

KENAI PENINSULA BOROUGH

DECLARATION OF CANDIDACY

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

Completed original must be received by the Clerk's Office no later than Monday, August 15, 2016 @ 4:30 p.m.

GENERAL INFORMATION (Please print or type)

I, Breana Walters, am a qualified voter and declare myself to be a resident and candidate for nomination to the office of:

ASSEMBLY SCHOOL BOARD SERVICE AREA BOARD

DISTRICT OR SEAT 1

RESIDENCY INFORMATION

My current physical residence address is: 36247 Sutherland Blvd.

I have been a resident of the Kenai Peninsula Borough since: June 2011

and a resident of the assembly district in which I am seeking office since: June 2011

My full mailing address is: 34685 Silverweed St. Soldotna, AK 99669

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

Walters Breana L
(Last Name) (First Name) (MI) (*Nickname and/or Suffix, if to be printed on ballot)

* The Borough Clerk may not include on the ballot as part of candidate's name any honorary title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. AS 15.15.030(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 Borough Clerk in writing with my signature before the filing period closes.

Subscribed and sworn to before me this 10th day of December, 2016.

Michele Turner
Signature of Notary Public

My commission expires: 9-20-19



X Breana Walters

CANDIDATE'S SIGNATURE

(907) 756-3626

HOME PHONE — WORK PHONE — FAX NO.

To assist staff in verifying candidate/voter identification, please provide your social security number and/or voter number:

SOCIAL SECURITY NO.

VOTER NO.

EMAIL: (OPTIONAL)

sv.lofax@gmail.com

A paper copy of my electronically filed POFD Statement is: [] Included with this Declaration

FOR OFFICE USE ONLY

Date Received in KPB Clerk's Office: 12/16/16

Time:

By: MPK

Verified: 12/16/16

District/Precinct: 30-210

Letter Sent: