



Municipality of Anchorage Declaration of Candidacy

Service Area Board of Supervisors
Term ends 2027

I hereby declare my candidacy for the Homestead ^{2H} LRSA Service Area Board of Supervisors, Seat C. If elected, I agree to serve for a 3-year term, expiring upon certification of the April 2027 Regular Municipal Election. I do hereby swear (affirm) that:

- (1) I am a qualified voter of the municipality; and
- (2) I have been a resident of the service area stated above for 90 days immediately preceding the April 2, 2024 election. (You are certifying that you have been a resident of the service area since January 3, 2024.)

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 30, 2024, 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.

Kristy Hoffman Candidate Name Kristy Hoffman Name as it should appear on ballot

6701 E 99th Anchorage AK 99507 Residence Address, City, State, and Zip Code

248-933-3672 Mailing Address, City, State, and Zip Code 907-258-0165 907-272-6526 Office Phone Number & Fax Number

KristyHoffmanak@gmail.com Email Address Website Address

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

Kristy Hoffman Signature of Candidate

DATED THIS 18 day of January, 2024

State of Alaska)
)SS

Third Judicial District)
THIS IS TO CERTIFY that on this 18th day of January, 2024, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Kristy Hoffman 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.
[Signature]
Notary Public in and for Alaska
My Commission expires: 09-02-2026