

Municipality of Anchorage Declaration of Candidacy Form

DISTRICT 6 - SEAT J – South Anchorage,
Girdwood, Turnagain Arm
Term ends 2028

JAN 15 12:54 PM



Office use only

I hereby declare my candidacy for an Assembly Seat for the Municipality of Anchorage, and agree to serve, if elected, 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 Anchorage;
- (2) I have been a resident of **Assembly District 6** for at least one year; and
- (3) I commit to remain a resident of **Assembly District 6** while in office.

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.

Keith Dean McCormick Keith McCormick
Candidate Name Name as it should appear on ballot

12901 Ridgewood Rd Anchorage, AK 99576
Residence Address, City, State, and Zip Code

12701 Ridgewood Rd Anchorage, AK 99576
Mailing Address, City, State, and Zip Code

907 441 7781
Phone Number Office Phone Number & Fax Number

keithmccormick91@gmail.com
Email Address Website Address

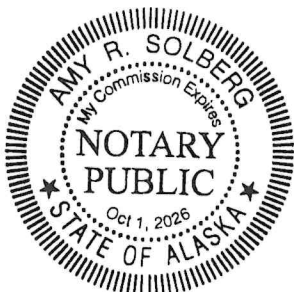
I hereby swear (affirm) that the above declaration and all statements contained herein are true and correct.

[Signature]
Signature of Candidate

DATED THIS 15 day of January, 2025

State of Alaska)
)SS
Third Judicial District)

THIS IS TO CERTIFY that on this 15 day of January, 2025, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Keith Dean McCormick 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: 10/1/2026

POFD FORM

COMPLETED

Submission Date: **01/14/2025**

FILER INFORMATION

First Name: **Keith**
 Last Name: **McCormick**
 Address: **12901 RIDGEWOOD RD**
 City, State Zip: **Anchorage, Alaska 99516-2936**
 Contact Phone: **9074417781**
 Alternate Phone: **Nothing to Report**
 Fax (Optional): **Nothing to Report**
 Email: **KEITHMCCORMICK91@GMAIL.COM**
 Partner Type: **Spouse**
 Spouse/Domestic Partner Name: **Sarah McCormick**
 Dependent Children: **2**
 Non-Dependent Children: **0**



PURPOSE OF FILING

Report Year: **2025**
 Report Dates: From **01/01/2024** Through **12/31/2024**
 Filing As: **Municipal Candidate**
 Municipality: **Anchorage, City and Borough**
 Office: **Assembly**
 Report Type: **Candidate**

INCOME

| Owner | Type | Detail | Description | Amount |
|--------|----------------------|---|--------------------------------|-----------------------|
| Filer | Salaried | Alaska Fracture and Orthopedic Clinic Full-time From: 01/08/2024 Through 01/15/2025 Time Worked: | Salary as physician assistant. | \$100,000 - \$200,000 |
| Filer | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |
| Spouse | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |

| Owner | Type | Detail | Description | Amount |
|--------|----------------------|--------------------|-------------|----------------------|
| Child | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |
| Child | Dividend or Interest | Alaska PFD | | \$1,000 - \$2,000 |
| Filer | Dividend or Interest | VA disability | | \$20,000 - \$50,000 |
| Spouse | Dividend or Interest | Investment income. | | \$50,000 - \$100,000 |

INTERESTS

| Owner | Type | Detail | Description / Interest |
|-------|---------------|---|---|
| Filer | Business | Business Name: Pioneer Strategies, LLP 12901 Ridgewood Road Anchorage, Alaska 99516 | Position / Type: Partner |
| Filer | Real Property | 99516 Anchorage, Alaska 99516 | Ownership Interest: General Partnership |

LOANS AND DEBTS

| Owner | Type | Name |
|-------|----------|----------------------|
| Filer | Creditor | Wells Fargo Mortgage |
| Filer | Creditor | USAA Automotive |
| Filer | Creditor | Edfinancial Services |

LEASES

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

CLOSE ECONOMIC ASSOCIATIONS

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

LOBBYIST PARTNER EMPLOYERS

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

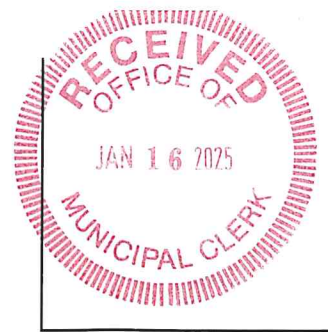
Municipality of Anchorage

Candidate Information for Publication

MOA Election Center
619 East Ship Creek Avenue, Door D, Anchorage, Alaska 99501
(PO Box 196659, Anchorage, Alaska 99519)

Email: elections@anchorageak.gov Telephone: 907-243-VOTE (8683) Fax: 907-343-4313

or
Municipal Clerk's Office
632 West 6th Avenue, Suite 250, Anchorage, Alaska 99501



Office Use Only

Forms may be submitted in-person or via email.

This candidate statement form must be received by no later than **Friday, January 24, 2025 at 5:00 p.m.** If received after the deadline the acceptance of this form is at the discretion of the Clerk or designee of the Clerk.

[NOTE: Candidate information will be published verbatim on the MOA's Election website and in the Voter Pamphlet.]

| CANDIDATE PROFILE | |
|--|-------------------------|
| Name: Keith McCormick | |
| Office Sought: South Anchorage Assembly Seat , District 6, Seat J | |
| Email: keithmccormick91@gmail.com | Phone No.: 907-441-7781 |
| Education: Bachelor of Health Science, UAA. Master of Clinical Health Science- MEDEX , University of Washington, Doctor of Medical Science, Butler University. | |
| ELECTED EXPERIENCE | |
| Elected and/or appointed positions held and dates of service – List no more than 3 | |
| 1. Ridgewood Road Association, Communications Officer | |
| 2. | |
| 3. | |
| OTHER PROFESSIONAL EXPERIENCE | |
| Elected and/or appointed positions held and dates of service – list no more than 3. | |
| 1. | |
| 2. | |
| 3. | |
| COMMUNITY SERVICE | |
| List no more than 3 | |
| 1. Downtown Soup Kitchen Hope Center | |
| 2. | |
| 3. | |