

Municipality of Anchorage Declaration of Candidacy Form

DISTRICT 5 - SEAT H – East Anchorage
Term ends 2028

JAN 23 25 11:46 AM



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 election website. Please write legibly.

John Stiegele
Candidate Name

John Stiegele
Name as it should appear on ballot

1450 Muldoon Rd #206 Anchorage AK 99504
Residence Address, City, State, and Zip Code

1450 Muldoon Rd #206 Anchorage AK 99504
Mailing Address, City, State, and Zip Code

907-444-4924
Phone Number

Office Phone Number & Fax Number

StiegeleJS@gmail.com
Email Address

Website Address

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

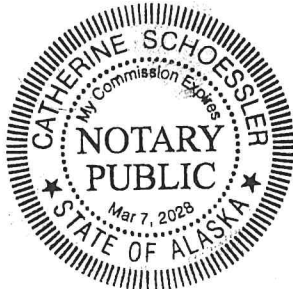
John Stiegele
Signature of Candidate

DATED THIS 27 day of January, 2025

State of Alaska)
)SS

Third Judicial District)

THIS IS TO CERTIFY that on this 23 day of January, 2025, before me the undersigned, a Notary Public in and for the State of Alaska, personally appeared John Stephen Stiegele 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
My Commission expires: March 7, 2028



COMPLETED

Submission Date: 01/22/2025

FILER INFORMATION

First Name: john
 Last Name: stiegele
 Address: 1450 muldoon rd apt 206
 City, State Zip: anchorage, Alaska 99504
 Contact Phone: 9074444924
 Alternate Phone: **Nothing to Report**
 Fax (Optional): **Nothing to Report**
 Email: stiegelejs@gmail.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: City Council
 Report Type: Candidate

INCOME

Owner	Type	Detail	Description	Amount
No Income / Nothing to Report				

INTERESTS

Owner	Type	Detail	Description / Interest
No Interests / Nothing to Report			

LOANS AND DEBTS

Owner	Type	Name
No Debt / Nothing to Report		

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		

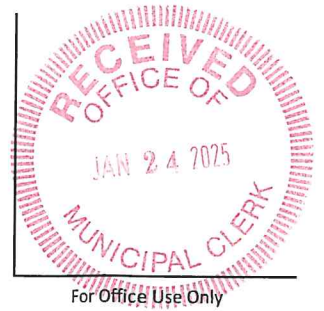
Municipality of Anchorage

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



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: <u>John Stiegel</u>	
Office Sought: <u>District 5 Seat 4</u>	
Email: <u>StiegelJS@gmail.com</u>	Phone No.: <u>907-444-4924</u>
Education: <u>Eastern Washington University</u>	
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. <u>Remax Broker</u>	
2.	
3.	
COMMUNITY SERVICE	
List no more than 3	
1.	
2.	
3.	