

Municipality of Anchorage Declaration of Candidacy

School Board – Seat G
Term ends 2021.

M.O.A.
2018 JAN 22 PM 3:19
CLEAN'S OFFICE

I hereby declare my candidacy for the School Board of the Municipality of Anchorage, and agree to serve, if elected, for a 3-year term, expiring upon certification of the April 2021 Regular Municipal Election. I do hereby swear (affirm) that:

- (1) I am a resident of the Municipality of Anchorage.
- (2) I am a qualified voter of the Municipality of Anchorage and the State of Alaska.
- (3) I meet all qualifications as set forth in Anchorage Municipal Charter Section 6.02.

It is further understood that I may withdraw my declaration of candidacy no later than 5:00 p.m. on February 6, 2018, by submitting a written notice of withdrawal to the Municipal Clerk in accordance with AMC 28.30.030D.

The following information will also appear on the Municipal election website.

Miriam Weisman
Candidate Name

Inene Weisman
Name as it should appear on ballot

222 McCarrey St. Apt G, Anchorage, AK, 99508
Residence Address, City, State, and Zip Code

Same
Mailing Address, City, State, and Zip Code

907-717-3185
Phone Number

Office Phone Number & Fax Number

mmf1479@gmail.com
Email Address

Website Address

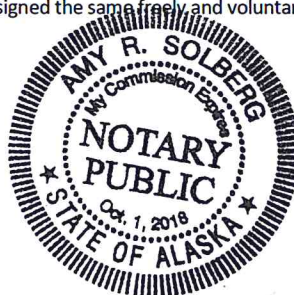
I hereby swear (or affirm) that the above declaration and all statements contained therein are true and correct.

[Signature] DATED THIS 22 day of January, 2018
Signature of Candidate

DATED THIS 22 day of January, 2018

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this 22 day of January, 2018, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Miriam Martha Weisman 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: 10/1/18

POFD FORM

INCOMPLETE

FILER INFORMATION

First Name: Miriam
 Last Name: Weisman
 Address: 222 McCarrey Unit G
 City, State Zip: Anchorage , Alaska 99508
 Contact Phone: 9077173185
 Alternate Phone: Nothing to Report
 Fax (Optional): Nothing to Report
 Email: Mm
 Partner Type: Spouse
 Spouse/Domestic Partner Name: Joshua Weisman
 Dependent Children: 1
 Non-Dependent Children: 0

PURPOSE OF FILING

Report Year: 2018
 Report Dates: From 01/01/2017 Through 12/31/2017
 Filing As: Municipal Candidate
 Municipality: Anchorage, City and Borough
 Report Type: Candidate

INCOME

| Owner | Type | Detail | Description | Amount |
|--------|----------------------|---|--|---------------------|
| Spouse | Salaried | Hertz 414 K St. Anchorage , Alaska 99501 Full-time From: 01/01/2017 Through 12/21/2017 Time Worked: | My husband, Josh worked as a Full-time Utility for hertz. | \$20,000 - \$50,000 |
| Spouse | Salaried | Allied Universe security 4300 b st. 305 Anchorage, Alaska 99503 Full-time From: 12/18/2017 Through 12/31/2017 Time Worked: | My husband Josh, is a security professional with Allied Univers al security. | \$1,000 - \$2,000 |
| Filer | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |
| Spouse | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |
| Child | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |
| Filer | Other | Source: Alaska SNAP | | \$2,000 - \$5,000 |

INTERESTS

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

LOANS AND DEBTS

| Owner | Type | Name |
|--------|--------|--------------------------|
| Spouse | Lender | Car loan with Alaska USA |

LEASES

| Owner | Type of Lease | Lease/Contract ID | Interest | Status | Description |
|-------------------------------|---------------|-------------------|----------|--------|-------------|
| No Leases / Nothing to Report | | | | | |

CLOSE ECONOMIC ASSOCIATIONS

| Person Disclosing Association | Associated Person | Description |
|-------------------------------------|-------------------|-------------|
| No Associations / Nothing to Report | | |

LOBBYIST PARTNER EMPLOYERS

| Name | Address | Compensation |
|---|---------|--------------|
| No Lobbyist Partner Employers / Nothing to Report | | |

[Handwritten Signature]
1/22/18