

July 19, 2021

Dear Municipal Candidate:

Enclosed in this packet are all the forms you will need for filing for an elected position with the City of Seward, Alaska. Below are some key guidelines to help you:

- In order to be eligible for election to a city office, you must be an elector (registered voter) of the city, and you must have been a resident of the city for a period of not less than one year immediately preceding the date of filing your declaration.
- Candidate filing packets must be filed with the clerk's office between the hours of 8:00 a.m. to 5:00 p.m. from August 2 through August 13, 2021 or from 8:00 a.m. to 12:00 p.m. on August 16, 2021. (per Seward City Code)
- You must file either an Exemption Form for spending *less than \$5,000* on your campaign, or a Candidate Registration Form for spending *more than \$5,000* on your campaign with APOC. These can be found online at http://doa.alaska.gov/apoc/forms/forms candidate.html.
- To be included in the Kenai Peninsula Borough's voter pamphlet, you must submit your Borough Candidate Information Form and a photo to one of two places:
 - Kenai Peninsula Borough Clerk's office by 12:00 p.m. on Monday, August 16, 2021; or,
 - Seward City Clerk's office by 12:00 p.m. on Monday, August 16, 2021

(Photo requirements are composed of candidate head, neck and shoulders, and photo taken within the last 5 years. If the Borough cannot produce a good quality photo, they will not publish it.)

WHAT TO FILE

WHERE TO FILE/BY WHEN

Declaration of Candidacy Form AND	Seward City Clerk
Public Official Financial Disclosure Statement	Submit to Seward office by Monday, August 16, 2021
(a City of Seward form)	by 12:00 p.m.
KPB Candidate Information Form & Photo	KPB Clerk's Office
	Submit directly to KPB office by Monday, August 16,
	2021 by 12:00 p.m.
	OR
	Seward City Clerk's Office
	Submit to Seward office by Monday, August 16, 2021
	by 12:00 p.m.
APOC Exempt Candidate Form	Alaska Public Offices Commission
OR	File immediately, directly with APOC
APOC \$5,000 Registration Form	i ic immediaciy, an ecity with AI OC

If you have any questions about this election process call the City Clerk's office at 224-4046. If you have questions on any of the public disclosure forms call the Alaska Public Offices Commission at 907-276-4176. If you have questions regarding the Kenai Peninsula Borough voter pamphlet call the Borough Clerk at 907-714-2160.



CITY OF SEWARD 2021 REGULAR MUNICIPAL ELECTION CALENDAR

EVENT	DATE
Declaration of Candidacy Form AND Public Official Financial Disclosure Statement (a City of Seward form)	Seward City Clerk's Office from August 2 - August 13, 2021 between 8:00 a.m. – 5:00 p.m. or August 16, 2021 between 8:00 a.m. – 12:00 p.m.
KPB Candidate Information Form & Photo	KPB Clerk's Office Monday, August 16, 2021 by 12:00 p.m. OR Seward City Clerk's Office Monday, August 16, 2021 by 12:00 p.m.
Register To Vote	Register by
OR	Sunday, September 5, 2021
Update Voter Information	Deadline to Register/Update with the Seward City Clerk is Friday, September 3, 2021
Labor Day	Monday, September 6, 2021 National Holiday
Absentee In-Person & Personal Representative Voting	City Clerk's Office – 410 Adams St. September 20, 2021 – October 4, 2021
Absentee By-Mail Application Period	January 1 – September 28, 2021
ELECTION DAY	City Council Chambers – 410 Adams St. Tuesday, October 5, 2021 7:00 a.m. – 8:00 p.m.
Election Canvass Board Meets	City Council Chambers Thursday, October 7, 2021 at 1:00 p.m.
City Council Certifies Election Results	City Council Chambers Monday, October 11, 2021 at 7:00 p.m.

CAMPAIGN SIGNS



SEWARD CITY CODE, CHAPTER 15.20 - SIGNS

Seward City Code 15.20.030 (r) allows temporary signs without a permit if certain standards are met. A campaign sign is defined in Chapter 15.20 as one type of temporary sign.

15.20.030 R. Temporary signs may be posted for not more than 30 days in a 180 day time period

- 1. One temporary sign is allowed per property if non-commercial residential, and one for each business in commercial districts;
- 2. Temporary signs may include banners, flags, or pennants;
- 3. Temporary signs may not exceed 12 square feet in residential areas and 32 square feet in commercial or industrial districts;
- 4. Temporary signs referencing a date or event must be removed within ten days following the date or event:
- 5. Special noncommercial event signs may be erected two weeks prior to the event.

STATE CAMPAIGN SIGN LAW

The Alaska Department of Transportation and Public Facilities (DOT/PF) is responsible for administering Alaska law with regard to the placement of campaign signs. The phone number of DOT/PF Anchorage offices is 907-266-1440.

In 2018 the Alaska Chapter of the Americans Civil Liberties Union filed suit in the Alaska Superior Court regarding campaign signs and free speech. As a result of the lawsuit the State and Federal funding partners agreed to allow certain signs on private property adjacent to State right of ways. The court issued an order clarifying that owners or occupants of private property located adjacent to State highway right of ways may place a small, temporary, political campaign sign on their property during election season provided they have not been paid to display the signs. The order specifies that these signs cannot be larger than 4 feet by 8 feet in size. The order does not allow political signs to be placed within State highway right of ways and it does not authorize other forms of outdoor advertising.

If you are in doubt concerning the state right-of-way in a given area, please contact the Alaska Department of Transportation and Public Facilities regional office at 907-266-1440.

CITY OF SEWARD, ALASKA DECLARATION OF CANDIDACY FOR COUNCIL MEMBER

This form must be completed in its entirety and filed with the City Clerk or candidacy will not be validated.

Corrections <u>must</u> be initialed.

GENERAL INFORMATION	BALLOT INFORMATION
,, am a qualified	
oter, have been a resident and resided in the City of	
Seward continuously for a period of not less than one year	
mmediately preceding the date of filing, and now declare	I request that my name appear on the ballot in
nyself a candidate for the office of COUNCIL MEMBER .	the following manner:
RESIDENCY INFORMATION	
/ly current residence address is:	(Last Name) (First Name) (MI) (*Nickname)
Seward, Alaska	* The City Clerk may not include on the ballot as part of a candidate's name any honorary or assumed title or prefix but may include in the
/ly current mailing address is:	candidate's name any nickname or familiar form of a proper name of the candidate. AS 15.15.030(4)
CERTIFICATION I, the undersigned, solemnly swear and certify that the information and that I meet the specific residency and citizenship require choose to withdraw my candidacy, a signed withdrawal of care the end of the candidate filing period (Monday, August 16, 20).	ements of this office. I also acknowledge that should I ididacy letter must be submitted to the City Clerk prior to
Subscribed and sworn to before me this day of, 2021.	
	Candidate's Signature
NOTARY PUBLIC	Home Phone
My commission expires:	Work Phone
	To assist staff in verifying candidate/voter identification, please provide one or both of the following:
(Notary Seal)	SSN Voter No

__ My City of Seward Public Official Financial Disclosure Statement is enclosed with this declaration.

(initials)



1.	This statement must be submitted by candidates for and existing members of: City Manager, Mayor, City Council, and Planning & Zoning Commission.
2.	The information in this statement reflects the previous calendar year.
3.	You must document your financial interests and those held by your spouse, or dependent children during the preceding calendar year. NOTE: <i>Municipal officials are not required to disclose information about their domestic partner</i> .
4.	This document replaces the Alaska Public Official Financial Disclosure Form in AS 39.50, for the City of Seward per approval of the voters on October 2, 2012.
5.	Candidates and elected officials must still follow the state election campaign laws of AS 15.13.

BACKGROUND INFORMATION

6. SIGN AND DATE THIS DOCUMENT ON THE LAST PAGE.

NAME:			
MAILING ADDRESS:			_ AK
EMAIL:	Current Street Address or PO Box	City	Zip
PHONE:		_ FAX:	
OCCUPATION:			
OFFICE HELD OR SO	UGHT: Check One	nnager	ncil P&Z
TITLE:			
TERM OF OFFICE:	From	<i>To</i>	
TYPE OF STATEMENT	T: Check One □ CANDIDATE STATEMENT □ INITIAL STATEMENT □ ANNUAL STATEMENT	Must be filed with Declard For Newly Appointed Mun Due by April 15, 2021 by	nicipal Officials
SPOUSE:			
DEPENDENT CHILDRI	EN:		



SCHEDULE A SOURCES OF INCOME OVER \$5,000

SALARIED EMPL	OYMENT	If NONE reportable, check box → □
Report the name of each calendar year.	ch employer who pa	aid you, your spouse, or dependent children more than \$5,000 during the preceding
Name of filer, spou	se, or child:	
Employer's Name:		
Name of filer, spou	se, or child:	
Employer's Name:		
Name of filer, spou	se, or child:	
Employer's Name:		
Name of filer, spou	se, or child:	
Employer's Name:		
SELF-EMPLOYM	ENT	If NONE reportable, check box $\rightarrow \Box$
	children during the p	ployment business that was a source of income of more than \$5,000 for you, your preceding calendar year. If the business is non-retail, list the first and last name business over \$5,000.
		, partnership, limited liability company, shareholder in a professional corporation, family member) more than 50% of the stock in a corporation.
Name of filer, spou	se, or child:	
Business Name:		
	Retail	☐ Non-Retail
If non-retail, list 1. clients and/or 2. customers here: 3.		
Name of filer, spou		
Business Name:	<u> П ъ н</u>	
	☐ Retail	☐ Non-Retail
If non-retail, list 1. clients and/or 2. customers here: 3		

Give detailed descriptions where requested. Use extra pages if necessary. Check all boxes that apply. If you have nothing to report or a section does not apply to you, check "none." **THIS IS A PUBLIC DOCUMENT.**



SCHEDULE A SOURCES OF INCOME OVER \$5,000

RENTAL INCOME	If NONE reportable, check box $\rightarrow \Box$
	5,000 was received during the preceding calendar year. If property is an you, your spouse, or dependent children, list the managing agent
Name of Owner (filer, spouse, or child):	Name of Tenant(s):
DIVIDENDS AND INTEREST	If NONE reportable, check box \rightarrow
List the name(s) of the asset(s) (not in a retirement accou	capital gains over \$5,000 earned during the preceding calendar year. Int) which paid out dividends, interest or capital gains to you, your ill report the assets of a retirement account or trust on Schedule D.
Name of Recipient (filer, spouse, or child):	Name of Source of Income:
OTHER INCOME	If NONE reportable, check box $\rightarrow \Box$
	e on this statement, including income from public assistance, workers property, social security, retirement, the name of the person who paid a, shared living expenses, etc.
Name of Recipient (filer, spouse, or child):	Name of Source of Income:
GIFTS	If NONE reportable, check box $\rightarrow \Box$
	tive value of more that \$250 except gifts received from a spouse, phew. Some examples of gifts include cash, a debt that is forgiven, blic.
Name of Recipient (filer, spouse, or child):	Name of Source:
	raine of bource.



SCHEDULE B BUSINESS INTERESTS

BUSINESS INTERESTS

If NONE reportable, check box $\rightarrow \Box$

Report all business interests, even if they were not sources of income to you, your spouse, or dependent children during the preceding calendar year. Include any of the following:

- Ownership interests of more than \$5,000 as a shareholder in publicly traded stocks not listed elsewhere on this form. A list of the names of publicly traded stocks may be listed by name only on a separate page.
- Ownership interests in non-publicly traded companies such as a sole proprietor, shareholder, owner, partner, officer, or director, including ownership interests in native corporations.
- Interests in limited liability companies.
- Director or officer position in profit and non-profit organizations.

Describe the business activity with sufficient detail to tell a reader what the organization actually does.

Name of filer, spouse, or child:
Business Name:
Business Address:
Nature of Interest:
Description of Business Activity:
Name of filer, spouse, or child:
Business Name:
Business Address:
Nature of Interest:
Description of Business Activity:
Name of filer, spouse, or child:
Business Name:
Business Address:
Nature of Interest:
Description of Business Activity:

Give detailed descriptions where requested. Use extra pages if necessary. Check all boxes that apply. If you have nothing to report or a section does not apply to you, check "none." **THIS IS A PUBLIC DOCUMENT.**



SCHEDULE C REAL PROPERTY INTERESTS/RENT-TO-OWN

REAL PROPERTY INTERESTS

If NONE reportable, check box $ ightarrow$	
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Report all property interests such as your home, neighboring lots, rent-to-own home, rental property, vacant, recreational, business property or limited partnerships, including real estate interests held in an LLC or held through a trust or sold during the preceding calendar year. Include a street address, city and state **or** complete legal description for each piece of property listed. **Do not** use mile post markers or post office boxes. Make copies of this page if you need additional space to complete this section.

Name of filer, spouse, or child:	
Street Address or Legal Description:	
City or Borough	State
Nature of Interest:	
Option to Buy, Ownership, Leaseho	old, etc. Current Use (Optional)
Name of filer, spouse, or child:	
Street Address or Legal Description:	
City or Borough	State
Nature of Interest:	
Option to Buy, Ownership, Leaseho	old, etc. Current Use (Optional)
Name of filer, spouse, or child:	
Street Address or Legal Description:	
City or Borough	State
Nature of Interest:	
Option to Buy, Ownership, Leaseho	old, etc. Current Use (Optional)
Name of filer, spouse, or child:	
Street Address or Legal Description:	
City or Borough	State
Nature of Interest:	
Ontion to Ruy Ownership Leaseh	old etc Current Use (Ontional)

Give detailed descriptions where requested. Use extra pages if necessary. Check all boxes that apply. If you have nothing to report or a section does not apply to you, check "none." **THIS IS A PUBLIC DOCUMENT.**



SCHEDULE D BENEFICIAL INTEREST IN TRUSTS & RETIREMENT ACCOUNTS Exceeding \$5,000

TRUST & RETIREMENT ACCOUNTS

If NONE re	portable, check	$box \rightarrow \bot$	
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Report each beneficial interest in a trust or retirement account held by you, your spouse, or dependent children that exceeded \$5,000 during the preceding calendar year. Retirement accounts include employee benefit accounts (pension and profit-sharing accounts) and retirement accounts (IRA, 401K, etc.). Assets of a trust or retirement account include stocks, bonds, mutual funds, cash accounts, CDs and real property. Name the trustor (the person or employer who provided the funds or assets for the trust or retirement account) and, if a trust or retirement account is self-directed, list the assets by name.		
	%	
Name of filer, spouse, or child:	Extent of Interest (Percent)	
Name of the person, employer or entity who provided the funds or assets	(Trustor)	
Name(s) of the stocks, bonds, mutual funds or other assets contained in the	ne retirement account or trust	
	%	
Name of filer, spouse, or child:	Extent of Interest (Percent)	
Name of the person, employer or entity who provided the funds or assets	(Trustor)	
Name(s) of the stocks, bonds, mutual funds or other assets contained in the	e retirement account or trust	
	%	
Name of filer, spouse, or child:	Extent of Interest (Percent)	
Name of the person, employer or entity who provided the funds or assets (Trustor)		
Name(s) of the stocks, bonds, mutual funds or other assets contained in the	ne retirement account or trust	
	%	
Name of filer, spouse, or child:	Extent of Interest (Percent)	
Name of the person, employer or entity who provided the funds or assets	(Trustor)	

Give detailed descriptions where requested. Use extra pages if necessary. Check all boxes that apply. If you have nothing to report or a section does not apply to you, check "none." **THIS IS A PUBLIC DOCUMENT.**

Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust



SCHEDULE E LOANS, LOAN GUARANTEES & DEBTS OF \$5,000 OR MORE AND NATURAL RESOURCE LEASES

LOANS, LO	AN GUAR	ANTEES 8	z DEBTS	If NONE reportable, check box $\rightarrow \Box$				
spouse, or depoyear, loans that loans, business	endent child have been g and person	ren. List finar guaranteed, de al loans, esc	ncial obligations, inc inquent taxes, alimo rows, student loans,	n \$5,000 was owed duricluding mortgages on pony, child support paym, signature loans, and igations or revolving ch	property sold nents, medica promissory	during the precal bills, mortgage notes. Loans in	eding calendar, boat and auto	
Circle whether	r the entity i	s a lender, cr	editor, or guaranto	r.				
Name of Deb	otor (filer, s	spouse, or c	hild)	Name of Entity:	Lender	Creditor	Guarantor	
Name of Deb	otor (filer, s	spouse, or c	hild)	Name of Entity:	Lender	Creditor	Guarantor	
Name of Deb	otor (filer, s	spouse, or c	hild)	Name of Entity: Circle One	Lender	Creditor	Guarantor	
Name of Deb	otor (filer, s	spouse, or c	hild)	Name of Entity:	Lender	Creditor	Guarantor	
NATURAL I	RESOURC	E LEASES		If NONE	reportable	e, check box	→ □	
Report this info	ormation for ywhich you ar	yourself, your e a member, o	spouse, or dependen	oil leases bid, held, or nt children who was a hich you or your family	sole proprie	tor, partnership,	or professional	
Laggabaldaw				Nature of Lea	00			
Leaseholder	•			Nature of Lea	se			
Circle One	Bid	Held	Offer Made	Identity of Le	ase & Desc	ription		
Leaseholder	:			Nature of Lea	se			
Circle One	Bid	Held	Offer Made	Identity of Le	ase & Desc	ription		



SCHEDULE F GOVERNMENT CONTRACTS & LEASES

CONTRACT	rs & offi	ERS TO CO	ONTRACT	If NONE reportable, check box $\rightarrow \Box$				
year bid, held, partnership, or	or offered. I professional	Report this interpretation of	formation for yourself	entality of the state or a municipality during the preceding calendar, your spouse, or dependent children who was a sole proprietor, ober, or a corporation in which you or your family members listed				
Name(s) of C	Contractor:	<u> </u>		Contracting Agency/Department				
Circle One	Bid	Held	Offer Made	Contract Number & Description				
Name(s) of C	Contractor:	:		Contracting Agency/Department				
Circle One	Bid	Held	Offer Made	Contract Number & Description				
			CERTIF	ICATION				
•	, and com	plete. A p	erson who makes	ion in this Statement is, to the best of my knowledge, a false sworn certification which he or she does not				
SIGNATUR	E			DATE				
Printed Name of Filer				Place				

WHERE TO FILE THIS STATEMENT

MUNICIPAL OFFICIALS AND CANDIDATES - File this statement with the City Clerk's office in the jurisdiction where you hold or seek office. This statement will be kept on file for six (6) years, which is the recommended records retention schedule for this document by the State of Alaska and the City of Seward.

City of Seward ATTN: City Clerk's Office 410 Adams Street P.O. Box 167 Seward, Alaska 99664 Phone: 907-224-4046
Fax: 907-224-4038
F. Mail: clark@cityofsayyo

E-Mail: clerk@cityofseward.net Website: http://www.cityofseward.us