



# CITY OF SOLDOTNA DECLARATION OF CANDIDACY CITY COUNCIL

This form must be completed in its entirety or candidacy will not be validated. Corrections must be initialed.

### GENERAL INFORMATION

(Please print or type)

I, \_\_\_\_\_, am a qualified voter and declare myself to be a resident of the City of Soldotna and candidate for nomination to the office of:

**COUNCIL MEMBER – SEAT \_\_\_\_\_**

### RESIDENCY INFORMATION

My current residence address is: \_\_\_\_\_  
*(Use Street #, mile post, or other physical location description)*

I have been a resident of the City of Soldotna since \_\_\_\_\_, \_\_\_\_\_.

My full mailing address is: \_\_\_\_\_.

I request that my name appear on the ballot in the following manner:

\_\_\_\_\_ (Last Name)

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (MI)

\_\_\_\_\_ (\*Nickname and/or Suffix, if to be printed on ballot)

\*The City Clerk may not include on the ballot as part of the candidate's name any honorary title or prefix but may include the candidate's name any nickname or familiar form of a proper name of the candidate.  
AS15.15.030(4)

### CERTIFICATION

I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the Oath of Office, if elected. I have not filed another Declaration of Candidacy for the office for which this Declaration is filed. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be submitted to the City Clerk in writing with my signature.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY SEAL

\_\_\_\_\_  
Candidates Signature

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

To assist staff in verifying candidate/voter identification, please provide one or both of the following:

Social Security No. \_\_\_\_\_

Voter No. \_\_\_\_\_

My Financial Disclosure Statement is:  Included with this Declaration **OR**  On file with the City Clerk

### FOR OFFICE USE ONLY

Received on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Candidate Verified: \_\_\_\_\_ Voter Registration – District/Precinct: \_\_\_\_\_

Completed forms must be received by the Clerk's Office no later than **4:30 p.m., August 15, 2017**.  
This form must be accompanied by a Financial Disclosure Statement and a U.S. Immigration I-9 form.