

Municipality of Anchorage

Declaration of Candidacy Form

DISTRICT 1 – SEAT B – North Anchorage
Term ends 2029



Office use only

I hereby declare my candidacy for an Assembly Seat for the Municipality of Anchorage, and agree to serve, if elected, for a 3-year term, expiring upon certification of the April 2029 Regular Municipal Election. I do hereby swear (affirm) that:

- (1) I am a qualified voter of Anchorage;
- (2) I have been a resident of **Assembly District 1** for at least one year; and
- (3) I commit to remain a resident of **Assembly District 1** 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 3, 2026, 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>Matthew John Powers</u>	<u>Max Powers</u>
Candidate Name	Name as it should appear on ballot
<u>1831 Juneau Drive Anchorage Alaska 99501</u>	
Residence Address, City, State, and Zip Code	
<u>1831 Juneau Drive Anchorage Alaska 99501</u>	
Mailing Address, City, State, and Zip Code	
<u>908 419 6603</u>	<u>907-343-3157</u>
Phone Number	Office Phone Number & Fax Number
<u>maxvkpowers@gmail.com</u>	
Email Address	Website Address

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

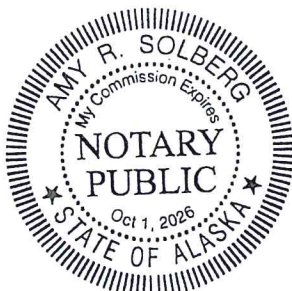
Matthew John Powers
Signature of Candidate

DATED THIS 20th day of January, 2026

State of Alaska)
)SS

Third Judicial District)

THIS IS TO CERTIFY that on this 20 day of January, 2026, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Matthew John Powers 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: 10/1/2026

POFD FORM

COMPLETEDSubmission Date: **01/20/2026**

FILER INFORMATION

First Name: **Matthew Max**
Last Name: **Powers**
Address: **1831 Juneau Drive**
City, State Zip: **Anchorage, Alaska 99501**
Contact Phone: **9084196603**
Alternate Phone: **Nothing to Report**
Fax (Optional): **Nothing to Report**
Email: **maxvkpowers@gmail.com**
Partner Type: **Spouse**
Spouse/Domestic Partner Name: **Andrew Powers**
Dependent Children: **0**
Non-Dependent Children: **0**



PURPOSE OF FILING

Report Year: **2026**Report Dates: From **01/01/2025** Through **12/31/2025**Filing As: **Municipal Candidate**Municipality: **Anchorage, City and Borough**Office: **Assembly**Report Type: **Candidate**

INCOME

Owner	Type	Detail	Description	Amount
Filer	Salaried	Sheraton Anchorage Full-time From: 04/01/2025 Through 01/20/2026 Time Worked:	Senior Sales Manager	\$50,000 - \$100,000
Filer	Salaried	Hilton Anchorage Full-time From: 01/01/2025 Through 03/31/2025 Time Worked:	Director of Catering	\$20,000 - \$50,000

Owner	Type	Detail	Description	Amount
Spouse	Salaried	Crescent Electric Full-time From: 01/01/2025 Through 01/20/2026 Time Worked:	Quotations' Specialist	\$50,000 - \$100,000
Filer	Dividend or Interest	PFD		\$1,000 - \$2,000
Spouse	Dividend or Interest	PFD		\$1,000 - \$2,000

INTERESTS

Owner	Type	Detail	Description / Interest
No Interests / Nothing to Report			

LOANS AND DEBTS

Owner	Type	Name
Filer	Lender	Best Egg
Filer	Lender	Nissan

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 2026

MOA Election Center

619 East Ship Creek Avenue, Door D, Anchorage, Alaska 99501

(PO Box 196659, Anchorage, Alaska 99519)

Email: elections@anchorageak.gov Telephone: 907-243-VOTE (8683) Fax: 907-343-4313

or

Municipal Clerk's Office

632 West 6th Avenue, Suite 250, Anchorage, Alaska 99501



Forms may be submitted in-person or via email.

This candidate statement form must be received by no later than **Friday, January 30, 2026 at 5:00 p.m.**

If received after the deadline the acceptance of this form is at the discretion of the Clerk or designee of the Clerk.

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

CANDIDATE PROFILE	
Name: Mr. Max Powers	
Office Sought: District 1 Seat B North Anchorage	
Email: maxvkpowers@gmail.com	Phone No.: (908) 419-6603
Education: Johnson & Wales University	
ELECTED EXPERIENCE	
Elected and/or appointed positions held and dates of service – List no more than 3	
1. Downtown Community Council - Council at Large 2019- 2021	
2.	
3.	
OTHER PROFESSIONAL EXPERIENCE	
Elected and/or appointed positions held and dates of service – list no more than 3.	
1. Anchorage Opera - Board of Directors 2017 - 2023	
2. Fur Rendezvous - Board of Directors 2021 - 2025 Event Co-Chair	
3. Anchorage Fairs and Festivals - Board of Directors Vice President 2018-2023	
COMMUNITY SERVICE	
List no more than 3	
1. PFLAG - Board of Directors/President 2019-2025	
2.	
3.	