Municipality of Anchorage Declaration of Candidacy Form





I hereby declare my candidacy for the Totem LRSI	A Seat A Service Area Board of
Supervisors, Seat If elected, I agree to serve for a 3	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 abo	ve for 90 days immediately preceding the April 1, 2025
election. (You are certifying that you have been a re	sident 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. o 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.
David Jensen	David Jensen
Candidate Name	Name as it should appear on ballot
Residence Address, City, State, and Zip Code	crage, At 99516
Accelerate proceedings appropriately to the part of a mark a rise of an interpretation procedures a	1 41 00-11
10821 Boronik St. An	charage, AK 99516
Mailing Address, City, State, and Zip Code	
907 868-1680	907 868-1680
Phone Number	Office Phone Number & Fax Number
david Dalaskapo-troits.com Email Address	david Jensen photography. com Website Address
I hereby swear (affirm) that the above declaration and all sta	itements contained herein are true and correct.
,	
Signature of Candidate	DATED THIS 10 day of January 2025
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State of Alaska))SS	
Third Judicial District) THIS IS TO CERTIEV that on this / day of Arriver 2025 hefe	
THIS IS TO CERTIFY that on this day of	ore me the undersigned, a Notary Public in and for the State of Alaska, 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	
personally appeared	WITNESS my hand and official seal the day and year last written above.
MY COMMISSION	Notary Public in and for Alaska
EXPIRES L/XI	My Commission expires: 2 2 2
Rev. 11/2024	