# Municipality of Anchorage Declaration of Candidacy Form

DISTRICT 4 - SEAT F - Midtown 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 4 for at least one year; and
- (3) I commit to remain a resident of Assembly District 4 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 ele	ction website. Please write legibly.
DON SMITH	DON Son (Th
Candidate Name	Name as it should appear on ballot
2121 Tudor Hills	Court ANCHOTAL Eggs)
Residence Address, City, State, and Zip Code	ANCKOVAGE
2121 Tudor Hills Co	urt AK 99507
Mailing Address, City, State, and Zip Code	
907-529-6170	+ SAME
Phone Number	Office Phone Number & Fax Number
AKREG@GCL. Net	-
Email Address	Website Address
I hereby swear (affirm) that the above declaration and all state of the sweat of the sweet of the state of the sweet of th	DATED THIS day of, 2025
State of Alaska )	
Third Judicial District)  THIS IS TO CERTIFY that on this 21 day of 5 known to represent and he/she acknowledged to me that he/she signed the same to	ne and known to be the individual named in and who executed the foregoing
Rev 11/2024  Rev 11/2024	WITNESS my hand and official seal the day and year last written above.  Notary Public in and for Alaska My Commission expires: 1/2026

## **POFD FORM**

## **AMENDMENT**

Amendment Description: Adding spouse information.

## COMPLETED

Submission Date: **01/23/2025** 

#### FILER INFORMATION

First Name: **Donald**Last Name: **Smith** 

Address: 2121 Tudor Hills Cort

City, State Zip: Anchorage, Alaska 99507

Contact Phone: **9075296170** 

Alternate Phone: **Nothing to Report** Fax (Optional): **Nothing to Report** 

Email: akreg@gci.net Partner Type: Spouse

Spouse/Domestic Partner Name: Katherine Elliott

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
Spouse	Dividend	PFD		\$1,000 -
	or			\$2,000
	Interest			×
Filer	Dividend	PFD	э.	\$1,000 -
	or			\$2,000
1	Interest			
Filer	Other	Source: Alaska		\$20,000 -
		State Retirement		\$50,000
Filer	Other	Source: Social		\$20,000 -
		Security		\$50,000
Spouse	Other	Source: Alaska		\$20,000 -
1		State Teachers		\$50,000
		Retirement		
Spouse	Other	Source: Social		\$5,000 -
		Security		\$10,000

# Interests

Owner	Туре	Detail	Description / Interest
Spouse	Real	2121 Tudor Hills	Ownership Interest: Other:
	Property	Court	:Spouse Sole Owner
		Anchorage ,	
		Alaska 99507	
Filer	Beneficial	Managed By:	State Retirement
	9	Great West	Ownership: 100%
Spouse	Beneficial	Managed By:	State Retirement
		Great West	Ownership: 100%

# LOANS AND DEBTS

Owner	Type	Name
OWITCI	Type	I I I I I I I I I I I I I I I I I I I

Owner	Туре	Name
Spouse	Lender	Wells Fargo

# **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		oyers / 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

#### 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: Don Smith
Office Sought: Muni Assembly DISFAY
Email: AKREGE 6C1. Next Phone No.: 907 529 6170
Education:
ELECTED EXPERIENCE Elected and/or appointed positions held and dates of service – List no more than 3
1. AlAska State House - 3th legislature 2. Auchorage Assembly - 181/2 years
2. ANCHORAGE ASSEMBLY - 181/2 GEARS
3.
OTHER PROFESSIONAL EXPERIENCE  Elected and/or appointed positions held and dates of service — list no more than 3.
1. Presidential Commission - Reagan
2.
3.
COMMUNITY SERVICE List no more than 3
1. PAST 25 your
2.
3.