

# Municipality of Anchorage Declaration of Candidacy Form

**DISTRICT 2 - SEAT A – Chugiak, Eagle River, JBER**  
Term ends 2028

JAN 24 2025 15:36



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 2** for at least one year; and
- (3) I commit to remain a resident of **Assembly District 2** 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 election website. Please write legibly.

DAVID CAMERON LITTLETON LITTLETON, DAVID  
Candidate Name Name as it should appear on ballot

17805 OLD GLENN HWY, CHUGIAK, AK 99567  
Residence Address, City, State, and Zip Code

PO Box 672608, CHUGIAK, AK 99567  
Mailing Address, City, State, and Zip Code

(907) 440-6668 (907) 345-3853  
Phone Number Office Phone Number & Fax Number

aldave341@yahoo.com DavidLittleton@facebook.com  
Email Address Website Address

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

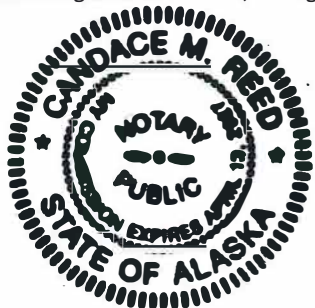
[Signature]  
Signature of Candidate

DATED THIS 24 day of January, 2025

State of Alaska )  
                                  )SS

Third Judicial District)

THIS IS TO CERTIFY that on this 24th day of January, 2025, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared David Littleton 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.

Candace M. Reed  
Notary Public in and for Alaska  
My Commission expires: 4/13/2027

POFD FORM



**COMPLETED**

Submission Date: **01/24/2025**

**FILER INFORMATION**

First Name: **DAVID**  
 Last Name: **LITTLETON**  
 Address: **17805 OLD GLENN HWY**  
 City, State Zip: **CHUGIAK, Alaska 99567**  
 Contact Phone: **907-440-6668**  
 Alternate Phone: **907-345-3853**  
 Fax (Optional): **N/A**  
 Email: **akdave341@yahoo.com**  
 Partner Type: **None / Not Applicable**  
 Spouse/Domestic Partner Name: **Nothing to Report**  
 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	ALASKA LABORERS TRAINING SCHOOL  Full-time From: 10/26/2015 Through 01/24/2025 Time Worked:	FACILITIES/ GROUND S MAINTENANCE, CA RETAKER, INSTRUCT OR ASSISTANT	\$50,000 - \$100,000
Filer	Dividend or Interest	ALASKA PERMANENT FUND DIVIDEND		\$1,000 - \$2,000

**INTERESTS**

Owner	Type	Detail	Description / Interest
Filer	Real Property	17826 OLD GLENN HWY CHUGIAK, Alaska 99567	Ownership Interest: Fee Simple
Filer	Beneficial	Managed By: Welfare & Pension Administration Service, Inc	Alaska Laborers Trust Ownership: 100%

LOANS AND DEBTS

Owner	Type	Name
Filer	Creditor	Weststar Mortgage
Filer	Creditor	Municipality of Anchorage- Treasury Division

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		