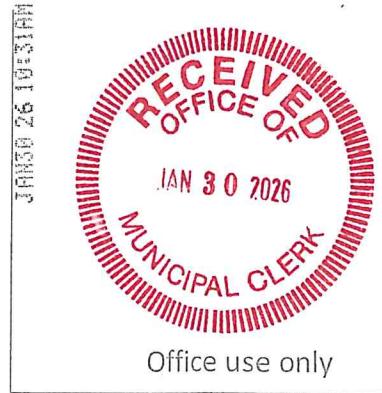


# Municipality of Anchorage

## Declaration of Candidacy Form

DISTRICT 6 – SEAT K  
South Anchorage, Girdwood, Turnagain Arm  
Term ends 2029



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 6** for at least one year; *and*
- (3) I commit to remain a resident of **Assembly District 6** 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.**

John Stiegeli

Candidate Name

John Stiegeli

Name as it should appear on ballot

9480 Morningside Loop #112 Anchorage Ak 99515

Residence Address, City, State, and Zip Code

Same

Mailing Address, City, State, and Zip Code

907-444-4924

Phone Number

Office Phone Number & Fax Number

Stiegeli5@gmail.com

Email Address

Website Address

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

John Stiegeli

Signature of Candidate

DATED THIS 30 day of January, 2026

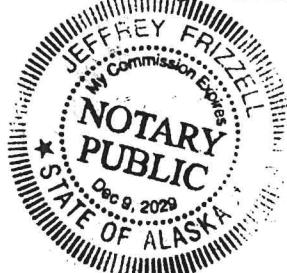
State of Alaska

)

)SS

Third Judicial District

THIS IS TO CERTIFY that on this 30 day of January, 2026, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared John Stiegeli, 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.

John Stiegeli

Notary Public in and for Alaska

My Commission expires:

12/09/2029

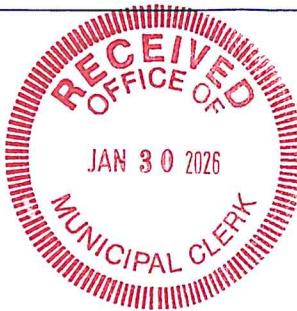
## POFD FORM

COMPLETED

Submission Date: 01/30/2026

## FILER INFORMATION

First Name: **john**  
 Last Name: **stiegele**  
 Address: **9480 Morningside Loop Apt 112**  
 City, State Zip: **Anchorage, Alaska 99515**  
 Contact Phone: **9074444924**  
 Alternate Phone: **Nothing to Report**  
 Fax (Optional): **Nothing to Report**  
 Email: **stiegelejs@gmail.com**  
 Partner Type: **None / Not Applicable**  
 Spouse/Domestic Partner Name: **Nothing to Report**  
 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	Dividend or Interest	Permanent Fund Dividend		\$1,000 - \$2,000
Filer	Other	Source: SSI		\$10,000 - \$20,000
Filer	Other	Source: Public Assistance		\$2,000 - \$5,000
Filer	Other	Source: Senior Benefits		\$2,000 - \$5,000

## INTERESTS

Owner	Type	Detail	Description / Interest
<b>No Interests / Nothing to Report</b>			

## LOANS AND DEBTS

Owner	Type	Name
<b>No Debt / Nothing to Report</b>		

## LEASES

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

CLOSE ECONOMIC ASSOCIATIONS

Associated Person	Description
	No Associations / Nothing to Report

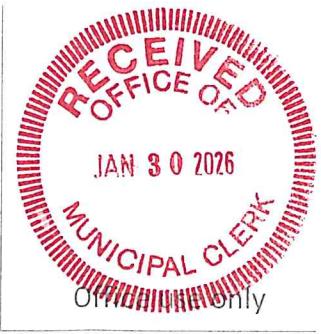
LOBBYIST PARTNER EMPLOYERS

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: John StHegele

Office Sought: Assembly

Email: StHegeleJS@gmail.com Phone No.: 907-444-4924

Education: College

### ELECTED EXPERIENCE

Elected and/or appointed positions held and dates of service – List no more than 3

1. None

2. \_\_\_\_\_

3. \_\_\_\_\_

### OTHER PROFESSIONAL EXPERIENCE

Elected and/or appointed positions held and dates of service – list no more than 3.

1. Realtor

2. \_\_\_\_\_

3. \_\_\_\_\_

### COMMUNITY SERVICE

List no more than 3

1. Lions Club

2. Rotary

3. Elks