

# Municipality of Anchorage

## Declaration of Candidacy Form

Service Area Board of Supervisors  
Term ends 2029

JAN 22 2026 13:55



Office use only

I hereby declare my candidacy for the VILLAGES SCENIC PARKWAY LRSA Service Area Board of Supervisors, Seat A. If elected, I agree to serve 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 the municipality; and
- (2) I have been a resident of the service area stated above for 90 days immediately preceding the April 7, 2026 election. (You are certifying that you have been a resident of the service area since January 7, 2026.)

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.

ROBERT BRET COBURN  
Candidate Name

BRET COBURN  
Name as it should appear on ballot

19141 AINR RIDGE CIRCLE, ANCHORAGE AK 99516  
Residence Address, City, State, and Zip Code

SAME AS ABOVE  
Mailing Address, City, State, and Zip Code

907.227.1290  
Phone Number

N/A  
Office Phone Number & Fax Number

DBNAC11913@GMAIL.COM  
Email Address

N/A  
Website Address

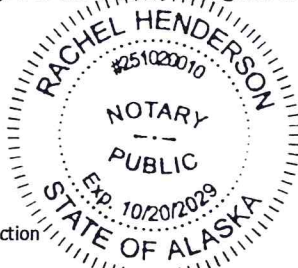
I hereby swear (affirm) that the above declaration and all statements contained herein are true and correct.

[Signature]  
Signature of Candidate

DATED THIS 22<sup>ND</sup> day of JANUARY, 2026

State of Alaska )  
 )SS  
Third Judicial District)

THIS IS TO CERTIFY that on this 22 day of January, 2026, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared BRET COBURN 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: 10/20/2029