Address	Mail com Paren Dronga. Com Website Address
I hereby swear (affirm) that the above declaration an	d all statements contained herein are true and correct.
4	DATED THIS /7 day of January 2023
State of Alaska )	
personally appeared Karan Ann Bronga k	2023, before me the undersigned, a Notary Public in and for the State of Alaska, nown to me and known to be the individual named in and who executed the foregoing the same freely and voluntarily for the uses and purposes therein stated.
NOTARY PUBLIC *	WITNESS my hand and official seal the day and year last written above.  Notary Public in and for Alaska My Commission expires: 3/12/2023

### COMPLETED

#### FILER INFORMATION

First Name: **Karen**Last Name: **Bronga** 

Address: 8060 Resurrection Dr.

City, State Zip: Anchorage, Alaska 99504

Contact Phone: 9074418338

Alternate Phone: **Nothing to Report**Fax (Optional): **Nothing to Report** 

Email: brongaforanchorage@gmail.com

Partner Type: Spouse

Spouse/Domestic Partner Name: Tom Bronga

Dependent Children: **o** Non-Dependent Children: **o** 

#### PURPOSE OF FILING

Report Year: 2023

Report Dates: From 01/01/2022 Through 12/31/2022

Filing As: Municipal Candidate

Municipality: Anchorage, City and Borough

Report Type: Candidate

#### INCOME

Owner	Туре	Detail	Description	Amount
Filer	Salaried	Alaska Native Tribal Health Consortium	Senior Research Asso ciate	\$10,000 - \$20,000
		Part-time From: 05/01/2022 Through 01/06/2023 Time Worked: 10 hours/week		
Filer, Spouse	Rental	Tenant: Mark Korzon	N/A	\$20,000 - \$50,000
Filer, Spouse	Rental	Tenant: David Stephens	N/A	\$5,000 - \$10,000
Filer	Dividend or Interest	State of Alaska PFD		\$2,000 - \$5,000

Owner	Type	Detail	Description	Amount
Spouse	Dividend	State of Alaska PFD		\$2,000 - \$5,000
	or			
	Interest			

## INTERESTS

Owner	Туре	Detail	Description / Interest
Filer, Spouse	Real Property	1701 Beaver Place Anchorage, Alaska 99504	Ownership Interest: Other::Paying mortgage on this property
Spouse	Beneficial	Managed By: Fidelity	Contra Ownership: 100%
Filer	Beneficial	Managed By: Transwest	IRA Ownership: 100%
Filer	Beneficial	Managed By: Great West	403B Ownership: 100%
Spouse	Beneficial	Managed By: Great West	403B Ownership: 100%
Spouse	Beneficial	Managed By: Lincoln Mutual	403B Ownership: 100%
Spouse	Beneficial	Managed By: Blue Chip Growth	Mutual Fund Ownership: 100%
Filer, Spouse	Beneficial	Managed By: Discover	Online Savings account Ownership: 100%
Filer	Beneficial	Managed By: State of Alaska	Teacher's Retirement System Ownership: 100%
Spouse	Beneficial	Managed By: State of Alaska	Teacher's Retirement System Ownership: 100%
Filer	Beneficial	Managed By: State of Alaska	PERS: State employee retirement Ownership: 100%

## LOANS AND DEBTS

Owner	Туре	Name
Filer	Lender	PHH Mortgage

## LEASES

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

## CLOSE ECONOMIC ASSOCIATIONS

Associated Person	Description
No Associations / Nothing to Report	

## LOBBYIST PARTNER EMPLOYERS

Name	Address	Compensation		
No Lobbyist Partner Employers / Nothing to Report				

## Municipality of Anchorage

### **Candidate Information for Publication**

MOA Election Center 619 East Ship Creek Avenue, Door D, Anchorage, Alaska 99501

Office of the Municipal Clerk 632 West 6th Avenue, Suite 250, Anchorage, Alaska 99501



(PO Box 196659, Anchorage, Alaska 99519)
Email: elections@anchorageak.gov Telephone: 907-243-VOTE (8683) Fax: 907-343-4313
Forms may be submitted in-person or via email.

This candidate statement form must be received by no later than Tuesday, January 31, 2023 at 5:00 p.m.

[NOTE: Candidate information will be published on the MOA's Election website and in the Voter Pamphlet.]

CANDIDATE PROFILE	
Name: Karen Bronga	
Office Sought: Anchorage Assembly	
Email: brongaforanchorage agmail. Phone No.: 907 4418338	
Education: Pachelor of Science: Physical Education, recreation K-12 Teaching ELECTED EXPERIENCE — Emphase Elected and/or appointed positions held and dates of service — List no more than 3	TV IS
1. Spenic Foothills Community Council Secretary 2013	3-
2. Scenic Foothills Community Council Vice hes-zo	150
3) Cenic Foothills Community Council President 2025	7
OTHER PROFESSIONAL EXPERIENCE  List no more than 3  Elected and/or appointed positions held and dates of service – list no more than 3.	_
1. Recreation Thera Dist - Alaska Psur histric Tristing de	_
The state of the s	- 184
3. Arctic Orienteering Vine President - 2016-2018	,
COMMUNITY SERVICE List no more than 3	
1. SKiku Volunteer Coach	
2. Clean up day Coordinator	
3. Anchorage Parks Foundation	