Kodiak Island Borough

Office of the Borough Clerk

710 Mill Bay Road
Kodiak, Alaska 99615
Phone (907) 486-9310 Fax (907) 486-9391
clerks@kodiakak.us/www.kodiakak.us

DECLARATION OF WRITE-IN CANDIDACY—SERVICE AREA BOARDS

_____
Write-In Candidate's Full Name

_____ _____
Residence Address - Street (If more than one in the last year use the space provided on page 2 of this form.) Mailing Address – Street

_____ _____
City, State, Zip Code City, State, Zip Code

_____/_____/_____/_____
Home Phone Cell Phone Work Phone Email Address

I hereby declare my candidacy for the office of (choose only one)
in the October ___, 20____, Regular Borough Election:

[ ] Bay View Road Service Area – Three year term
[ ] Fire Protection Area No. 1 – Three year term
[ ] Monashka Bay Road Service Area – Three year term
[ ] Service Area No. 1 – Three year term
[ ] Womens Bay Service Area – Three year term

I am requesting voters to write my name as follows:

_____, _____ _____. "_____"
Last Name First Name MI Nickname and/or suffix

CERTIFICATION

I certify, under penalty of perjury, that the information provide on this Letter of Intent is true and accurate. I do hereby swear (affirm) that:

- I am a qualified voter of the State of Alaska and the Kodiak Island Borough as set forth in KIBC 7.20.020;
- I have been resident of the appropriate service area for 30 days immediately prior to the election;
- I meet, or shall meet, as required by the law, the specific requirements of the office I am seeking as of the date of election;
- Will serve this office if elected;
- I am not a candidate for any other office to be voted in this year's regular election; and
- I will comply with AS 15.13, Election Campaign Laws.

_____
Write-in Candidate's Signature/Date

(SEAL)

STATE OF ALASKA)
Third Judicial District)

ACKNOWLEDGED this _____ day
of _____, 20_____.

_____
Notary Public in and for Alaska.
Commission expires: _____

If you have had more than one residence address in the previous year provide them in the space below:

_____
Street

_____
City, State, Zip Code

_____
Street

_____
City, State, Zip Code

For Office Use Only:

Date and Hour of Filing:	ID Verified : ☐ District/Precinct: _____ Registration Address: ☐ OK Borough Resident 1 year: ☐ yes ☐ no Service Area Resident 30 days: ☐ yes ☐ no POFD Confirmation: Attached ☐ On File ☐	Notes: _____ _____ _____

Please send this form to APOC

ALASKA PUBLIC OFFICES COMMISSION

ANCHORAGE
2221 E. Northern Lights, Room 128
Anchorage, AK 99508-4149
Phone:(907) 276-4176 or
Toll free: (800) 478-4176
Fax: (907) 276-7018

Website: www.doa.alaska.gov/apoc
Email: apoc@alaska.gov

JUNEAU
240 Main St. #500
PO Box 110222
Juneau, AK 99811
Phone: (907) 465-4864
Fax: (907) 465-4832

MUNICIPAL EXEMPTION STATEMENT

Municipal candidates that do not intend to raise/spend more than $5,000, including their personal funds, may file a Municipal Exemption Form. Exempt candidates are not required to file campaign disclosure reports during their campaign. If an exempt candidate exceeds $5,000 in financial activity they must immediately file a Candidate Registration and file each report due after the change in status, disclosing all activity from the beginning of the campaign on their first report.
AS 15.13.040(g); 2 AAC 50.286.

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (https://my.alaska.gov/).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

CANDIDATE NAME: _____

CAMPAIGN ADDRESS: _____

_____

CAMPAIGN PHONE: _____ CAMPAIGN EMAIL: _____

Election Month and Year:	Office / Race: (Optional)
Municipality / Borough:	District / Seat: (Optional)

Certification: I certify that the information contained in the foregoing document is true, complete, and correct.

I do not intend to raise/spend more than $5,000 (including personal money) during my entire campaign for municipal office.	Signature	Date
	Printed name	

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a Candidate Reimbursement Form within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)

ALASKA PUBLIC OFFICES COMMISSION

ANCHORAGE
2221 E. Northern Lights, Room 128
Anchorage, AK 99508-4149
Phone:(907) 276-4176 or
Toll free: (800) 478-4176
Fax: (907) 276-7018

Website: www.doa.alaska.gov/apoc
Email: apoc@alaska.gov

JUNEAU
240 Main St. #500
PO Box 110222
Juneau, AK 99811
Phone: (907) 465-4864
Fax: (907) 465-4832

MUNICIPAL CANDIDATE REGISTRATION

Unless an exemption statement is filed, municipal candidates must file a Candidate Registration within 7 days of filing a declaration of candidacy or nominating petition with the clerk's office. The registration provides contact information and designates campaign officers. Only registered campaign officers are permitted to accept/spend contributions on behalf of the campaign, or be reimbursed. Registered candidates must file campaign disclosure reports for the duration of their campaign.
AS 15.13.060; 2 AAC 50.282; 2 AAC 50.298.

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (https://my.alaska.gov/).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

Candidate Name:	**Campaign Committee Name:** (Optional)
Election Month and Year:	**Municipality / Borough:**
Campaign Mailing Address:	**Campaign Email:**
Campaign Phone:	**Additional Email:**
Campaign Depository: (DO NOT list account number)	**Campaign Depository Address:**

Treasurer Name:	**Treasurer Phone:**
Treasurer Mailing Address:	**Treasurer Email:**
Deputy Treasurer(s): _____	**Address(s):** _____

I certify that the information contained in the foregoing document is true, complete, and correct.	**Signature**	**Date**
	Printed name	

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a Candidate Reimbursement Form within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)