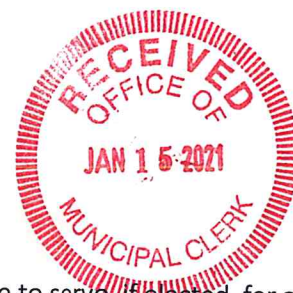


Municipality of Anchorage Declaration of Candidacy

Anchorage Mayor
Term ends 2024



I hereby declare my candidacy for the office of Mayor of the Municipality of Anchorage, and agree to serve, if elected, for a 3-year term, expiring upon July 1, 2024, consistent with AMC 3.50.030A. I do hereby swear (affirm) that:

- (1) I am a resident of the Municipality of Anchorage.
- (2) I have been an Anchorage resident for at least two years preceding this election.
- (3) I am a qualified voter of the Municipality of Anchorage and the State of Alaska.
- (4) I meet all qualifications as set forth in Anchorage Municipal Charter Section 5.01.

It is further understood that I may withdraw my declaration of candidacy by filing a statement under oath to the Municipal Clerk before 5:00 p.m. on February 2, 2021, in accordance with AMC 28.30.030D. I understand that if I file my request to withdraw after 5:00 p.m. on February 2, 2021, 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.

Darin Colbry Darin Colbry
Candidate Name Name as it should appear on ballot

3580 Spinnaker Dr.
Residence Address, City, State, and Zip Code

Anchorage, AK 99516
Mailing Address, City, State, and Zip Code

907-885-9630 907-885-9630
Phone Number Office Phone Number & Fax Number

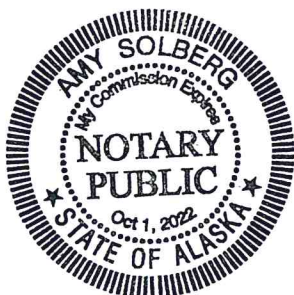
colbryd@yahoo.com
Email Address Website Address

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

Darin Colbry DATED THIS 15 day of January, 2021
Signature of Candidate 15 January

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this 15 day of January, 2021, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Darin Allen Colbry 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: 10/1/2022

POFD FORM

COMPLETED

Submission Date: **01/15/2021**

FILER INFORMATION

Darin Colbry
1-15-21

First Name: **Darin**
 Last Name: **Colbry**
 Address: **3580 spinnaker drive**
 City, State Zip: **Anchorage, Alaska 99516**
 Contact Phone: **9078859630**
 Alternate Phone: **9078859630**
 Fax (Optional): **n/a**
 Email: **colbry.d@yahoo.com**
 Partner Type: **Spouse**
 Spouse/Domestic Partner Name: **Gilberta Colbry**
 Dependent Children: **3**
 Non-Dependent Children: **0**

PURPOSE OF FILING

Report Year: **2021**
 Report Dates: From **01/01/2020** Through **12/31/2020**
 Filing As: **Municipal Candidate**
 Municipality: **Anchorage, City and Borough**
 Report Type: **Candidate**

INCOME

Owner	Type	Detail	Description	Amount
Filer	Salaried	SSI only Seasonal From: 01/01/2020 Through 12/31/2020 Time Worked: 0	I get SSI disability	\$20,000 - \$50,000
	Rental	Tenant: Darin Colbry	Len Colbry	\$1,000 - \$2,000
Filer	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
No Debt / Nothing to Report		

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		