



POFD FORM



**COMPLETED**

Submission Date: **01/16/2025**

FILER INFORMATION

First Name: **Angela**  
 Last Name: **Frank**  
 Address: **8224 Northwind Ave Unit A**  
 City, State Zip: **Anchorage, Alaska 99504**  
 Contact Phone: **9077171947**  
 Alternate Phone: **Nothing to Report**  
 Fax (Optional): **Nothing to Report**  
 Email: **afrank014@outlook.com**  
 Partner Type: **Spouse**  
 Spouse/Domestic Partner Name: **Garren Lucas**  
 Dependent Children: **0**  
 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	State of Alaska Full-time From: 12/01/2024 Through 05/30/2025 Time Worked:	Local Government Specialist	\$10,000 - \$20,000
Filer	Salaried	Anchorage Yoga Part-time From: 07/14/2024 Through 01/16/2025 Time Worked: 24 hours/week	Co-Creator, front desk staff	\$10,000 - \$20,000

Owner	Type	Detail	Description	Amount
Spouse	Salaried	Hilcorp Full-time From: 03/18/2020 Through 01/16/2025 Time Worked:	Production Technician, operator for GC-3 facility in Prudhoe Bay, AK.	\$100,000 - \$200,000
Filer	Dividend or Interest	PFD		\$1,000 - \$2,000

### INTERESTS

Owner	Type	Detail	Description / Interest
Filer	Business	Business Name: Lilies of the Valley 2612 Eagle St. Anchorage, Alaska 99503	Position / Type: Owner

### LOANS AND DEBTS

Owner	Type	Name
Filer	Lender	U.S. Department of Education, Student Loans

### 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		

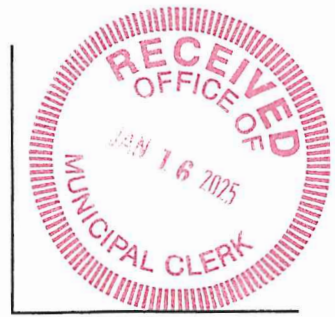
# Municipality of Anchorage

## 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](mailto: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: <b>Angela Frank</b>	
Office Sought: <b>Anchorage Assembly, District 5, Seat H - East Anchorage</b>	
Email: <b>contact@liliesofthevalleyak.com</b>	Phone No.: <b>907-717-1947</b>
Education: <b>Le Cordon Bleu Culinary Institute - A.A. Baking and Patisserie, Bellevue College - B.A in Digital Marketing, Yoga Veda Institute - Ayurvedic Practitioner</b>	
ELECTED EXPERIENCE	
Elected and/or appointed positions held and dates of service – List no more than 3	
1.	
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. <b>Blood Bank of Alaska</b>	
2. <b>Hospice of Anchorage</b>	
3.	