Municipality of Anchorage
Declaration of Candidacy

Service Area Board of Supervisors
Term ends 2027

JAN26 24 11:09AM

RECEIVED OFFICE OF JAN 26 2024 MUNICIPAL CLERK *Office (illegible)*

I hereby declare my candidacy for the ___Girdwood Board of Supervisors___ Service Area Board of Supervisors, Seat __B__. 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.

___BRIAN BURNETT___
Candidate Name

___BRIAN BURNETT___
Name as it should appear on ballot

___2898 ALYESKA HWY GIRDWOOD AK 99587___
Residence Address, City, State, and Zip Code

___P.O. Box 838 GIRDWOOD AK 99587___
Mailing Address, City, State, and Zip Code

___907 382 5880___
Phone Number

___NA___
Office Phone Number & Fax Number

___burntski @ gmail . com___
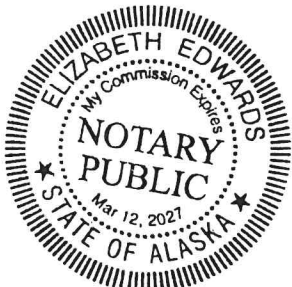Email Address

___NA___
Website Address

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

___(signature) Brian Burnett___
Signature of Candidate

DATED THIS ___26th___ day of ___JAN___, 2024

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this ___26___ day of ___January___, 2024, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared ___Brian Jay Burnett___ 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: ___3/12/2027___

NOTARY PUBLIC ELIZABETH EDWARDS My Commission Expires Mar 12, 2027 STATE OF ALASKA

Rev. 08/2023