# Municipality of Anchorage Update to Candidate's Contact Information



	candidate for the office of
Anchorage Assembly - District 5 - Sea contact information, as shown below.	, hereby update my declaration of candidacy's
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 Residence Address, City, State, and Zip Code	A Anchorage AK 99504
8224 Northwind Ave Unit- Mailing Address, City, State, and Zip Code	A Anchorage AL 99504
907-717-1947 Phone Number	Office Phone Number & Fax Number
CONTACT DLILIES OF THE VALLEY AK. COM Email Address	WWW.LILIESOFTHEVALLEYAYL.Com Website Address
I hereby swear (affirm) that the above declaration and all standard and al	DATED THIS 23 day of JANUARY , 2025
State of Alaska )  SS  Third Judicial District)  THIS IS TO CERTIFY that on this H day of Janu and 2025, before me the house of the company of the same freely and voluntarily for the uses and purposes to the same freely and voluntarily for the uses and the same freely and the same free	e undersigned, a Notary Public in and for the State of Alaska, personally appeared fual named in and who executed the foregoing instrument and he/she acknowledged therein stated.
ABETH EDITION COMMISSION COMMISSI	WITNESS my hand and official seal the day and year last written above.  Notary Public in and for Alaska My Commission expires:



DISTRICT 5 - SEAT H – East Anchorage Term ends 2028



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 5 for at least one year; and
- (3) I commit to remain a resident of Assembly District 5 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 elec-	ction website. Please write legibly.
Angela Frank	Angela Frank
Candidate Name	Name as it should appear on ballot
8224 Northwind Ave Unit	A Anchorage ALL 99504
Residence Address, City, State, and Zip Code	1
8224 Northwind Ave Unit	A Anchorage ALL 99504
Mailing Address, City, State, and Zip Code	
907-717-1947	
Phone Number	Office Phone Number & Fax Number
CONTACTA LILIESOFTHEVALLEY.COM Email Address	WWW.LILIESOFTHEVALLEYAY.COM Website Address
I hereby swear (affirm) that the above declaration and all sta	
An a shared by	DATED THIS \\ day of \\ \ANUAWY\ \ \ \ 2025
State of Alaska )	
Third-Judicial District)  THIS IS TO CERTIFY that on this <u>Ve</u> day of <u>January</u> , 2025, befo personally appeared <u>Margaret Frank</u> known to minstrument and he/she acknowledged to me that he/she signed the same for t	ie and known to be the individual named in and who executed the foregoing
Rev 11/2024  Rev 11/2024	WITNESS thy hand and official seal the day and year last written above.  Notary Public in and for Alaska  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: **o** Non-Dependent Children: **o** 

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	Туре	Detail	Description	Amount
Filer	Salaried	State of Alaska Full-time From: 12/01/2024 Through 05/30/2025 Time Worked:	Local Government Sp ecialist	\$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 des k staff	\$10,000 - \$20,000



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

#### INTERESTS

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

#### LOANS AND DERTS

Owner	Туре	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 Telephone: 907-243-VOTE (8683) Fax: 907-343-4313

or

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



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: Angela Frank		
Office Sought: Anchorage Assembly, Distric	t 5, Seat H - East Anchorage	
Email: contact@liliesofthevalleyak.com	Phone No.: 907-717-1947	
Education: Le Cordon Bleu Culinary Institute - A.A. Baking and Palisserie, Be	llevue College - B.A in Digital Marketing, Yoga Veda Institute - Ayurvedic Practitioner	
	EXPERIENCE I and dates of service – List no more than 3	
1.		
2.		
3.		
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1.		
2.		
3.		
	IITY SERVICE nore than 3	
1 Blood Bank of Alaska		
2. Hospice of Anchorage		
3.		

