Municipality of Anchorage
Declaration of Candidacy Form

Service Area Board of Supervisors
Term ends 2028

I hereby declare my candidacy for the _Glen Alps Road Service Area_ Service Area Board of Supervisors, Seat ___D___. If elected, I agree to serve for a 3-year term, expiring upon certification of the April 2028 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 1, 2025 election. (You are certifying that you have been a resident of the service area since January 3, 2025.)

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 January 28, 2025, 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.

Roger Marks
Candidate Name

Roger Marks
Name as it should appear on ballot

12550 Toilsome Hill Dr. / Anchorage, AK 99516
Residence Address, City, State, and Zip Code

12550 Toilsome Hill Dr. / Anchorage, AK 99516
Mailing Address, City, State, and Zip Code

_907-250-1197_
Phone Number

_907-345-3918_
Office Phone Number & Fax Number
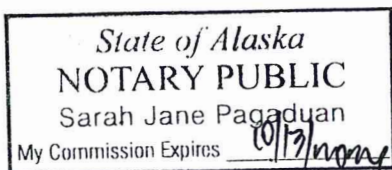
rogmarks@gmail.com
Email Address

_____
Website Address

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

_____
Signature of Candidate

DATED THIS _14_ day of _January_, 2025

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this _14th_ day of _January_, 2025, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared _Roger Marks_ 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: _10/13/nom_

State of Alaska
NOTARY PUBLIC
Sarah Jane Pagaduan
My Commission Expires _10/13/nom_

Rev. 11/2024