

JAN 24 12:44PM



# Municipality of Anchorage

## Update to Candidate's Contact Information

I, Angela Frank, candidate for the office of Anchorage Assembly - District 5 - Seat H, hereby update my declaration of candidacy's contact information, as shown below.

This form, including the following information, will appear on the municipal election website as is.

Angela Frank Candidate Name      Angela Frank Name as it should appear on the ballot (if applicable)

8224 Northwind Ave Unit A Anchorage AK 99504 Residence Address, City, State, and Zip Code

8224 Northwind Ave Unit A Anchorage AK 99504 Mailing Address, City, State, and Zip Code

907-717-1947 Phone Number      Office Phone Number & Fax Number

CONTACT@LILIESOFTHEVALLEYAK.COM Email Address      WWW.LILIESOFTHEVALLEYAK.COM Website Address

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

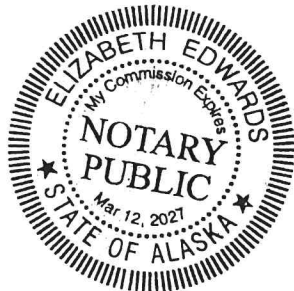
Angela Frank Signature of Candidate      Angela Frank 24 JANUARY DATED THIS 23 day of JANUARY, 2025

State of Alaska )  
                          )SS  
Third Judicial District)

THIS IS TO CERTIFY that on this 24<sup>th</sup> day of January, 2025, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared Angela Margaret Frank 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      3/12/27  
My Commission expires:





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		

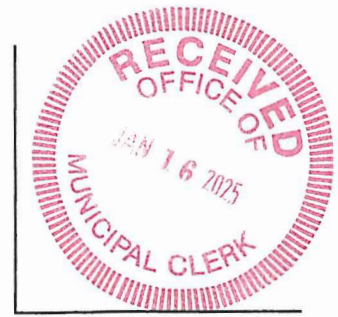
# Municipality of Anchorage

## 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.	