STATE OF ALASKA – DIVISION OF ELECTIONS DECLARATION OF CANDIDACY

FOR REGIONAL EDUCATIONAL ATTENDANCE AREA BOARD MEMBER ELECTION DATE: OCTOBER 1, 2024

GENERAL INSTRUCTIONS:

- 1. Who May File: If you are registered to vote within the boundaries of the Regional Educational Attendance Area (REAA), you may file for the office of the REAA board member. You must also be registered to vote within the section for which you are filing.
- 2. When to File: You may file now, the sooner the better. Hand delivered and faxed candidacy filings must be received no later than 5:00pm, Friday, August 2, 2024. Mailed forms must be <u>postmarked</u> no later than August 2, 2024, <u>and received</u> by the Division of Elections no later than August 12, 2024.
- 3. How and Where to File: Complete the candidate information below, sign and date the certificate, and hand deliver, mail, or fax it to any Division of Elections office (addresses below).

STEP	GENERAL INFORMATION (please print or type)				
1	I,, request that my name be placed on the ballot for the election on				
	(Full name of candidate)				
	October 1, 2024, for the following REAA:				
	October 1, 2024, for the for	(Print name of F	REAA or REAA #)	(Section)	(Seat)
	My Residence address is:				, Alaska
		(Physical address where you	reside)	(City)	(Zip Code)
	My Mailing address is:				, Alaska
	, <u> </u>			(City)	, Alaska (Zip Code)
	Telephone Numbers:				
		(Home)	(Cellular)		(Work)
STEP	BALLOT INFORMATION				
2	I request my name be printed on the ballot as follows:				
	(Last Name)	(First Name)	(M.I.)	(Nick	kname and/or Suffix*)
		not include on the ballot as part of t kname or familiar proper name of th			med title or prefix but may include
STEP	WEBSITE INFORMATION	Miame of familial proper fiame of the	ic candidate. (AC 10.1	3.000(4))	
3	WEBSITE INFORMATION				
	(Candidate's Mailing Addres	s) (City)	(State)	(Zip Code)	(Phone Number)
STEP	OATH				
4					7.035, is true and complete, and
	that I meet the specific residency and voter qualification requirements of this office. I further certify that I am a qualified voter as required by law, that I am qualified to hold this office of which I am seeking election, and that I am not a candidate for this office				
	under any other Declaration of Candidacy.				
	(Candidate's Signature)	(D	ate)	(Voter ID #, SSN o	or Last 4, DOB, ADL, or AK ID)
	Privacy Disclaimer				
	Unless otherwise made confidential or protected from disclosure by law, information provided on this form may be subject to disclosure under the Alaska Public Records Act (AS 40.25.100—40.25.295). Failure to provide requested personal information may result in the Division's inability to process relevant portions of this form. Requested information will				
	be used only for purposes directly associated with the processing of this form. For information on how to challenge the accuracy or completeness of personal information maintained by the Division, please send the Division a written request that the personal information be changed. The request must comply with AS 40.25.310 and be sent to the				
		Flections at the following address: Division of			

MAIL OR FAX YOUR DECLARATION OF CANDIDACY TO THE ELECTIONS OFFICE NEAREST YOU:

Director's Office PO Box 110017 Juneau, AK 99811 Phone (907) 465-4611 Toll Free (866) 952-8683 Fax (907) 465-3203 Region I Elections Office PO Box 110018 Juneau, AK 99811 Phone (907) 465-3021 Toll Free (866) 948-8683 Fax (907) 465-2289 Region II Elections Office 2525 Gambell Street, Suite 100 Anchorage, AK 99503 Phone (907) 522-8683 Toll Free (866) 958-8683 Fax (907) 522-2341 Region III Elections Office 675 7th Avenue, Suite H3 Fairbanks, AK 99701 Phone (907) 451-2835 Toll Free (866) 959-8683 Fax (907) 451-2832 Region IV Elections Office PO Box 577 Nome, AK 99762 Phone (907) 443-5285 Toll Free (866) 953-8683 Fax (907) 443-2973 Region V Elections Office 1700 E. Bogard Road, Suite B102 Wasilla, AK 99654 Phone (907) 373-8952 Toll Free (844) 428-8952 Fax (907) 373-8953