

Municipality of Anchorage

Filing for Write-in Candidate for Service Area Board of Supervisors 2026



MOA Election Center

619 E. Ship Creek Dr., Door D, Anchorage, Alaska 99501
(PO Box 196659, Anchorage, Alaska 99519)
Telephone: 907-243-VOTE (8683) Fax: 907-343-4313

OR

Office of the Municipal Clerk

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

A candidate for a service area board of supervisors may file as a **write-in candidate** no earlier than 67 days and at least seven days before a regular election. **Write-in candidacy must be received by Tuesday, March 31, 2026 at 5:00 p.m.** A person who has not filed a declaration of candidacy for a seat on a service area board of supervisors, including as a write-in candidate, is disqualified.

28.30.020 - Qualifications of candidates for service area board of supervisors; declaration of candidacy required.

*** *** ***

B. A person who has not filed a declaration of candidacy for a seat on a service area board of supervisors, including as a write-in candidate, in accordance with this section, is disqualified.

C. For write-in candidates for a seat on a service area board of supervisors, declarations of candidacy shall be filed with the municipal clerk no earlier than 67 days and at least seven days before a regular election, and no earlier than 42 days and at least seven days before a special election.

Anchorage Municipal Code, Accessed September 3, 2025, Municipality of Anchorage, Anchorage Municipal Charter, Code and Regulations:

https://library.municode.com/ak/anchorage/codes/code_of_ordinances?nodeId=TIT28EL_CH28.30QU.

A **Municipal Exemption Statement** must be filed by candidates intending to raise and spend less than \$5,000 on campaign activity, in which case the candidate is exempted from filing campaign disclosure reports. Direct questions about filing the Municipal Exemption Statement to the Alaska Public Offices Commission (APOC): 2221 E Northern Lights Blvd, #128, Anchorage, AK 99508-4149; 907-276-4176.

If you intend on spending more than \$5,000 on campaign activity, contact APOC.



Municipality of Anchorage

Write-in Candidacy

Service Area Board of Supervisors

Term ends 2029

Office use only

I hereby declare my candidacy for the _____ Service Area Board of Supervisors, Seat _____. 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.

The following information will appear on the municipal election website. Please write legibly.

Candidate Name

Name as it should appear on the website

Residence Address, City, State, and Zip Code

Mailing Address, City, State, and Zip Code

Phone Number

Office Phone Number & Fax Number

Email Address

Website Address

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

DATED THIS _____ day of _____, 2026

Signature of Candidate

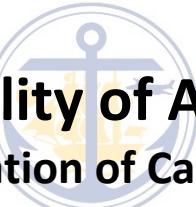
State of Alaska)
)SS

Third Judicial District)

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

Notary Public in and for Alaska
My Commission expires: _____



Municipality of Anchorage

Declaration of Candidacy

Service Area Board of Supervisors
Term ends 2029

Office use only

CONFIDENTIAL

Please provide one identifier to verify your status as a registered voter. This information will remain confidential. **This form will not be posted on the website.** Please write legibly.

Candidate's Full Legal Name: _____

Candidate's Identifier: _____
(Birthdate, voter number, or last four digits of Social Security Number)